

Dóra Hangya
Mentoring Experiences of Disadvantaged Target Groups

Dóra Hangya

**MENTORING EXPERIENCES OF
DISADVANTAGED TARGET GROUPS**

**Characteristics of Adult Training for
the Disadvantaged and the Elderly**

SZTE JGYPK
Szeged, 2013

Project Title:
Establishing a Vocational and Adult Education Knowledge Base and
Consulting Centre in the Southern Great Plain Region

Project ID:
TÁMOP-2.2.4-11/1-2012-0004

Beneficiary:
University of Szeged

Project period:
01.07.2012–31.12.2013.

E-mail: projekt@jgypk.u-szeged.hu
Web: www.jgypk.u-szeged.hu/df

Translator:
Júlia Szarvas

Lector:
dr. Kraiciné Mária Szokoly

Cover design:
Lajos Forró

ISBN 978-963-9927-92-6

© Dóra Hangya
© SZTE JGYPK

CONTENTS

1. PREFACE	7
2. BEING DISADVANTAGED	9
2.1. Factors that trigger the disadvantaged situation	10
2.2. Disadvantaged social groups	11
2.3. Poverty and disadvantaged situation	13
3. THE ROLE OF ADULT EDUCATION IN HELPING THE DISADVANTAGED IN CATCHING UP	15
3.1. Disadvantaged people from the point of view of adult education	16
3.2. The objectives of adult education	16
4. PERSONS WITH DISABILITIES IN SOCIETY	19
4.1. An attempt to define disability	19
4.2. International classification of functioning, disability and health	20
4.3. Disabilities according to type	23
4.4. Census returns on persons with disabilities	24
4.5. The labour market situation of persons with disabilities	27
4.6. International legal regulations and documents ensuring rights for persons with disabilities	32
4.7. The Hungarian controlling system of equal opportunities	35

5. ADULT EDUCATION OPPORTUNITIES FOR PERSONS WITH DISABILITIES	39
5.1. Participation of persons with disabilities in adult training	45
5.2. Equal opportunity access to trainings	52
5.3. Methodological characteristics of trainings for persons with disabilities	56
6. OLD PEOPLE IN SOCIETY	59
6.1. Defining old age	60
6.2. Active ageing	61
6.3. Demographic situation – An ageing world	62
6.3.1. Social ageing in Hungary	64
6.4. Old age and disability	67
6.5. Labour market effects of demographic trends	70
7. TRAINING AND EDUCATIONAL DEMANDS GENERATED BY DEMOGRAPHIC CHANGES	73
7.1. Adult training as a decisive tool in the strategy of active ageing	73
7.2. Adapting the major fields of gerontology to the system of andragogy	75
7.3. Old persons’ participation in adult training	76
7.4. Learning characteristics of the elderly	79
8. BIBLIOGRAPHY	85
9. LIST OF TABLES AND FIGURES	95
10. APPENDIXES	97

1. PREFACE

”Providing equal opportunities does not mean that everybody has to run in the same shoes, but that everybody gets shoes that fit their feet.”
(ISTVÁN JELENITS)

The book the reader is holding in their hands discusses a life situation that is fairly prevalent today: being disadvantaged and training programmes for the disadvantaged.

There are two target groups in the focus, persons with disabilities and old persons, who are related in a number of ways.

The issue of equal opportunities is discussed from the point of view of adult training and employability, as life-long learning and, as a part of that, adult training – due to its numerous socio-economic functions – are one of the most efficient means of combating social discrimination.

According to OECD data, disability-related expenses are the third highest item of the national social budgets of EU member states – following old-age and health related expenses – preceding unemployment related expenses. (LAKI – KABAI, 2010). According to an estimate of the World Health Organisation (WHO), 10% of the world’s population, i.e. about 610 million people live with disabilities, 368 million of them belonging to the age group of 15–64 years old. While in the member states of the European Union, 40–50% of the persons with disabilities are employed on an average, in Hungary according to the findings of the 2001 census only 9% of the persons living with disabilities were employed (KOVÁTS – TAUSZ, 1997).

Andragogical studies on the elderly today are justified as there are more old people living on the Earth as ever before, and both their number and proportion in society are continuously on the rise. It can also be stated that old-age disabilities are more significant in number. That is why it is worthwhile and practical to examine the two social groups in parallel.

In today's educational system – and in adult training – persons with disabilities and old persons are underrepresented, however, the educational offer needs to react to demands generated by demographical challenges. One of the objectives of the Europe 2020 strategy is to increase the employment rate to 75% among the population of 20–64 years old. It can be seen that this goal cannot be achieved without involving the disadvantaged, and among them the inactive, disabled people and the elderly. For this to be realised, it is necessary to provide inclusive education, to support individually tailored learning, to recognise special needs and react to them with appropriate methodology. In order for this to happen, it is indispensable to train the trainers. This book is a contribution to this. It helps to gain new information or to brush up and deepen already mastered knowledge.

Dóra Hangya
author

2. BEING DISADVANTAGED

What we mean by being disadvantaged is being in a life situation in which a given person or a social group needs to achieve a goal to the same extent as others, however, for them this goal is more difficult to reach or there are more hindrances to face. The disadvantaged are those who, compared to the living standard and way of living of the average population of the given region, live at a lower standard or in a way that is different from the average population, or whose standard of living and way of living are the same as that of the average population, however, for them it takes a significantly bigger effort to realise this. Being disadvantaged is a relative term. Its essence is the fact of lagging behind the average social situation. This under-fulfilment can manifest in various ways. Thus, the disadvantaged situation can be interpreted as a relational concept, it can only be determined in its actual context, and there is no absolute interpretation. It is also referred to as deprivation, i.e. being deprived of something. If a person or a group suffers some shortage in more than one fields, then they are referred to as highly disadvantaged. (RÉTHY – VÁMOS, 2006)

It is the premises of sociology that discuss in which fields, how much and related to whom is somebody in disadvantage, or what is the general social situation in which somebody is regarded as disadvantaged. According to Csaba Bánfalvy, a basic question of sociology is to see what drives a society, what those main connections are among current social phenomena that determine the character of a society and the directions of its changes. It sets out to examine these issues in such a way that it observes, collects and interprets social phenomena as empirical facts. In this sense, sociology is an

approach that can be applied to any social entity. The basic category of sociology is social structure: "What is it that moves society?" It examines every single social phenomenon from the point of view the role it plays in the functioning of society. It regards people as parts of a group the members of which are either different or similar based on their shared interests as a result of their positions in society, their cognitive structures, perception and value categories that are independent of their social origins. Social structure to sociology is like taxonomy to biology. There are social groups with certain characteristics, which "are placed" in different layers or status based in their individual features. (KÖNCZEI, 2009)

Consequently, the content of being disadvantaged depends on the context in which we use the term. The two most frequently applied approaches are the economic-political and the social-political aspects. It is important to point out that, resulting from the connections of the two politics, being disadvantaged has axioms which build upon each other or follow from each other. It is also to be noted, however, that being disadvantaged can be interpreted differently in different eras as a result of its social-political determination. On the other hand, it becomes clear that certain social groups are always present when defining disadvantaged situations. One of these groups is those living with disabilities. (HALMOS, 2005)

2.1. Factors that trigger the disadvantaged situation

According to Erzsébet Gidáné Orsós, in order to manage disadvantaged situations, the reasons can be overviewed in three ways of grouping, partly overlapping, within which various aspects can be observed. (Figure 1.)

In connection with health reasons, various physical and emotional illnesses and disabilities can be mentioned, while natural causes include the environment, a poor natural environment and catastrophe-ridden areas. When talking about social-cultural causes, gender, age, economic, cultural-ethnic and sub-cultural differences come into play, along with behaving differently, thinking differently or

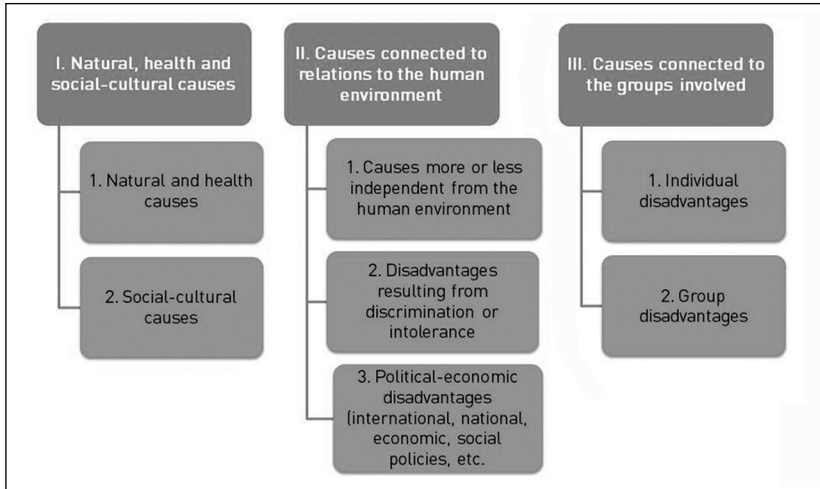


Figure 1.: Possible reasons for being disadvantaged

Source: GIDÁNE (2006) compiled by the author

various deviations and infrastructural isolation. Causes connected to relations to the human environment include physical or mental illnesses or disabilities that restrict disposing capacity, and there is an overlap with social-cultural causes. Discriminative or intolerance-related causes include gender, age and sub-cultural differences, physical or mental illnesses, disabilities and, again, some types of deviances that are judged negatively by society. In case of political-economic disadvantages, it is infrastructural isolation resulting from wars, civil wars, natural disasters or political struggles that can be put into the spotlight. The disadvantages listed above can be categorized in terms of disadvantages affecting individuals or social groups (GIDÁNE, 2006).

2.2. Disadvantaged social groups

When discussing the target groups of adult education, highly important social groups can be identified, which can be viewed as disadvantaged at the same time. Disadvantaged groups, from the point of view of adult education, can be the following:

- people with no schooling,
- people with low schooling,
- young career starters,
- **old persons**, old unemployed people,
- people living in disadvantaged regions or places,
- people charged in criminal procedures or released from prison,
- children under state care,
- romas,
- homeless people,
- long-term unemployed people,
- people with outdated or not marketable qualifications,
- immigrants and refugees,
- people with health problems,
- people on maternity leave,
- **persons with disabilities**,
- **persons with altered capacity for work**.

In case of the specialized textbook, the issue is discussed from the point of view of employment policy, namely by examining who belong to the group of disadvantaged when adult education is in question. According to Dr. Csaba Halmos, in this respect, disadvantaged groups can be categorized as follows (HALMOS, 2006)¹:

1. People restricted in realising their opportunities due to external causes rising from prejudices against some social or family situation.
2. People living in normal circumstances, but as a result of their personality, they cannot integrate into society or only with difficulties.
3. Characteristic disadvantage: people with developed or innate disabilities, vision impairment, hearing impairment or physical disabilities and/or mental disabilities.
4. Geographical disadvantage.
5. Cumulative or partly cumulative presence of the above points.

¹ Halmos's typology of the disadvantaged situation is to be supplemented with an important note: not all the disability categories appear in this list.

2.3. Poverty and disadvantaged situation

When discussing disadvantage, the concept of poverty must be covered. According to the Council of Europe: "a person, family or group of people is to be considered poor if the resources at their disposal (financial, cultural and social) are restricted to such a degree that it excludes them from the minimally required way of life prevalent in the country" (HALÁSZ – LANNERT, 2000). Thus, the minimally required way of life is strongly related to the level of social and economic development of the given country (RÉTHY – VÁMOS, 2006).

2010 was the "European Year for Combating Poverty and Social Exclusion". Under the auspices of the year, key issues were the equal emphasis on individual and community steps to be taken, benefits of increased social integration, political commitment, and actual steps taken for combating poverty and social exclusion.

Solidarity is one of the guiding principles of the European Union, which means that in times of prosperity all the citizens enjoy the benefits, and in times of hardships, common burdens are shared. In spite of this, nearly 80 million people live under the poverty line, and many face serious obstacles, especially when trying to enter employment or education. In the European Year, a Eurobarometer survey was compiled, laying the foundation that poverty has both social and individual factors as its causes. As for social factors, in Hungary it is the too high unemployment, and as for the individual background, education, vocational training or lack of skills that are listed as primary reasons for poverty. Long-term illness or disability is ranked 4 among the most frequent answers for individual factors generating poverty. 29% of the interviewed Europeans view persons with disabilities and long-term illnesses, 31% view people with lack of education, vocational training and skills, while 41% view senior citizens as the most endangered (EUROBAROMETER, 2009). 73% of the respondents believe that many are affected by poverty in their own country, however, it varies among countries how widespread they see poverty.

Poverty has objective measures. For example, comparing the family income to the minimum of subsistence or to the net average

income per capita, but several calculations are possible. According to TÁRKI Social Research Institute, a person is to be considered poor if they earn less than half of the income per capita in the household of an average income citizen.

Besides objective poverty, subjective poverty also exists, when a family lives from one day to the next and struggles with constant financial troubles. This is referred to as subjective, because the family feel that compared to their own expectations and needs, or maybe compared to their earlier lifestyle, they feel that they are poor. Apart from objective and subjective measures of poverty, we can talk about relative poverty as well. Here we mean how big the difference between the richest and poorest is, i.e. the status difference. It does not only have a Hungarian projection, but it can be interpreted with reference to the EU average as well. In the sociological approach of being disadvantaged, it is the income level that is in a focal point, i.e. the family's socio-economic status. From the point of view of labour market position, it is general education, demand for general education or qualification and the financial appreciation of the given job that count as factors. (RÉTHY – VÁMOS, 2006)

There are traditional poverty groups, for example, big families, long-term ill people, pensioners or one-parent families, but there are so-called new poverty groups, such as homeless and unemployed people.

In summary, being disadvantaged is a highly complicated notion. A person can be disadvantaged or poor due to various reasons and it can have many forms of appearance. It is seen that many types of poverty exist, thus there are differences among the poor as well. The source of differences lies in the factors leading to poverty. (RÉTHY – VÁMOS, 2006)

3. THE ROLE OF ADULT EDUCATION IN HELPING THE DISADVANTAGED IN CATCHING UP

”Adult education is a complex of activities aimed at developing adults in a target-oriented and planned way, during which a specifically defined set of skills is to be cultivated. In a narrower sense, adult education is the vocational training, further training and retraining of adults, which usually ends in some officially recognised qualification (ZRINSZKY, 2002). The notion of adult education complex – based on the Act on Adult Training – includes general, language and vocational training as well. In a broader sense, the notion of adult education refers to the training of people who have come of age, however, in practice, this criterion is not used. According to the Act on Public Education, people who have completed compulsory school attendance can enter adult education; however, the Act on Higher Education does not consider students in daytime programmes to be subjects of adult education. (ZACHÁR, 2009)

In case of trainings and institutes outside the school system, Act 101 of 2001 on Adult Education is the governing law. (JUHÁSZ, 2009)

One of the most important tools that can be applied to moderate the disadvantaged situation is training. During training, it is not only gaining information that happens, but it is also expected, and realised, that an employee attitude emerges which makes people be able to integrate into society. Among the functions, the closing

of the employment gap, a sense of usefulness in society and future prospects should appear. However, all this is possible only if the disadvantaged layers can be contacted and their access to training is ensured (HALMOS, 2005). It goes without saying that the system of education and training is to foster the realisation of life-long learning in various social layers. Many disadvantaged people are living among us whose integration can be ensured through appropriate trainings. For this to be achieved, it is indispensable to develop the institutes, to reconsider the training offer and broaden it, with respect to the needs of disadvantaged social groups. The further training of professionals working in adult education needs to be solved, the present methods need to be modernized and operated following best practices.

3.1. Disadvantaged people from the point of view of adult education

According to Act 101 of 2001, a disadvantaged adult is "any adult whose access to training opportunities without state funding can only be realised with more difficulty than the average, due to social, lifestyle or other reasons". The act also specifies the notion of being disadvantaged, according to which "a person is disadvantaged if their entering and participating in vocational training can be realised with more difficulty than the average, due to family circumstances, social situation, innate abilities, hereditary or developed illnesses, lifestyle or other reason".

3.2. The objectives of adult education

According to the ideas on life-long learning shared by the European Union and other international organisations, adult education serves economic and social goals alike, which are as follows (PULAY, 2009):

- **Economic objective:** The population is to obtain competencies, in as high proportion as possible, needed for more kinds of and better workplaces and they are to keep them up-to-date continually.

- **Social objective:** To foster social equality and cohesion and to reverse exclusion processes. Those who lag behind in abilities or skills are excluded from society. Adult education is a remedy against the exclusion spiral, which means that it can be a tool of social integration.

The mentioned objectives of adult education are formulated both at national and at European Union level. The optimal situation is the foundation of an adult education market, which is driven by the real needs of those in need of training. For this to be achieved, it is necessary for training providers to be able to adapt to real training needs flexibly, furthermore, it is to be ensured that disadvantaged people join in and participate in adult education programmes. In Hungary, disadvantaged layers, who have the most sincere needs of developing their competencies, are underrepresented in trainings. (PULAY, 2009)

Senior citizens, under-qualified persons, persons with disabilities, persons living in disadvantaged social situations and immigrants take part in adult education less than others. There is still room for improvement in order to ensure that life-long learning can contribute successfully to economic growth and the realisation of an integrating society.

4. PERSONS WITH DISABILITIES IN SOCIETY

This chapter presents indispensable information on people living with disabilities. Aspects of the various definitions of disability are discussed; furthermore, the typology of disabilities is given. The data presented are from the returns of the censuses in 1990, 2001 and 2011.

4.1. An attempt to define disability

The content of the definition of disability has a special effect on how governments and other organisations view persons living with disabilities and how they handle their issues (EUROPEAN COMMITTEE, 2002). In order to establish equal opportunities for persons living with disabilities and combat their drawbacks appearing in various fields of social life, the Parliament, in accordance with the Constitution and various other internationally and generally acknowledged regulations, incorporated Act 26 of 1998 on Ensuring the Rights and Equal Opportunities of Persons with Disabilities into law.

According to the act "a person with disability is anyone whose sensory (especially vision and hearing), physical or mental abilities are impaired or lacking or is substantially restricted in their communication resulting in long-term drawbacks in their active participation in social life". (ACT 26 OF 1998, §4 SECTION A))

According to Act 4 of 1991 "a person with altered capacity for work is someone who lives with physical or mental disability or whose chances of finding employment or keeping their workplace,

after medical rehabilitation, have reduced significantly due to physical or mental impairment” (ACT 4 OF 1991, §58 SECTION (5) M))

”All the definitions of disability include the basic principle according to which disability has a medical reason and it restricts the person with disability in their daily activities. However, there is no common understanding or exact definition for the concept of disability. Because of the diversity of sources and definitions, many estimates have been established about the proportion of persons with disabilities among EU citizens, whose number is between 17 and 24 millions in the 16–64 age group in Europe.” (EBF SZÜF, 2002. 8.)

According to the Convention on the Rights of Persons with Disabilities, ”persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNITED NATIONS, 2006).

4.2. International classification of functioning, disability and health

The ICF is a revisited version of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) issued by the WHO in 1980. Its international application was accepted by the 54th World Health Assembly on 21st May, 2001 (ICF, 2003). This document depicts three notions independent from each other in degree and distinguished in content (Figure 2). The term illness appears in the figure as in the majority of cases an illness is regarded as the source of impairment. The ICF is an international classification system – similar to the International Classification of Diseases (ICD²), which is applied by expert examinations in connection with disabilities. The ICF shows that society has moved away from a medical interpretation of disability and has made it possible to compile a definition of disability at international level which is

² With the approval of WHO, this system is applied when determining various diseases, physical and psychological disorders, especially for classification and documentation purposes.

common and comparable. It is among the general objectives of the ICF to define a standardized principle so that health and state of health with reference to health can be interpreted in a unified way. It determines the various components of health itself and some of the health-related components of wellbeing.

It is a common mistake of interpretation that the ICF is regarded only as a description of persons with disabilities. The application of the ICF can be regarded universal to such an extent that it is not only about persons with disabilities, but about every person (ICF, 2003).

The traditional understanding of disability points at the lack of individual functions, resulting in the interpretation that it is the person with disabilities who is the problem itself, as due to their bad state of health they cannot find employment and thus they need to receive some kind of allowance. In reality, the nature and degree of disability has a strong influence on the possibility to find employment (OFA EQUAL, 2008). This understanding of disability can be viewed as the medical model, as it focuses on the cause of disability, on diseases and on health problems. The social model of disability handles the issue as a social problem, and to be able to solve it, social collaboration and a change of approach are needed. It is the collective responsibility of society to execute the necessary environmental modifications with the help of which persons with disabilities can join in in every field of society. The topic is, in this sense, also a question of ideological approach, which becomes an issue of human rights at political level (ICF, 2003). The ICF is based on the integration of these two models.

It was the new terminology of the WHO that introduced the role of environment in the definition of disability, thus calling attention to the responsibility of society towards people living with disabilities. Health impairment raises an obstacle to the individual's activities, which will hinder their participation in society (Figure 3). According to the WHO terminology, disability is a disorder of the special human functions (sensory, motor and mental abilities). A disorder of biological functioning is (health) impairment, functioning disorder is disability and being hindered in social activities is handicap.

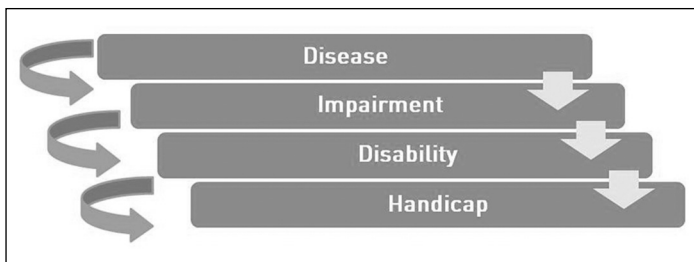


Figure 2.: Deduction of disability from 1980 to 1997³

Source: FNO, 2003

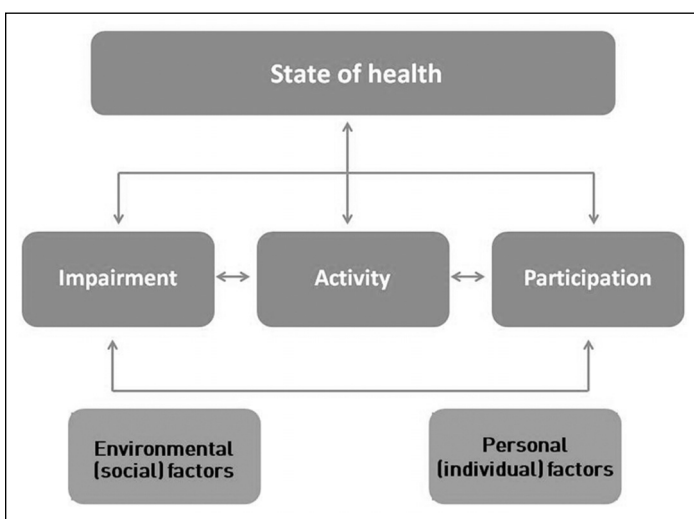


Figure 3.: Interpretation of disability since 1997,
or the legal turn of the disability movement

Source: KÁLMÁN – KÖNCZEI, 2002

³ **Impairment:** Any disorder of a person's psychological or physiological structure or function, or lack of it (missing or injured body part or organ)

Disability: Modified or reduced ability in the person's certain activities, for example, participation in traffic, eating, drinking, washing, working, writing, etc.

Handicap: The most severe of the three, which means social disadvantage resulting from impairment or disability. It hinders the person in fulfilling their normal, everyday roles originating from age, gender, social or cultural factors. Such drawbacks can manifest at society level and result in severe cultural, social, economic and other consequences in the person's everyday life. (KÁLMÁN – KÖNCZEI, 2002)

Society and the environment play a significant role in how the person with disability views their existence in their environment. An inclusive environment means, among others, that external circumstances are adjusted to the individual (ORSZI, 2008). In order for the person with disabilities to be able to become connected or reconnected with society as a citizen of full value, successful rehabilitation⁴ with a positive output is indispensable. The rehabilitation of a person with disability is much more than merely ensuring physical stability and offering new vocational skills. Successful rehabilitation results in a new awareness of identity and integration in everyday social relations (ORSZI, 2008). According to György Könczei, "belief in rehabilitation is belief in humanism itself ..." (KÖNCZEI, 1992. 77.). Persons with disabilities have a right for rehabilitation⁵. This right is ensured for them in Act 26 of 1998 on the Rights of Persons with Disabilities and Ensuring Equal Opportunities for Them in paragraph 19. The realisation of this is ensured through rehabilitation services and allowances (§21). Rehabilitation is a highly complex process, which is compiled of several sub-systems, including experts of health, mental health, social work, education, training, retraining and employment alike.

4.3. Disabilities according to type

Persons with disabilities do not form a homogenous group. Disability can mean being hindered in movement, in understanding, in thinking processes, in performing cognitive operations, in speaking, in hearing and in vision. The main categories in special education typology are as follows (DÖMÖTÖR, 2007. 385.):

⁴ Besides rehabilitation, it is important to define habilitation as well, which "is applied in special education for placing or enabling in case of innate disabilities, instead of rehabilitation, as there is no earlier situation into which the person could be placed back into, i.e. rehabilitated" (BUJDOSÓ – KEMÉNY, 2008. 155.)

⁵ Based on the definitions of the National Rehabilitation Institute (today National Rehabilitation and Social Office, hereinafter referred to as NRSZH) and the WHO, rehabilitation means the organised activities that a society provides for people living with long-term or lifelong disabilities and people with altered capacity for work. In this sense, all educational and training institutes can be viewed as places of rehabilitation, as the scene of rehabilitation is relative, and can be defined in relation to the person with disability.

- people with mental disabilities,
- people with vision impairment,
- people with hearing impairment,
- people hindered in movement,
- people with speech disorders,
- people with emotional or volitional disability,
- people with multiple disabilities.

Apart from these groups, people with learning difficulties and autism spectrum disorder people must also be mentioned. The latter group, however, rather belongs to the topic of development disorders.

4.4. Census returns on persons with disabilities

Regarding the Hungarian census returns, I have the opportunity to examine data from the 2011 census, which were released in March 2013. However, it is still important to compare the returns to data from the 1990 and 2001 censuses.

Questions on disabilities qualify as sensitive data. According to Act 139 of 2009, supplying records on national and ethnic identity, mother tongue and disabilities is voluntary, while in other questions it is obligatory. In order to obtain reliable data on disabilities, data collection is to be based on proper sampling, and it is to be realised in such a way that organisations for the representation of interest and advocacy groups of the disabled should cooperate in the process. In connection with this, it is the basic principle of the Madrid Declaration that is noteworthy, which says "nothing about us without us", which is also worded in the Parliament Resolution of 10/2006 (16th Feb.) on the New National Program for the Disabled.

The statistical survey of KSH (Hungarian Central Statistical Office) does not differentiate between altered capacity for work and disability; it is highly probable that respondents with altered capacity for work considered themselves to be disabled in most cases. Thus, the data of people who were counted as persons with disabilities in the census also contain a significant proportion of

the data of people with altered capacity for work apart from people living with disabilities (ÖRY, 2005). As the returns on the census make it impossible to distinguish between the two groups, the two categories⁶ are not going to be distinguished in this book either.

Any information gained by census-takers is confidential. Data were recorded in personal interviews, and respondents classified their own disability, so mistakes may have been made, as persons with disabilities may have imprecise knowledge regarding their own conditions. It is for certain that not all the people living with disabilities considered themselves to be disabled, which is partly due to the negative connotations of the word disability. Even if people do not feel stigmatised, the word disabled makes them cautious when responding (MONT, 2007).

The census questionnaire listed the most typical and frequent disabilities item by item. During the census-taking, three disabilities could be marked at most. If somebody marked more than one disabilities, then they appear at each type of disability in the table that they marked. In the tables released by KSH⁷, however, in the row "living with disability", each person appears only once. A hundred persons with disabilities marked 123 disabilities on average.

The majority of persons with disabilities live in villages or settlements, so their social disadvantages are worsened by the hardships originating from habitation inequalities. The availability of adult education institutes is also increasingly limited in such cases, as there is a trend that they run their businesses and trainings in big cities or county seats. Among the modern principles of adult education, the realisation of equal opportunities in the training system and in setting directions in development is of distinguished

⁶ Furthermore, it is to be noted that there were changes in the census questionnaires compared to the previous one, which makes making comparisons more difficult.

⁷ According to the census methodology descriptions, a person is considered disabled if they are in a permanent state or have a permanent quality, in which they do not possess some physical, mental, sensory or communication ability at all or to a significant degree, and this hinders their participation in social life or their leading a traditionally expectable lifestyle to a significant extent. Permanent disease is a permanent health impairment which cannot be cured at present but can be treated with medication or other therapies (e.g. diabetes, asthma, tuberculosis, high blood pressure, tumours, heart and circulatory diseases, articular diseases).

importance. In this respect, the physical availability of the place of training is of utmost important – among other things. If there are not enough easily accessible training institutes, then high training activity cannot be expected, despite the fact that the training programme content is sufficient (ZACHÁR, 2006).

When analysing health conditions, it can be seen that according to the records of 2011, 456 638 people live with disabilities (4.6% of the population) and 1 648 000 people live with long-term illness. The number of people who admitted living with disabilities is lower than in the census of 2001. However, based on the census returns, it can be seen that the population of Hungary has reduced by 261 000 people. According to the census of 2001, persons with disabilities in Hungary were 577 000, which is about 5.7% of the population, and in 1990 it was 368 270. According to the 2011 data, 53% of persons with disabilities are female, and more than 70% are above 50 years of age.

Figure 4 presents the distribution of persons with disabilities according to the type of their hindrance in the light of the returns of the 2011 census. Based on the returns of the 2011 census, it can be stated that the largest group among people living with disabilities is people with physical disabilities; they are 232 206. According to the data, people with vision impairment are 82 484, with hearing impairment are 71 585 and people with mental disabilities are 42 779. People with autism are 5 120 and deafblindness affects 3 262 people. The numbers of people with speech defects (14 528) and speech impairment (10 913) are especially high.

There is a considerably increase in the number of people with hearing impairment. While in 1990 it was 40 325 people, in 2001 44 679 claimed to have hearing impairment, in 2011 this number was 63 014. In terms of percentages, this nearly doubled compared to the 2001 data. One of the reasons behind this is probably the accessibility initiative of SINOSZ (National Association of the Deaf and Persons Hard of Hearing), in the framework of which various films and specialised information packages with sign language and subtitles were released so that the deaf and people with hearing impairment could take part in the census as equal citizens. As for the number of people using sign language, the KSH released no data.

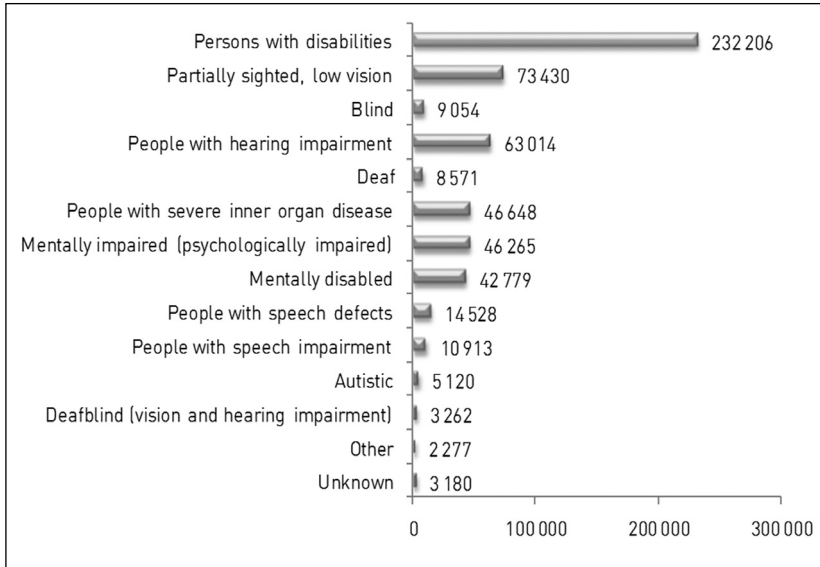


Figure 4: Distribution of disabilities according to type
 Source: compiled by the author based on KSH (2013) data

4.5. The labour market situation of persons with disabilities

”Our common objective is to develop a Europe in which everyone can realise their talents with equal opportunities, and can have a justified feeling of contributing to something and belonging somewhere ...”
 (EKB, 2000)

A person’s position on the labour market is considered to be a measure of the degree of exclusion from society. Among the primary reasons from being excluded permanently are permanent unemployment and inactivity.

The employment situation of inactive people, people struggling with labour market drawbacks and, among them, persons with disabilities is considered a special priority by the employment

strategy of the community, and its improvement is set as a permanent objective, however, persons with disabilities often face multiple disadvantages on the labour market. The employment opportunities for persons with disabilities are scarce, which is also reflected by the fact – among other things – that the proportion of economically inactive, though of employment age, people are four times higher in the examined group than in the majority population.

The policy on disability issues has basically two main goals, which, at times, are in conflict with each other. One is income security insured by being employed, and this can be regarded as the easier one. Apart from income security, to achieve full integration is also an objective, which includes both social and economic life (MONT, 2004). The topic is not merely of ethical importance, but it also requires an economic reconsideration, as in Hungary, there are a significant number of people who benefit from some kind of social transfer income. 750-800 thousand people receive some kind of disability allowance or benefit. 400 000 of them are below retirement age, which means that they are to a certain extent employable. If only half of this layer could be employed for at least 4 hours a day, it would raise social security funds by 152 billion forints per annum, and this would cover 17% of the present state budget deficit (MEOSZ, 2010).

The employer is obliged⁸ to pay a so-called rehabilitation contribution so that this way the employment rehabilitation of people with altered capacity for work⁹ is supported if the statistical average number of their employees is over 25 and the statistical average number of people with altered capacity for work employed by them is beneath 5 per cent of their total workforce. This is

⁸ This obligation is applicable for all sectors of the economy except those organisations of the armed forces which are governed by the act on the service relations of the effective strength of the armed forces and economic organisations under the effect of the ministry for penal law established for the compulsory employment of detainees.

⁹ a. those people whose state of rehabilitation falls into the category of 60% or less based on the complex classification of the rehabilitation authority, b. those people whose health impairment is at least of 40%, c. those people whose ability to work has reduced by at least 50% according to the expert opinion, under the effect of the term of validity of the expert authority resolution, d. those people who receive disability allowance or personal benefit for the blind.

referred to as obligatory employment rate¹⁰. In 2010 the sum of rehabilitation contribution increased five times. The sum of the rehabilitation contribution is specified by the yearly budget act. This sum has undergone the following changes (Table 1):

Year	Befizetendő összeg
2008	HUF 164 400/year
2009	HUF 177 600/year
since 2010	HUF 964 500/year

Table 1.: Changes in the sum of the rehabilitation contribution between 2008 and 2010

Source: compiled by the author based on ÁFSZ (2012) data

The mental and ethical state of a society can be characterized by how it can support those members of the society who have become disadvantaged for some reason in finding employment on the labour market (KSH, 2001). It can be stated that the rehabilitation contribution does not fulfil its real function; company behaviour is passive and the ethical commitment, characteristic of Western Europe, is often missing (HALMOS, 2005). It would be necessary to sensitize¹¹ employers in order that they employ persons with disabilities and people who have altered capacity for work.

The economic activity of those living with disabilities is extremely low¹². The data in Table 2 show that among persons

¹⁰ ACT 191 OF 2011, 23–24., 38 §

¹¹ At the time of my writing this book, For the Equal Opportunities of Persons with Disabilities Public Benefit Non-profit Limited Liability Company (Kft.) is launching a training of Equal opportunities in leadership competencies in the framework of the TÁMOP 5.4.5-11/01 preferential project of "Forming the professional know-how of physical and info-communication accessibility". The objective of the training is to change the view of current and future leaders in a positive way, to enable them to turn their organisation into one that integrates persons with disabilities, thus helping their discriminated labour-market integration and create the opportunity for their full-scale participation in social life.

¹² When writing the present book, the data in connection with economic inactivity were gained from the returns of the census of 1990 and 2001, because the public KSH data of the 2011 census on this issue are not available.

with disabilities the proportion of inactive earners¹³ is twice as high as in the majority population. As for the proportion of persons with disabilities among the employed population, their drawback is four and six times higher. They face multiple drawbacks when compared to the majority population, so they need multiple willpower and endurance. The economic activity of persons with disabilities is highly dependent on the type and severity of the disability.

Economic activity	1990			2001		
	Total	People with disability	People without disability	Total	People with disability	People without disability
Employed	43,6	6,6	44,6	63,2	9,0	37,8
Unemployed	1,1	0,7	1,1	4,1	2,0	4,2
Inactive earner	25,6	57,5	24,5	32,4	76,7	29,8
Dependent	29,7	25,2	25,2	27,3	12,2	28,2
Total	100,0	100,0	100,0	100,0	100,0	100,0

Table 2.: Distribution of population in terms of disability and economic activity 1990–2001 (%)
Forrás: KSH, 2001

The returns of the census of 2001 offer the opportunity to review the distribution of employment-related characteristics with reference to the categories of joined disability types, to what extent people with various hindrances can take part in the processes of economy and what proportion of them are employed. It is revealed that the highest employment rates apply for people with vision impairment (13%). This is closely related to the fact that among people with vision impairment the proportion of those who have at least primary

¹³ Pensioners, people on benefits, people on maternity leave or people receiving various allowances belong in this group, or those who have no income from work or they live on their assets or income not originating from work. (FARKAS, 2006)

level or even higher qualifications¹⁴ is relatively higher. Naturally, the type of disability has an impact on the type of work that they can do. The workplace position depends on the type and degree of the disability, so the abilities, skills and competencies of persons with disabilities need to be revealed. When employing them, the level of integration at the workplace is also to be considered, just like the expected competencies and requirements needed to fulfil the responsibilities in a given position.

Government decree 327/2012 (16th Nov.) sets out to implement changes in the employment of persons with altered capacity for work, in such a way that the employment of persons with altered capacity for work is promoted by modifying available state support for employability and the financing and controlling systems of employers¹⁵. An essential element of this is that the three types of accreditation certificates were ruled out and substituted by just one, which is issued for unspecified term. This simplifies state supports and procedures. A system of penalty points¹⁶ was also introduced, which may be given when deficiencies are detected in the course of supervision. An accredited employer employing people with altered capacity for work can receive state support in case of ensuring permanent or transit employment; this state support may be of two kinds. One is for expenditure on wages of persons with altered capacity for work, the other is various other expenses related to employment, which very often are the reason for employers not employing persons with altered capacity for work or persons with disabilities. The notion of transit employment is also introduced, which is expected to make employers interested to integrate employees

¹⁴ A reason behind this may be that technological advances provide better opportunities for people with vision impairment, while another is that with them verbal communication is available, which makes certain areas (e.g. informatics, medical care, mathematics, foreign languages, etc.) more open for them.

¹⁵ On 28th December, 2012, the NRSZH published the results of funds assigned for applications invited on the supported employment of people with altered capacity for work in 2013. 326 organisations from 129 settlements received funds for employing 30 331 people. 17 932 of these receive support for permanent employment, while 2 399 receive funds for transit employment.

¹⁶ If an organisation receives 12 penalty points, its accreditation is withdrawn.

in the open labour market. Companies may apply for permanent support as well, the aim of which is to keep and develop the abilities of persons with altered capacity for work or with disabilities. This support is expected to be assigned for three years from 2014 on, but its term can be extended without restriction.

A positive tendency for demand in disadvantaged employees can be detected, however, it is still very low, the main reason for which is that there is no harmony between the professional knowledge and preparedness of people with hindrances and the skills and competencies expected by employers (GERE – SZELLŐ, 2007). It is indispensable to improve their employability, which can primarily happen through integrating them into training. However, to achieve this, professionals with expert knowledge are needed with increased personal, material and methodological conditions.

4.6. International legal regulations and documents ensuring rights for persons with disabilities

The EU and its member states are widely authorized to improve the social and economic situation of persons with disabilities. Article 1 of the Charter of Fundamental Rights of the European Union states that "Human dignity is inviolable. It must be respected and protected." While Article 26 says "The Union recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community". Article 21 prohibits any discrimination based on disability. The agreement on the operation of the European Union fights against discrimination based on disability (Article 10) when specifying and executing EU activities, and the Agreement grants authorization for passing a resolution to overcome such discrimination (Article 19).

The first document to be mentioned in connection with the international legal regulation is the Universal Declaration of Human Rights adopted by the UN General Assembly on 10th December,

1948. It consists of 30 articles, among which rights for education and participating in cultural life can be found.

In 1975, the UN declared the right for persons with disabilities to economic and social security, however, the situation of persons with disabilities in the European Union became an issue beyond politics and social policy only after the Treaty of Amsterdam in 1997. At that point, social integration was defined as a definite objective of the community, which is also considered a priority in the Europe 2020 strategy.

The Lisbon strategy had a significant impact on the formation of the paradigm of life-long learning (ARAPOVICS, 2009), because, as a result of this, the document entitled Memorandum on life-long learning was published, followed by the Government strategy on life-long learning in 2005. The main message of the strategy is that it is necessary to realise a knowledge-based economy and society, which can be achieved through the means of developing the competitiveness of knowledge, social cohesion and ensuring the catching up disadvantaged layers by providing equal opportunities. Another important result was the declaration that by 2010 the unemployment rate of persons with disabilities should be the same as the rate for people without disabilities (GERE – SZELLŐ, 2007).

The Second European Conference of Ministers on integrating persons with disabilities was organised in Malaga in 2003, where the Malaga Declaration was adopted. The conference contributed to the European Year for Persons with Disabilities in 2003. The Malaga Declaration becomes an important document, because it is here that the issue of the accessibility of education, career advice, vocational training and employment for persons with disabilities is articulated for the first time. It underlines that education is a fundamental tool of social integration and life-long learning opportunities need to be provided for persons with disabilities.

The European Year for Persons with disabilities in 2003 launched many further useful initiatives. The European Congress of Persons with disabilities in Madrid issued a Declaration, which determined the conceptual framework of the action programme of the European Year, furthermore, it declared that the fundamental condition for

successful integration is education and employment, and discrimination-free, positive actions (FMM, 2005). 2007 was the European Year of Equal Opportunity for All. Among its objectives was the goal to raise awareness that living a life of equal opportunities and without negative discrimination is a right for everyone, which are two fundamental principles of the Union at the same time.

The UN General Assembly adopted the Convention on the Rights of Persons with Disabilities on 16th December, 2006. The Hungarian government was among the first to ratify the convention as effective in Hungary and acknowledges this very important international agreement for persons with disabilities. The significance of this document cannot be overemphasised. This is the first highest level international human rights agreement in the 21st century. (PÉF-ÉFOÉSZ-MDAC, 2007)

The European Disability Strategy 2010–2020 provides a framework for European level actions aimed at solving the situation of persons with disabilities and for national measures alike. According to the strategy, the full-scale economic and social participation of persons with disabilities is of fundamental importance in order that the objectives of the Europe 2020 Strategy of the European Union should be realised. It is underlined that the objective of the Europe 2020 Strategy of the European Union that the employment rate of the 20–64 years old population should increase to 75% by 2020 cannot be realised without the integration of persons with disabilities. The focus of the strategy is to eliminate hindrances. There are altogether eight fields of action: accessibility, participation, equality, employment, education and training, social security, health and external efforts. In some of the fields the key steps are also specified (EB, 2010). The fields were selected based on how much they are able to contribute to the objective of the UN convention and how closely they are connected to policy documents of the institutes of the union and of the Council of Europe, to the EU action plan concerning persons with disabilities, its results and consultation with the interested parties.

In connection with the field of education and training, the union initiative supports national efforts in the framework of Education

and Training 2020, the strategy of European education and training cooperation in order to eliminate the obstacles that hinder disabled people's access to life-long learning systems. The strategy highlights the support of inclusive education and individually tailored learning, along with recognising special needs and the importance of training the trainers.

4.7. The Hungarian controlling system of equal opportunities

The law applies for everyone and in the same way: ensuring equal rights is the foundation of an equitable society. Equal rights are often mistaken for equal opportunities. One is a legal, while the other is a social category. Neither of them can substitute the other.

According to Article II of the Fundamental Law of Hungary, human dignity is inviolable, everyone has the right to life and human dignity. Section (2) of Article XV contains the prohibition of discrimination against disability in specific. Section (4) of Article XV prescribes that special measures are to be taken to promote the implementation of legal equality. Section (5) of Article XV emphasises that special measures need to be adopted to protect the elderly and persons living with disabilities in specific.

The rights of persons with disabilities belong to third generation rights and were included among the fundamental rights as the result of 'further considerations' on equal rights. The actual realisation of fundamental rights and equal rights may be influenced by several factors, one such hindrance may be the lack of financial resources, and apart from that – or besides that and among other things – diseases and disabilities. (SÁRI, 2000)

Act 26 of 1998, also referred to as the Equal Opportunities Act, on ensuring rights and equal opportunities for persons with disabilities covers many areas of life, among which education and employment are also present, however, in Hungarian support systems, equal opportunities aspects were not prioritised before Hungary's accession to the European Union. Since then, however,

equal opportunities and its enforcement have become fundamental aspects of development policy (MTRFH, 2005).

According to the definition of the Hungarian Great Lexicon, equal opportunities is a social science concept. It is a state in which there are no superiority-inferiority relations between the actors of social life – people and groups – in legal, political or financial terms. In terms of civil life, the idea of equal opportunities emerged in the wake of equal rights. In the Hungarian Great Lexicon, the definition of inequality is also given, according to which social inequality is the sum of economic, political and legal differences existing between members of the society, which, as for the history of its origin, starts with different gender roles, differences between cultures, characteristics of countries and, with no intention to equalise and in the lack of practice, continues according to the opportunities of development.

The basis for equal opportunities is the elimination of discrimination. Equal opportunities are mistaken for equal treatment, or the terms are used as synonyms. The principle of equal treatment is the prohibition of discrimination. To realise equal opportunities, being discrimination-free is not sufficient. It only serves as a basis. The prohibition of discrimination (or the principle of equal treatment) means that nobody can suffer any disadvantage because they have a certain characteristic. Such characteristics may be especially gender, age, ethnic identity, disease, disability or social situation. The prohibition of discrimination in itself, however, does not solve the problems, and it does not eliminate existing inequalities. That is exactly why equal opportunities policy is needed. Unlike equal treatment, equal opportunities policy requires that apart from keeping the prohibition of discrimination, efforts must be taken to improve equal opportunities. Thus, equal opportunities policy is not identical with ensuring equal treatment; however, the basis of equal opportunity is being discrimination free. (MTRFH, 2005)

The requirements of equal opportunities are not fulfilled simply by not applying discrimination. Today, realising equal opportunities is such an important factor that in case of its non-existence, or without the realisation of an equal opportunities aspect, no application for

funds can be supported. Sustainability is another factor of the same importance today, which needs to consider social aspects in a horizontal way as well. Being discrimination-free is not a merit when applying for funds, but a basic requirement.

The fact that the rights of people, and especially of disadvantaged people, are violated is not a Hungarian characteristic. Discrimination is present in all the countries of the world. The word "discrimination", without a pre-modifying adjective, almost always refers to negative discrimination. According to a popular definition of the term "discrimination is an approach that introduces insensible distinguishing when enjoying the affected civil rights" (KÁLMÁN – KÖNCZEI, 2002). This definition consists of three statements:

1. The approach is negative towards the affected people.
2. This effect originates from distinguishing.
3. This distinguishing is insensible and unjustifiable.

Acknowledged forms of discrimination are active and passive discrimination. If a practical example is used to point out the difference between the two types of discrimination, then it can be said that in case of active discrimination somebody denies a service to somebody else, because that person lives with disability, for example. It is also active discrimination when somebody is not employed in a given position, though they would be capable of doing the job, just because they live with disabilities. Passive discrimination is when the environment takes no action to eliminate the obstacle hindering persons with disabilities. So it is passive discrimination when a person with disability is not able to access services because of obstacles in their way, and the society does nothing to make these obstacles disappear.

The Parliament, acknowledging the right of all people to live as persons of equal dignity and driven by the intention to provide effective legal protection for those who suffer from negative discrimination, declared that promoting equal opportunities is primarily a state responsibility by passing Act 125 of 2003 on the Promotion of Equal Treatment and Equal Opportunities. Based on the act, the definition of direct negative discrimination is when a person or group is

treated in a more unfavourable way than other persons or groups of comparable situation are treated, were treated or would be treated. Section 20 of §8 lists those protected characteristics that, in case the other conditions also apply, can serve as a foundation for Equal Opportunities Authority procedures. Among others, disability, state of health and age are specified here.

According to §9 of Act 125 of 2003, any provision qualifies as indirect discrimination that does not qualify as direct discrimination and seemingly fulfils the requirements of equal treatment, but a person or group, with characteristics specified in §8, is placed in a significantly more disadvantaged situation than other persons or groups of comparable situation are, were or would be in. The competent authority to investigate discrimination-related complaints is the Equal Treatment Authority.

5. ADULT EDUCATION OPPORTUNITIES FOR PERSONS WITH DISABILITIES

One of the most important platforms for ensuring equal opportunities is education. It is not only an important area of socialisation, but it is where labour market opportunities are decided. The employment opportunities for persons with disabilities are significantly restricted by their lower qualifications when compared to the whole of the population, which is presented in Figure 5 (KSH, 2001). A reason for this may be under-motivation generated by a series of failures, the underdevelopment of key competencies and the unstable social background. Other reasons are certain dysfunctions of the educational system, such as the lack of equal opportunity access to integrated education or the lack of special education training in general teacher

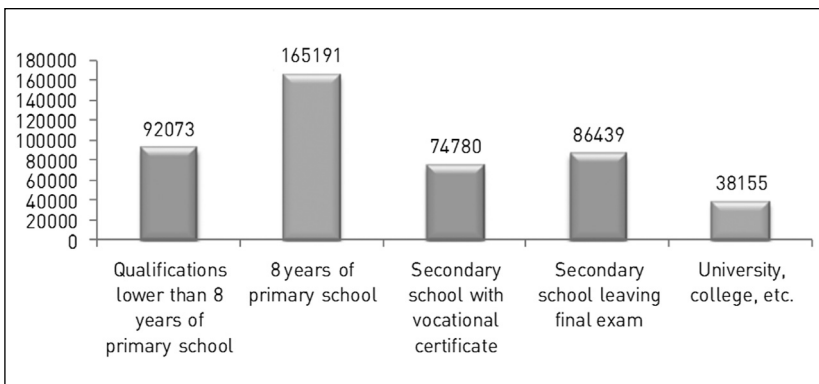


Figure 5.: Distribution of persons with disabilities according to qualifications
 Source: compiled by the author based on KSH (2013) data

education. These all contribute to the fact that key competencies of persons with disabilities remain weak.

According to the data of year 2011, 20.16% of persons with disabilities do not even have qualifications lower than 8 years of primary school, and 36.18% have qualifications of 8 completed years of primary school. 22.46% of persons with disabilities have secondary school leaving final exam, 16.99% have completed secondary school or have vocational certificate, which is a very low rate. The rate of people with degree is only 11.41%. It is justifiable to assume that an underlying cause for the above data is a lower level of accessibility to education for persons with disabilities. The lower qualification of persons with disabilities and people with altered capacity for work has an impact on their labour-market opportunities and, as a result, on the extremely low rate of employment, even in an international setting, among people with altered capacity for work.

Europe is about to experience unprecedented demographical changes, which have a considerable influence on society and economy alike. Consequently, this will apply for education and training supply and demand as well. The severity of the ageing of the European population is expressed in the following numbers. In the next 30 years, the number of people below 24 will decrease by 15%. One in every 3 people will be above 60 years old, and one in every 10 above 80. These developments will pose serious challenges to the European social model (SZIGETI TÓTH, 2008). Social groups that are left behind or that are on the margins cannot be ignored any more.

The State Employment Service, today called National Employment Service, has been operating the Rehabilitation Information Centres (RIC) since 2005 in order to help the target group to catch up. This service is to supplement the work of rehabilitation teams operating in labour offices. The RIC is a place that provides information for people with altered capacity for work, with various disabilities or struggling with health problems. People can obtain information in connection with various professions and their health factors, trainings, training requirements, labour office supports, civil organisations and rehabilitation employers. The view on rehabilitation

activity is determined by equal treatment, accepting otherness, revealing and raising awareness of values and strengths, defining career choices, improving self-knowledge, self-esteem and self-confidence and strengthening the inclusion of environment. Rehabilitation counselling is recommended for those who are hindered by some health problem in finding employment on the labour market or in moving on. This is the most frequently applied form of counselling provided for people with altered capacity for work and persons with disabilities. Its methods may include counselling talks, providing information, assessing competencies or offering various computer-assisted counselling programs. An important supplement may be psychological counselling, which may help to reveal those personality traits that may promote or hinder finding employment.

It is indispensable to improve the knowledge, competencies and adaptability of the target group. In my opinion, adult education and adult learning is the most effective tool to solve this problem. Adult education contributes not only to the development of professional knowledge, competencies and skills, but it also helps people drifted to the periphery of society to take up an active social role.

The EU and other international organisations of decisive role, such the OECD or the CEDEFOP, have been suggesting in recent years that member states should introduce newer innovation tools in the field of vocational education and adult education so that they can satisfy the human resources demand accompanying globalisation (ZACHÁR, 2009). A preferential area for using EU funds is the field of equal opportunities and realising equal opportunity access, but this subsidy is to be invested in such a way that the realised product or result remains sustainable in the future as well without further support.

If it is advantageous for the person with disability, they have the opportunity and right to take part in integrated education or training, in which the necessary special conditions are to be provided. Persons with disabilities are only hindered in certain abilities of theirs, and it is necessary to define these exactly, as there is no further consequence that needs to be considered besides the hindered ability,

Type of disability, permanent illness	Total	Primary school		Secondary school		University, college, etc.
		lower than 8 years of primary school	8 years of primary school	secondary school without school leaving final exam, vocational certificate	with school leaving final exam	
With physical disability	232 206	36 300	86 501	40 234	48 182	20 989
Partially sighted, low vision	73 430	13 532	28 283	10 671	14 691	6 253
Blind	9 054	2 167	3 397	1 172	1 580	738
With hearing impairment	63 014	12 994	23 404	7 860	12 176	6 580
Deaf	8 571	1 972	2 755	2 468	1 020	356
With severe inner organ disease	46 648	6 853	16 434	9 572	9 808	3 981
With mental impairment (psychological impairment)	46 265	9 425	16 839	8 664	8 482	2 855
With mental disability	42 779	25 642	13 712	2 473	693	259
People with speech defects	14 258	5 057	4 429	2 328	1 843	871
People with speech impairment	10 913	5 557	2 861	1 224	877	394
Autistic	5 120	3 492	1 039	269	244	76
Deafblind (vision and hearing impairment)	3 262	772	1 247	521	522	200
Other	2 277	375	532	354	656	360
Unknown	3 180	602	1 055	603	637	283
Total	561 247	124 740	202 488	88 413	101 411	44 195
Persons with disabilities	456 638	92 073	165 191	74 780	86 439	38155

Table 3.: Distribution of persons with disabilities and permanently ill persons according to their highest school qualification

Source: KSH, 2013

so integration into education only depends on the appropriate compensation of this hindered ability (RETTEGI, 2009). Table 3 shows the distribution of persons with disabilities and permanently ill people according to their highest school qualification based on the data of year 2011. The table also contains the distribution according to type of disability.

The affected social groups have little opportunity to enter adult education and, as a consequence, the labour market. Training opportunities often have professional, physical and personal constraints, in spite of the fact that their integration is not only an advantage to the labour market, but it also has several external benefits. Training can provide a kind of channel or bridge to community life.

The integration of the target group has been promoted with adult education state funds allocated on a per capita basis since 2003. The funds provided non-fee-paying general and foreign language training and registered (OKJ) and non-registered (non-OKJ) vocational training for adults with disabilities. Only those institutes could apply for the funds which had both institute accreditation and programme accreditation. By today, state funds allocated on a per capita basis have been terminated, and they have been replaced by various European Union funds, programmes and resources¹⁷.

An inclusive, accepting and accessible educational system could mean serious opportunities and an appropriate basis for integration for persons with disabilities (LOVÁSZY, 2006). According to the declaration of the Commission of the European Union, Realising a European Area of Lifelong Learning, adopted in 2001, in order to realise a "Europe of learning", a fundamental principle of the policies that can be called into action is access to education, ensuring learning opportunities and social inclusion (EKB, 2000).

Table 4 presents one of the essential elements of the problem, namely, that there are extremely few adult education institutes that offer trainings for the target group. It is to be noted that,

¹⁷ Adult education state funds allocated on a per capita basis were terminated, allegedly due to the tight resources of the state budget; however, by increasing the rehabilitation contribution to its five times, significant surplus income is realised, which could be allocated in the form of adult education support.

Type of training	Data	Number of students enrolled in the training
Vvocational basic training as a foundation for qualification	22	3 772
Training providing state acknowledged OKJ qualification	459	116 382
Training providing OKJ qualification not necessary for the job or employment	117	53 657
Vocational further training	307	224 001
Integration training for disadvantaged people	9	2 914
Training promoting employment or starting an own business	30	7 055
Training preparing for public agency qualification (branches of transportation, communications and water management)	74	50 991
Language training	285	70 435
General adult training	271	63 186
Rehabilitation training for people with altered capacity for work	2	453
Informatics trainings	75	26 956
Training preparing for input competencies	4	445
Total	1 655	620 247

Table 4.: Number of institutes offering training, type of training and number of students enrolled for the training based on data supplied in 2012

Source: OSAP, 2012

according to the data of the National Statistical Data Supplying Program, in the year 2012, there are only 9 institutes that offer remedial or developmental training and 2 institutes deal with rehabilitation training for persons with altered capacity for work.

Training persons with disabilities has special requirements, so professionals with special knowledge are needed, at the same time, various types of hindrances call for different educational conditions¹⁸. The altered educational environment and the altered educational objectives require a learning- and learner-centred approach and its practical realisation (LÉTRAY, 2008).

5.1. Participation of persons with disabilities in adult training

”If we treat people as they are, we make them worse.
If we treat people as they ought to be, we help them
become what they are capable of becoming.”
(GOETHE)

In 2011–12, the Andragogy Research Group of SZTE JGYPK FI (Adult Education Institute of the Pedagogical Faculty of the University of Szeged) – which I am a founding member of – conducted a national structured questionnaire study. The study was based on the total sample, the sample consisted of the training

¹⁸ According to the New National Disability Program (2007–2013), the measures to be taken are to aim at increasing the number of adult education programmes adapted to persons with disabilities, at improving the knowledge on disabilities and the special pedagogical knowledge of instructors participating in adult training and adult education and at providing the necessary material conditions and infrastructure for education. Based on Government Decree 1056/2012 (9th March) on the action plan for the New National Disability Program for the years of 2012–13, in the field of education, the number of institutes accepting learners with special educational needs is to be increased, training forms tailored for individual learning needs and the application of methods ensuring differentiated development are to be promoted through adapting and implementing best practices. In the field of vocational training and employment, research is to be initiated to improve the vocational training of persons with disabilities and people with altered capacity for work, which could reveal the opportunities for their integration in adult education programmes in order to increase their employability. Designing and improving professional programmes that serve as the basis of the vocational education of learners and adults with disabilities are to be supported. Professional knowledge on training persons with disabilities is to receive a prioritised role in teacher education. A model or models of employment and training are to be formed which can help persons with disabilities and persons with altered capacity for work in finding employment in the open labour market.

institutes with adult training activities with valid accreditation – as appearing in the database of the National Vocational and Adult Training Institute¹⁹. Our questionnaire was sent to 1 488 training institutes. The 297 questionnaires we received back made up 21.2% of the purified sample. The period of the full study was from March, 2011 to February, 2012.

The issue of ensuring equal opportunities made up an important part of the study; among other questions it was to be revealed how and to what extent accredited adult training institutes take into consideration the special needs of persons with disabilities. Only 8 institutes marked persons with disabilities as a potential target group, while 15 institutes marked persons with altered capacity for work.

In connection with the study, it is important information that adult training institutes – in case they want to have their training programmes accredited – have to clearly declare that they can provide the necessary conditions for persons with disabilities to take part in their training. Based on §15 section 2) subsection g) of the Employment and Labour Ministry Decree of 24/2004 (22nd June), a training programme can be accredited – alongside many other criteria – if the training institute specifies how it is to take into consideration special needs originating from disabilities. This is interesting, because all the institutes in the study were accredited, the prerequisite of which is a successfully realised accredited training programme.

132 (44.4%) of the accredited institutes claimed that they could ensure equal accessibility to their trainings and services for people with physical disability. Accessibility for people with vision impairment is ensured in 52 (17.5%) responding accredited institutes. For people with hearing disability, i.e. for deaf people and people with hearing impairment, accessibility is ensured in 56 (18.9%) cases among the respondents. Trainings and services for people with mental disability are made accessible in 13 (4.4%) of the

¹⁹ At the time of writing the study, National Labour Office Vocational and Adult Training Directorate.

responding institutes. People with learning difficulties were marked in 48 (16.2%), while people with speech disabilities or with various communication impairments in 28 (9.4%). For people with emotional and behavioural disability, 17 (5.7%) of the institutes can provide accessibility to their services. People with autism were only marked by 5 (1.7%) of the institutes, and people with multiple disabilities appeared in a mere 9 (3%) of the responses. 34 (11.4%) of the responding institutes indicated that they cannot ensure equal accessibility to persons with disabilities. The category 'other' was marked by 7 (2.3%) of the accredited institutes. In this category, the respondents mentioned that if the disability causes no problem for the person in their jobs, then it causes no problem during their training either.

The study also examined how the institutes take into consideration the special needs of disability groups they marked. I would like to highlight people with hearing impairment. In case of having participants with hearing impairment, in the highest number of cases the institutes employ sign language interpreters²⁰, which is no coincidence, as Act 125 of 2009 governs the Hungarian sign language and the usage of the Hungarian sign language. The Act recognises the cultural and community forming power of sign language, specifies the language rights of people with hearing impairment, and, among others, ensures their equal access to public services.

The act on sign language recognises the Hungarian sign language as an independent, natural language. The Parliament passed the act in accordance with the provisions of the already mentioned Convention on the Rights of Persons with Disabilities. According to the Convention, the member states support the linguistic identity of the communities of people with hearing impairment and foster the acquisition of sign language, the target group's access to education and the special infrastructure appropriate and maintainable for

²⁰ For people using sign language, it is sign language interpreters who provide sign language interpretation, thus ensuring that they can use any service and can communicate in important situations in a comprehensible way in their mother tongue. For people with hearing impairment and having communication disabilities, sign language interpretation services provide articulating interpretation (oral interpreting), thus ensuring the understanding of everyday communication situation.

people using sign language. The act says that the time frame of sign language interpretation provided free of charge by the state is 36 000 hours a year, and 120 hours per person at most. Section (2) of the act specifies that above the per capita time frame, the state provides free of charge interpretation services in education. According to section (2), "a) in connection with learner status, in secondary school, secondary vocational school and vocational school, the person having learner status is entitled to 120 hours per school year; b) in connection with student status, the person having higher education student status is entitled to 60 hours per term". The act on sign language governs adult training in several points. According to section c) of §5, "in connection with the adult training, for the participant, up to 20 per cent of the number of hours of the training and per training, free of charge sign language interpretation service" is provided by the state. It is important to examine this in connection with an OKJ course as part of a 400-hour adult training. In this case, for a person with hearing impairment, if access to education is considered, sign language interpretation is provided "only" for 80 hours – in the remaining 320 hours there is no such help – and for performance assessment and examination, as the act also governs the rules of financing such activities. Section (c) of §6 of the act on sign language specifies that the FSZK registry shall contain "the data on hours of sign language interpretation services used by a person, with specifying whether the requisition happened in connection with learner status, student status or adult training". In connection with the rules of financing, section (4) of §10 states that "during oral exams organised based on the Act on Public Education, the Act on Vocational Education and the Act on Higher Education and Adult Education, the expenses of sign language interpretation are covered by the institute organising the exam". It is often the case that people who are hard of hearing do not know that they are entitled to this free-of-charge service just like deaf people, for example, in the form of written interpretation.

150 institutes responded the question whether the place of their training is accessible. Based on the responses received, in 134 (45.0%)

institutes, the place of training is accessible, while in 91 (30.6%) it is not. 21 of the responding institutes claim that info-communication accessibility is ensured. 123 institute are physically accessible, and only in case of 6 institutes is complex accessibility realised. In 114 institutes, accessibility for people with physical disability is ensured, in 27 institutes, however, physical accessibility is provided for people with vision impairment. In only 3 institutes is physical accessibility for people with mental impairment realised in the place of training.

Based on the responses received in the study, it can be concluded that 128 of the responding institutes had persons with disabilities in their trainings. In 156 cases, the answer was no, which means that they have no experience at all in connection with training persons with disabilities in their own institute.

Most of the responding institutes have experience in training people with physical disability in connection with their trainings. The mentioned disability group was marked by 93 (31.3%) institutes, without giving details as for the type of the disability, saying that they had persons with disabilities participating in their trainings. The group of people with vision impairment, without giving any details was marked by 56 (18.9%) institutes. People with hearing impairment were marked by 51 (17.2%) of the institutes. People with mental disability were indicated by 2 (0.7%) institutes. People with learning disabilities and dyslexia took part in trainings in 40 (13.5%) institutes, people with dysgraphia in 29 (9.8%), people with dyscalculia in 18 (6.1%), and people with dysgrammatismus in 16 (5.4%) institutes. People with learning difficulties and mild intellectual disabilities appeared in the responses of 14 (4.7%) institutes in this question. People with speech impairment and communication difficulties took part in trainings in 19 (6.4%) of the responding institutes, people with emotional and behavioural disabilities in 8 (2.7%) and people with autism in 10 (3.4%) institutes. 95 of the institutes claim that it caused no problem in realising their trainings that persons with disabilities also took part, and it did cause a problem only in 7. It is important to take into consideration that altogether 128 institutes

gave the response in the main question that they had trainings in which persons with disabilities participated. The fact that it was in 95 institutes that no problem emerged must be interpreted in this context. The study also had a question on what kind of problems arose in connection with training persons with disabilities. One of the problems was that a different type of desk was needed for the person with physical disability, because of the wheelchair. In several cases, the need for individual care and special attention, for example during the integration into the group, was an issue, just like treating learning difficulties. Another problem was difficulties in communication ability; transportation to and from the place of training required extra time and arrangements. However, besides listing the problems, the majority indicated that they had managed to overcome the problems.

It can be seen that the examination of training adults with disabilities is justified on several accounts. Persons with disabilities have extremely low economic activity, their employment rate is far behind the employment rates of the majority population and the average in the European Union. The low rate of employment stems not from their physical hindrances but from their typically low level of school qualifications.

In Table 5, it can be seen that 2 914 people took part in integration training for disadvantaged people, and 453 started rehabilitation training for people with altered capacity for work in the framework of adult training according to the statistics of the year of 2012 released by OSAP. Obviously, only some conclusions can be drawn from these data as for the participation of persons with disabilities, as in the current adult training databases, such as OSAP, there is no disability-specific registry. To examine the participation of persons with disabilities, the briefly described national survey above about accredited adult training institutes can serve as useful grounds for further research.

The basis of the adult training registry is that the institute wishing to become involved in adult training activity is obliged to announce this intention to the labour office competent in the region, and the labour office keeps a registry of this. However, this announcement

Type of training	Number of students enrolled in the training	Number of students completing the training
Vocational basic training as a foundation for qualification	3 772	3 442
Training providing state acknowledged OKJ qualification	116 505	110 909
Training providing OKJ qualification not necessary for the job or employment	53 657	52 875
Vocational further training	227 912	223 428
Integration training for disadvantaged people	2 914	2 810
Training promoting employment or starting an own business	7 055	5 829
Training preparing for public agency qualification (branches of transportation, communications and water management)	50 991	48 956
Language training	70 449	62 421
General adult training	63 186	60 687
Rehabilitation training for people with altered capacity for work	453	432
Informatics trainings	26 956	25 930
Training preparing for input competencies	445	423
Total	624 295	598 142

Table 5.: Number of students enrolled for training and completing training based on data supplied in 2012
Source: OSAP, 2012

is, in reality, about its intention to be involved in adult training activity and the direction of the activity, and it does not necessarily mean that the institute will also be involved in the given adult training activity or provide the related services in practice. The training of persons with disabilities can only be considered certain if the institutes do not only announce but also run their activities according to the Act on Adult Education and the data entered in the registry match the real situation.

It can be concluded that legal regulations do provide, in theory, opportunities for persons with disabilities to participate in trainings, however, practice shows that actual participation strongly depends on the views of the institute providing the training and the forms of financing the training. (SZABÓ, 2012)

5.2. Equal opportunity access to trainings

The principle of equal opportunities can be found among the modern principles of adult training. In accordance with this, the physical accessibility of the place of training, reasonable training costs, the range of trainings on offer and the various services fostering learning are of utmost importance. Besides the physical accessibility of the place of training, it is important to emphasise that the accessibility of the institutes and equal opportunity access to trainings are also considerably insufficient. The lack of any of the three factors can result in the dropping out of persons with disabilities – potential adult learner – or they may not participate (opt not to) at all.

The census of 2011 asked citizens in what their disabilities mean a hindrance for them, in case the response is relevant for them. Possible answers were: self-sustainment, everyday life, learning, finding employment, family life, transportation, communication, accessing information, community life and no hindrances. The option of not wishing to answer could also be chosen. 110 541 persons marked learning and finding employment, while 64 052 indicated encountering hindrances in communication and accessing information. The largest obstacle for respondents proved to be transportation

(211 503 persons). The frequency of the latter response is probably in connection with high proportion of persons with physical disabilities in the groups of persons with disabilities. 52 160 persons wished not to respond this question. Based on this, it can be concluded that one quarter of the respondents are hindered by their disability in learning and finding employment alike.

It is necessary from all aspects to provide equal opportunity access to training for persons with disabilities. However, offering flexible, modular training forms can contribute to the realisation of this, as these forms of training can match the special needs of groups with disadvantages and their knowledge of different quality and depth can be utilised better (GERE – SZELLŐ, 2007).

The document of the Council of Europe 10-year Action Plan for the realisation of an inclusive society defines specific member state tasks in connection with integrative education. These are, among others, the realisation of vocational programmes, legal resolutions and policies, which help the integration of adults with disabilities in education, providing various trainings for all the professionals who are to reveal the special needs of adults with disabilities. Furthermore, it is to be ensured that educational institutes and tools and supplementary materials used in the course of trainings are equally accessible for everyone. Persons with disabilities are to be supported in their equal opportunity access to various adult training services, and it is important that it is the remaining and existing abilities that are considered when assessing employability, not the deficiencies (MARTON – SZAUER, 2007).

When discussing equal opportunity access, reasonable adaptation and universal planning are to be mentioned (LORD ET. AL., 2009):

- **“Reasonable adaptation”** means those indispensable and appropriate modifications and changes which do not pose an unjustified and disproportionate burden and in certain cases are necessary in order to ensure that persons with disabilities can enjoy and practise their basic human rights and freedoms to an equal degree.
- **“Universal planning”** means that products, the environment, programmes and services are planned in such a way that they are accessible to the highest possible degree for every human being.

Universal planning considers all the users in the same way, while reasonable adaptation makes a difference between them. Both approaches, however, have the same goal: to realise the approach of full accessibility, which ensures that persons with disabilities are integrated into society on the same basis as everybody else (LORD ET AL., 2009). It is obvious that nobody can enjoy their human rights if they have no access to it. There are many obstacles than can hinder people in the full enjoyment of their human rights (LORD ET AL., 2009):

Physical obstacles	Information obstacles
Environmental obstacles belong here, which can be encountered in constructed infrastructure. In case of this obstacle, it is persons with disabilities that people usually think of; however, the application of supporting or high contrast colour surfaces in buildings to help the orientation of persons with vision impairment also functions as elimination of physical obstacles.	Information published in small font size, for example, or contrast-free web pages and texts. TV programs without subtitles or sign language interpretation or the lack of tactile writing or Braille writing. Just like a special case of ensuring physical accessibility for blind people was mentioned before as an example, I would like to mention a similar example: providing an easily accessible version of information for persons with mental disabilities, without which information is not available for them at all.
Institute obstacles	Attitude obstacles
As for their forms, these obstacles can be legal regulations, practices or processes, which hinder or do not promote accessibility.	The most frequently occurring obstacle. Most of the obstacles for our fellow persons with disabilities are created by us, ourselves.

Table 6.: Obstacles hindering the full enjoyment of human rights

Source: LORD ET AL. (2009) compiled by the author

Accessibility has to be a basic quality of the built environment. This is what provides the opportunity for people to be able to participate in the social and economic activities for which the built environment has been realised. Based on §2 of Act 78 of 1997 on the Formation of Built Environment, the built environment is considered accessible "if its comfortable, safe and independent usage is ensured for every

person, including persons or groups of people with health impairment who need special establishments, tools or technical solutions to do so.” A starting point of accessible planning is to consider how the needs of persons with disabilities can be satisfied with the help of special tools and technical solutions. Realising accessibility does not only ensure that persons with disabilities, who make up 10% of the population, have equal access, but it also ensures that the 40% of the society who live with decreased physical and sensory abilities – children, the elderly, parents attending with small children – can experience a positive change. Last but not least, it can lead to the expansion of target groups of adult training institutes. In order to provide equal access, the different needs of the users of buildings are to be considered, taking into account the principles of universal planning, the ”Design for All”. This is a preventive way of thinking which considers the different needs of those who use the building or the services. Universal planning is ”nothing else but a way of planning that stems from human differences, taking into consideration both social and equal opportunity viewpoints” (P. FARKAS – PANDULA, 2007).

Connecting to the EU 2020 Strategy and the EU Disability Action Plan for the period 2003–2010, the European Disability Forum initiated the compilation of a new, common, union-level disability document. This is the European Disability Pact for the period of 2011–2021, the primary objective of which is to show a long-term and consistent direction for member states in the field of disability policy (MARTON – SZAUER, 2007). In the period 2003–2010, the European Disability Action Plan had the official objective to ensure that disability issues are integrated into all European Union policies. The European Disability Pact is part of a new political context, which lays more and more responsibility on the member states of the European Union. An expected impact of the Pact is that the EU and its member states commit themselves to promote the enforcement of the rights of persons with disabilities in all fields of life. Among its goals are that persons with disabilities should be able to fully enjoy equal opportunity access and receive equal opportunities in education and employment, as well as in services (EDF, 2009).

5.3. Methodological characteristics of trainings for persons with disabilities

”It is not even half as important what we teach as it is how we teach it.”

(JÓZSEF EÖTVÖS)

The method of training has the objective to reach a certain set goal in the most secure, total and economic way possible. The key issue when selecting the methods is to consider the characteristics of adult learning.

The act on public education specifies what qualifications and skills and competencies are required for someone to be able to teach at certain levels and institutes, while such prerequisites for adult training can hardly be found. Professional qualification is a definite expectation, however, little attention is paid to the methodological-andragogical preparation of those working in adult training, although in case of groups with disadvantages or with special training characteristics call for more advanced educational or learning management competencies in order to realise successful cooperation. Besides counselling-orienting, it is the helping-promoting role that gains great significance, furthermore social-psychological knowledge is needed when starting and maintain learning processes. (CSERNÉ, 2006)

In case of those who realise trainings, I believe that, besides professional preparation, competencies such as empathy, tolerance, patience, a sense of responsibility, the ability to build and maintain rapport, the skill to motivate and problem analysis, exploration and solution are indispensable.

According to Dr. Csaba Halmos, in case of disadvantaged people, the following expectations need to be realised (HALMOS, 2006):

- Differentiated treatment, individual development.
- Reaching and developing the stabilisation of the personality.
- Developing learning motivation, learning skills and communication skills.

- Specifying responsibilities of a position in work, career orientation.
- Developing missing basic information.
- Mastering the necessary professional and mental skills.
- Applying open, accessible, flexible systems that are built on each other.
- Providing the necessary pre-training and in-training services.

It has to be taken into account that various mental problems need to be overcome, and individually tailored, differentiated development is to receive special emphasis, especially learning, qualification and skill related problems need to be overcome. The development of self-knowledge and the formation of an adequate self-image are indispensable, as without learning motivation the demand for self-development and self-improvement cannot be maintained. Identifying the existing, remaining abilities needs to be a key issue, which can serve as a factor for success during training, and can ensure that failure is eliminated.

In connection with the modern principles of adult training, the principle of equal opportunities has already been mentioned, which is also to be extended to adult training services. Providing services that promote appropriate, target group specific, quality learning and using these services can play a significant role in eliminating or mitigating hindrances. It is of key importance to operate the adequate services during the time of training but also following the training. Various forms of mentoring and counselling can effectively supplement trainings for persons with disabilities.

I agree with Mária Kraiciné Dr. Szokoly, who says that there is definitely a need for the introduction of the concept of adults "with special learning and teaching needs" (SLTN) in andragogy, similarly to the term children with special needs applied in pedagogy (KRAICINÉ, 2012). For this to be realised, however, it is indispensable that such initiatives in the field are embraced, as, besides the special knowledge of andragogy, it is indispensable that adult training professional, i.e. andragogues, master several fields of the knowledge of special educational teachers and possess higher level competencies of special development teachers to serve the interests of the target group.

It can be stated that from the point of view of andragogy, the training methodology of special groups is insufficient. A frequent criticism towards the trainers is that they are not sufficiently prepared in professional competencies required by the field, it is typical that there is a lack of harmony between views and professional knowledge. I believe that the education of workers in adult training should include preparation for teaching persons with disabilities and other disadvantaged target groups by obtaining personal experience, practice or taking part in internship. There is a strong need for passing on special training knowledge in andragogy bachelor programmes so that future andragogue professional can possess the necessary knowledge indispensable when ensuring coordination or equal opportunity access in integrated training. This is the way how trainings organised for persons with disabilities can become successful and effective. At the Adult Education Institute of Juhász Gyula Pedagogical Faculty of the University of Szeged, familiarising andragogy master's students with the adult training characteristics of adults with disabilities is an integral part of their studies, however, there is no professional book or textbook available on the topic. Such a book would fill a niche in the field and would be a useful supplementary material for both present and future andragogy students and any professional working in the field of adult training.

As an intent to discuss the topic in full, the most important information connected to this subsection is detailed in Appendix 3. The most important characteristics of the different types of disabilities from the point of view of training is introduced in Table 1 of Appendix 1, the most fundamental of special training conditions generated by various hindrances are listed in Table 1 of Appendix 2, while impairment specific training conditions are given in Table 1 of Appendix 3. All the three complex tables compiled by me can be considered as a guideline²¹ both from the point of view of accreditation and professionals.

²¹ The characteristics of various disability types were compiled based on ÁGNES TASNÁDI adult training expert (n.d.) JUDIT ANDRÁSNÉ DR. TELEKI (2009), training programmes and methodology recommendations for persons with disabilities by NSZFI, FSZEK (2008), FEK (2007), ANDREA ERDÉLYI (2008) and VÁNYI – RÓTH (2007) and by adapting my own experience.

6. OLD PEOPLE IN SOCIETY

”There are now more older people in the world in relation to the total population than ever before, and the proportion is still rising. These older adults have much to contribute to the development of society.”
(THE HAMBURG DECLARATION, UNESCO, 1997)

Who is considered old today? From what age does a person count as old? These may be the first questions that come to mind. It is to be clarified whether there is a commonly accepted age limit as for what we consider old age. It is relatively difficult to determine this, as old age is not a static fact, but a process, just like becoming an adult, but the latter has its attributes.

2012 was the European Year for Active Ageing and Solidarity between Generations. The initiative called attention to the fact that in Europe people live longer than ever before and they spend their older years in better health as well than previously. It points out that it holds opportunities for us. Active old age provides the opportunity for present and future old people to:

- stay on in their jobs and pass on their knowledge,
- play an active role in society in the future as well,
- live a healthier and happier full life.

Active old age is very important in maintaining solidarity between generations in those societies in which there are more and more old people. The European year set out to call attention to

the issues related to active ageing and introduce the best responses that can be given to them. However, first of all, it would like to encourage decision makers and the parties involved to set goals for themselves and also act in such a way that these goals are realised. The year of 2012, going beyond discussions, must bring the first apparent results. Its aim is to call attention, provide information and to disseminate best practices. Apart from these, it is to encourage political decision makers and the parties involved to make active ageing easier at all levels.

6.1. Defining old age

Today, people in Hungary mark the beginning of old age at a later point in time than they used to before the change of political regime. On average, society speaks of the beginning of ageing above 65 years, which is partly due to the fact that more people live to their late old age today than earlier. Today, the period before 65 cannot be considered as real old age, as society expects the individual in this age to perform full-value work.

The definition of ageing appears in various and continuously changing versions. According to the WHO, active ageing means a state of health in which the quality of life can be improved. In accordance with this, the WHO does not only consider life expectancy but healthy life expectancy, and due to an increasing life span, "old age" refers to the late period of the life cycle (BARAKONYI, 2010). Accordingly:

- 45–59 years old: middle-age
- 60–74 years old: elderly
- 75–90 years old: old
- above 90 years: very old

The original concept of third age is associated with the name of Laslett, and it referred to the life cycle between independence and afflictions of old age, starting with retirement age. In this period of life, work and free time are reinterpreted, and the realisation of cultural needs and hobbies and the necessary financial needs and

good health to achieve this gain an important role. State of health plays a fundamental role in how long this period in an individual's life can last.

The definition of age groups may vary to a significant degree according to fields of science, institute types but also to the interpretation of different researchers.

Old age can be examined according to the following concepts:

- **chronological age:** age in terms of years,
- **biological age:** age in terms of state of health,
- **psychological age:** how old one feels,
- **sociological age:** how old society considers an individual.

6.2. Active ageing

Active ageing or old age is not a state but, as mentioned earlier, a process. It cannot be defined explicitly what that specific age is by the reaching of which ageing starts. People seem to be preparing for active ageing all their lives, for example, by doing physical exercise, keeping mentally fit and preserving their independence. This means that ageing does not start when retirement age or a certain age is reached. Active ageing is the process during which "people find the optimal balance, among the opportunities for health, social participation and security, to preserve their usual life quality in the ageing process" (BARAKONYI, 2010). Based upon this train of thoughts, the WHO recommendation for an Active Ageing Programme was drawn up in their report on an ageing society. According to the WHO, policies built on active ageing need to be founded on three pillars (FIFIK – SZILÁGYI, 2005).

1. **Social participation:** Creating learning opportunities in all stages of life, life-long learning, recognising and fostering people's participation in economic growth according to their abilities and their needs; ensuring that ageing people can take part in community life as full-right citizens. This is what is most closely related to the andragogical approach.

2. **Security:** Providing social, financial and physical security for ageing people, which promotes old people's protection, security and dignity. Diminishing inequalities among various groups of old people by ensuring rights and needs and providing opportunities.
3. **Health:** Old people friendly environment, preventing burdens resulting from old age disabilities, diseases and early death, fighting against smoking, increasing healthy eating and health preservation factors and diminishing risks, high quality health and social services, continuous training of caregivers and nurses.

6.3. Demographic situation An ageing world

Europe is to face unprecedented demographic changes, which have a significant impact on society and economy alike. In the next 30 years, the number of citizens of active age in Europe will be fewer by almost 21 million, furthermore, the growth potential on average will reduce from 3% characteristic of the previous period to 1% by 2040. The number of people above 60 years of age in Hungary is on the rise. Based on this, it can be concluded that dramatic changes in the productivity of work is to be expected (KÓSA, 2009). Figures 6 and 7 present this process.

Beyond this, ageing also means that the number and proportion of dependent population are on the increase, which calls for a reform in employment, education and health policies. An ageing population means an increasing burden of supporting the old, which threatens the competitiveness of societies. Economic insecurity leads to a decrease in willingness to have children, which, in turn, induces the ageing of population. This results in many problems that need to be solved. Two of the four most important actions of the European Union employment policy for the future are connected to the topic of ageing. Handling the problems of an ageing society call for a paradigm shift, which is based on the scientific results of gerontology (SZ. MOLNÁR, 2010).

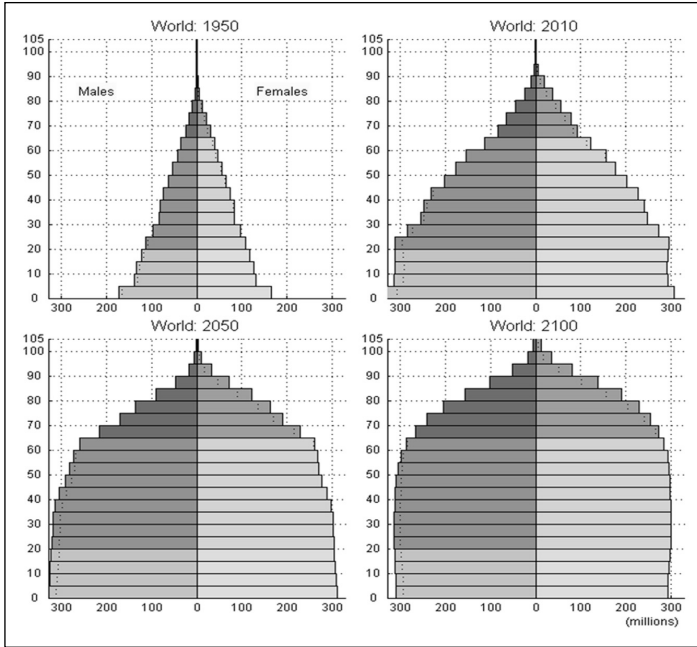


Figure 6.: Global ageing processes 1950–2050
Source: WHO, 2012

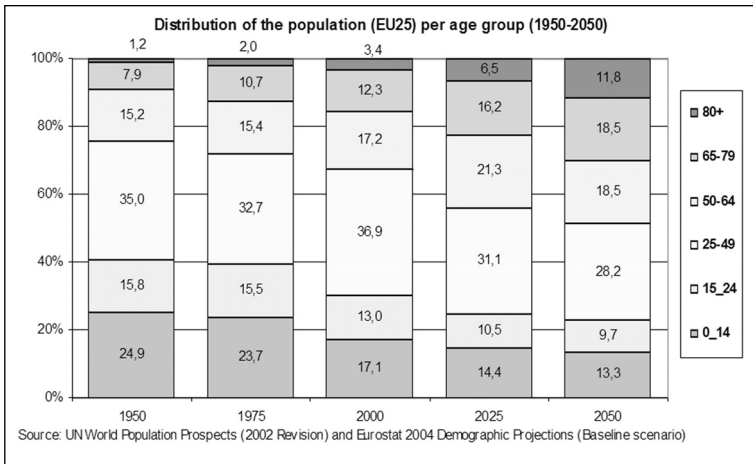


Figure 7.: Global ageing processes by age groups
Source: WHO, 2012

It can be stated that initiatives affecting old persons in the European Union spring, firstly, from the requirement to respect basic human rights, secondly, from economic needs (employment policy) and thirdly, from the demand for legitimacy (action plans, active ageing programme) in the Union (FIFIK – SZILÁGYI, 2006). In March, 2005, the European Commission published its green paper on Confronting demographic change, and in that, demographic changes are defined as the consequence of three basic tendencies (EKB, 2005).

1. **Continuing increases in longevity:** This tendency is the result of considerable progress made in health care and quality of life in Europe: healthy life expectancy of Europeans is on the increase. The process is likely to continue in the future as well, the gap between the life expectancy of men and women is to decrease.
2. **The continuing growth in the number of workers over 60:** This process will be present until 2030, when the baby-boomer generation reaches old age.
3. **Continuing low birth rates:** The generations of baby-boomers has had fewer children than previous generations. Low birth rates can be explained by many factors: difficulties in finding a job, the lack and cost of housing, the older age of parents at the birth of their first child, and changes in the attitude to study, working life and family life. Almost everywhere, fertility is below the population replacement level. In certain countries (in southern and eastern Europe), it is less than 1.3 children per woman.

6.3.1. Social ageing in Hungary

The number of population in Hungary has been decreasing since the 1980s, between 1981 and 2009, the population of the country became less by nearly 700 000 people. The reason for this is the joint effect of low birth rates and high number of death rates. At present, more than one fifth of the population has reached 60 years of age, one in every six citizens is above 65, and the ageing index is continuously on the rise. According to various pre-calculation

models, there need to be positive changes in life expectancy, willingness to have children and international migration alike in order to stop population decrease and slow down the ageing process in Hungary (HABLICSEK, 2009).

The biggest demographic survey in Hungary, entitled Turning Points in our Life, started in 2001. This is the biggest empirical research of the Demographic Research Institute of KSH, and at present they are running the fourth wave of data collection between November 2012 and February 2013. The survey is connected to the Generations and Gender Program (GGP), which examines demographic phenomena in several European countries in the framework of an international project.

The most significant demographic change of the past two decades is that the number of retired people has remarkably increased, however, based on international comparisons, Hungary does not belong among the oldest societies of Europe. This can be explained by the unfavourable mid-life and old age death rates. In the past two decades, life expectancy for old people has increased significantly, however, it is still far behind the figures of Western Europe and even Eastern-Central Europe (KSH, NKI, 2012). In Hungary the proportion of the population of 65 years old and older is far lower than the averages of other EU member states.

In Table 7, it can be seen that the number of the oldest has doubled, but the number of people in all old age groups has increased. Studies show that the proportion of women in old age groups is much more significant and with the increase of age, the age differences become even more marked.

Age group	1990	2001	2011
65–75	797 450	899 645	930 540
75–85	489 013	448 338	570 836
85+	87 459	119 832	169 759
Total	1 373 922	1 467 815	1 671 135

Table 7.: Number of population in old age groups in different years
Source: KSH NKI, 2012

Figure 8 shows the population pyramids compiled based on WHO statistics about the Hungarian demographic processes.

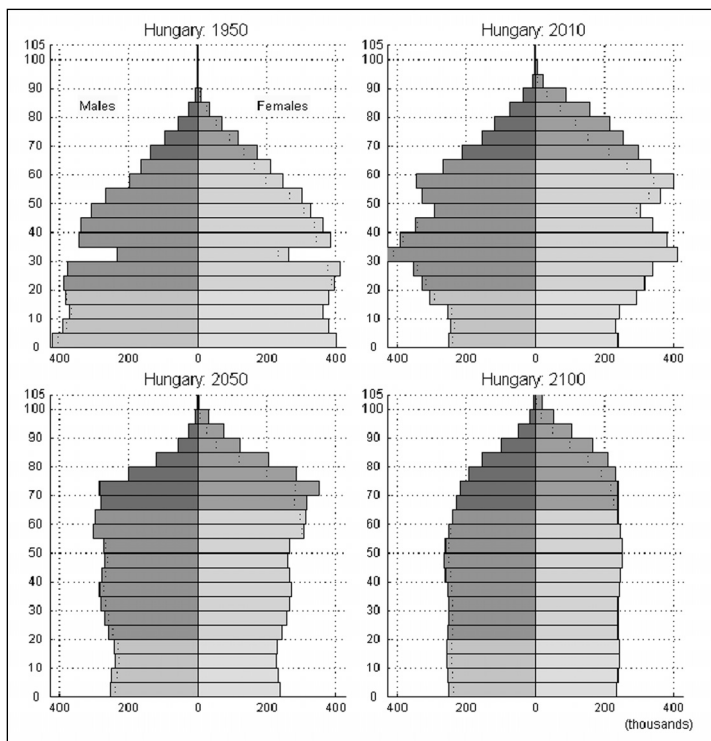


Figure 8.: Ageing processes in Hungary
Source: WHO, 2012

By analysing the population pyramid, it can be clearly stated that population ageing has fastened. The above 45 population has increased significantly both in terms of number and in terms of proportion in the society, in contrast with this, the number of the under 25 population has decreased greatly. This leads to a high dependency ratio, which, if there is no intervention, can grow exponentially in the future. Based on models of predictions, the rate of old people in Hungary will continually and significantly increase. The increase is not expected at an even pace, as the "Ratkó children"

who are at present the middle-age group will reach old age, and then their children will reach old age, which will change the present rates significantly (BARAKONYI, 2010).

The proportion of old people in the population is going to increase continually and significantly, and its present 22% will increase to 27% by 2030. As an end result of this process, a so-called "one-third" population will be formed, which means that one third of the population, that is one in every three people will belong in the old age group. All this results in structural changes in society, for which we need to prepare (BARAKONYI, 2010).

In summarising the Hungarian demographic characteristics, the following can be highlighted (IVÁN, 2002):

- ageing and decreasing population,
- decreasing families,
- increasing number of divorces,
- decreasing number of children,
- increasing rate of women,
- increasing death rate of men,
- increasing female chronic diseases,
- increasing dependency,
- increasing regional differences,
- increased differences in opportunities and increased risks in terms of health and quality of life.

6.4. Old age and disability

Disability is a reality that may have several possible aspects. Some live their lives with it, while others only encounter it at the end of their life (EUROPE.EU, 2012). In old age, vision, hearing and movement deteriorate, and reaction skills slow down. Disability and ageing are related to each other in several issues, however, basically, the two social groups can be characterised with different problems. More and more people are affected by diminishing skills to a smaller or larger extent, conclusively, long-term planning is required. (LOVÁSZY, 2006)

In Table 8, the census data of 1990 and 2001 are presented according to the distribution of age groups and type of disability of persons living with disabilities. From this, it can be concluded that the number of persons with movement, vision and hearing impairment becomes higher with the increase of age. This tendency does not apply to persons with mental disabilities. The very same process or tendency is reinforced by the census of 2011 as well. According to the data of the latter, 41 451 of all the persons with disabilities (456 638) are 40–49 years old, 90 223 are 50–59 years old, 49 054 are 60–64 years old, 42 546 are 65–69 years old, 80 052 are 70–79 years old and 65 352 belong to the above 80 years old age group.

Type of disability	1990				2001			
	0-14	15-39	40-59	60-	0-14	15-39	40-59	60-
	years old, as a per cent of the total							
With physical disabilities	3.4	17.2	39.3	40.2	1.6	7.5	36.4	54.6
Loss of upper or lower limb	-	-	-	-	1.8	8.8	32.8	56.6
Other bodily impairment	5.5	22.5	39.5	32.4	4.1	14.8	45.0	36.2
Low vision	7.1	20.1	25.9	46.9	5.0	18.5	26.0	50.5
Vision loss in one eye	3.6	17.8	28.9	49.7	2.4	11.8	27.6	58.2
Blind	13.1	12.0	18.6	56.3	3.5	10.5	21.9	64.1
With mental disability	23.5	40.8	19.6	16.1	18.5	42.3	23.7	15.5
Hard-of-hearing	3.4	9.4	19.7	67.6	3.5	10.3	20.5	65.7
Deaf, deaf-mute, mute	10.4	28.6	29.0	32.1	7.8	25.6	30.1	36.5
With speech disorder	16.6	30.6	27.2	25.6	17.0	25.5	28.9	28.6
Other	10.4	21.9	43.9	23.8	5.3	13.8	50.6	30.3

Table 8.: Distribution of persons with disabilities according to age groups and type of disability, 1990, 2001 (%)
Source: KSH, 2001

The census returns of 1990 and 2001 also refer to the causes of disabilities in the various age groups (Table 9). It becomes clear from the table that most people in the observed age group indicate that the most frequent cause of their disability is disease. It can also be noticed that the ratio of innate disabilities has decreased, which is partly due to the developments in medical sciences, and partly to the fact that the proportion of older people among persons with disabilities is higher.

Age group	Cause of disability									
	Innate	Accident	Disease	Doesn't know	Unknown	Innate	Accident	Disease	Doesn't know	Unknown
	as a per cent of the total									
	1990					2001				
0-14	85.1	1.8	9.0	1.7	2.4	66.8	1.7	12.7	8.0	10.8
15-39	57.3	13.9	23.7	1.9	3.2	46.5	11.1	24.4	8.1	9.8
40-59	22.1	21.2	48.6	3.8	4.3	12.6	14.9	57.7	6.0	8.8
60-69	14.7	17.5	56.5	5.7	5.6	7.2	14.0	63.5	5.9	9.4
70-	9.0	12.3	61.3	9.7	7.6	4.0	12.0	65.8	7.8	10.4
Total	31.8	15.4	43.3	4.7	4.8	17.0	12.7	53.8	6.9	9.6

Table 9.: Distribution of number of persons with disabilities according to cause of disability and age group, 1990, 2001 (%)

Source: KSH, 2001

According to the European Disability Strategy 2010–2020, more than one third of people above 75 years of age are affected by some kind of disabilities that restrict them to a certain degree, and 20% of them experience significant limitations in their lifestyle due to disabilities. This proportion is expected to rise with the ageing of the population of the EU. (EB, 2010). Hungary's Strategy

for Old Age also mentions the situation of old persons with disabilities as an area to be developed. According to the strategy, there is a need for the harmonisation of disability policies and old age policies and to examine and manage the situations generated by multiple disadvantages (THE GOVERNMENT OF THE HUNGARIAN REPUBLIC, 2009).

6.5. Labour market effects of demographic trends

It can be generally stated that older age groups would like to be entitled to secure social income as soon as possible. At the same time, it can also be stated that employers tend to avoid employing older persons, and they do not exploit the potential offered by older age groups at an optimal level. Apart from providing professional trainings that aim at sustaining their labour market activity, it is also important to renew and improve their general education. Regular mental and physical activity that is in accordance with physical fitness slows down the processes of ageing (SZ. MOLNÁR, 2010).

It can be stated that retraining and further training offered for people above 45 years of age mainly help them to keep their current workplaces. The tendency of a significantly decreasing young population is expected to have the effect that older people are going to be employed in a higher proportion, however, in case of people above 45 years of age the threat of unemployment has significantly increased.

According to the statistics of the National Employment Service, the employment rate of the older active age population (50–54 years old) has somewhat improved. The explanation for this is that due to the raise of pension age and the prolongation of the date of retirement, old people remain active in the labour market for longer. However, in parallel to this, the unemployment rate of this age group has also risen. In 2000 it was 3.8%, and by 2011 it rose above 8%. Both the number and proportion of job seekers in the above 50 age group among the registered unemployed increased continuously. Among women, this tendency is stronger (Table 10).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	17.0	17.7	17.7	17.9	19.4	19.5	20.2	20.6	21.0	20.9	22.4	23.8
Female	11.2	12.1	13.5	14.8	17.2	18.4	18.6	19.1	19.7	20.3	22.3	23.1
Together	14.3	15.1	15.7	16.5	18.2	18.9	19.4	19.9	20.4	20.6	22.3	23.4

Table 10.: Proportion of the above 50 age group among registered job seekers by gender (%)
Source: NFSZ, 2011

The chances of finding employment for people above 50 are lower and the proportion of the permanently unemployed in this group is also higher (NFSZ, 2012).

Discrimination according to age, called ageism, is more and more noticeable in the labour market. It affects young old persons and women more seriously, and the most endangered are the 45–50 age group and those in the older age groups. The most typical cases of the Equal Opportunities Authority include cases on age, and especially discrimination because of old age. Older persons are usually discriminated in the course of recruitment, and already the contents of job advertisements are discriminative against older persons. However, it is also typical in case of downsizing or laying off workforce. Besides age-related discrimination, the most typical are complaints in connection with disability and national or ethnic minority related cases.

The most typical stereotype in connection with older job seekers is that their salary demands are much higher, they work slower, find it hard to integrate into a younger group, or they don't really want to work, but would like to retire as soon as possible; or another

claim, that they are hard to be trained. Judit Adler and her colleagues conducted a study, the findings of which contradict all the above. According to their research, workers of above 45 years of age can manage excess workload, prove to be a fixed point in their workplace, are more experienced, more relaxed, make their decisions less hastily, share their experience, furthermore, workshops involving more generations are more creative and older people can take over the impulse of the young or can learn many new things from a younger generation (JÁSZBERÉNYI, 2010).

7. TRAINING AND EDUCATIONAL DEMANDS GENERATED BY DEMOGRAPHIC CHANGES

The end of active age is more and more prolonged, which is accompanied by life-long learning gaining more and more value, and in this process training receives an emphatic role.

The 21st century is the century of ageing. This fact sets serious challenges to the adult training system of the present and the future as well. The strategy of the Government of the Hungarian Republic states in connection with life-long learning that it is indispensable to continually develop professionals of adult training and ad hoc trainers, because adult training and the global education industry has become an extremely diverse and developed field, in which Hungary, despite all the efforts having been made, is still lagging behind. Mastering special knowledge, skills and abilities is indispensable for trainers (THE GOVERNMENT OF THE HUNGARIAN REPUBLIC, 2005).

7.1. Adult training as a decisive tool in the strategy of active ageing

It can be clearly stated that the level of schooling of the society is on the increase; however, this also leads to tension and generates a gap between social groups as well. Although all employment policies strive for decreasing or mitigating tensions between generations, this is not always realised or can hardly be seen in reality.

It becomes obvious that the increase in young people's higher education qualifications has played a role in the above 45 age group becoming unemployed, which is especially true for some higher education qualifications or in case of old persons who could not keep pace with the latest professional requirements of their field. Today it is not that typical any more, but a few years ago, lack of foreign language knowledge and lack of being able to apply information technology also played a role in older age groups becoming unemployed. The latter is not to be neglected as today's society is an information technology society. Today there is competitiveness in the labour market, accompanied by being economical and effective. There is a need for retraining and further training for older persons as well, the most flexible tool for which is adult training. In our time, there is neither time, nor money for prolonged training. Quick, effective and immediate knowledge updating or knowledge mastering is needed. This applies to both young and older employees. The question is to what extent the Hungarian adult training market can react to these demands (FIFIK – SZILÁGYI, 2006).

Adult training has the objective, according to the principle of life-long learning, that adults, and among them old persons, can have the opportunity to take part in differentiated training forms offered by the educational system. In the age of life-long learning, it is a fundamental interest of the economy that the knowledge and experience of old persons are utilised. Health development, effective prevention and modern health care do not only increase the employability of the inactive working age population, but it can also increase old persons' labour market participation. (OEFL, 2007)

"There are now more older people in the world in relation to the total population than ever before, and the proportion is still rising. These older adults have much to contribute to the development of society. Therefore, it is important that they have the opportunity to learn on equal terms and in appropriate ways," reads the section of "The ageing population" of UNESCO's Hamburg Declaration of 1997, which is on adult learning. Learning has many external results and functions besides gaining knowledge. Learning is a tool for building contacts and self-expression and, a most important thing,

it provides self-esteem. Consequently, it can play a key role in increasing social activity by contributing to the mapping and management of the specific problems of the given age and by being a social activity in itself (FÖLDIÁK, 2008).

Life-long learning must react not only to economic demands, but, in connection with that, to demographic challenges as well. It is an important message to society that we should not undervalue the existing knowledge of old persons and we should value and appreciate it until we can.

7.2. Adapting the major fields of gerontology to the system of andragogy

The situation of gerontology in Hungary was strongly determined by the foundation of the Old Age Council in 1996. Gerontology was accepted into the system of higher education in 1997, it became the objective of various further trainings, and in 2001, the Old Age Chart was drawn up, the principles and demands of which were incorporated into KINCS (Governmental Old Age National Action Program).

There are many theories on the place of adult education and educating old persons in the educational system and educational sciences. The more widespread view is that educational-teaching-training activities and educational sciences are all described by the term pedagogy, and adult training and andragogy are one of its subsystem (both in the educational system and as a discipline of science). According to another viewpoint, both pedagogy (the education of an up-growing generation) and andragogy (the education of grown-up generations) are equal right parts of universal human education, which is called "anthropogogy". Old age education, i.e. geronto-andragogy or gerontagogy also belong here (DURKÓ, 1999). Figure 9 is a classical one, which shows that pedagogy, andragogy and gerontogogy are of equal status elements that are at an equal level with each other.

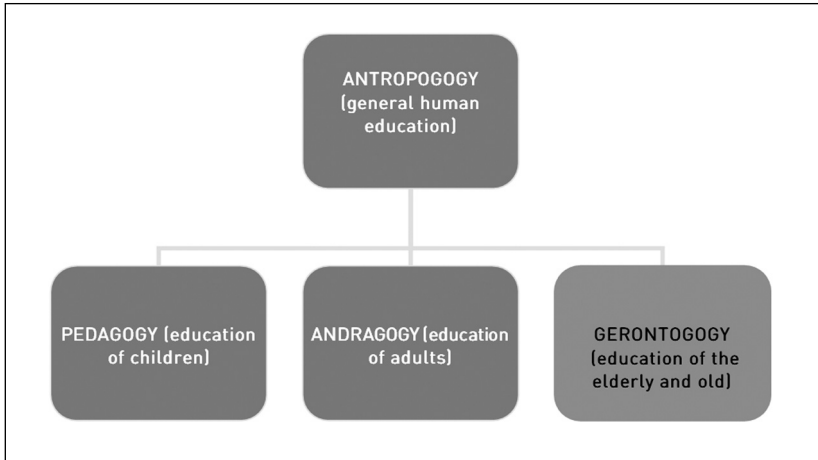


Figure 9.: Parts of anthropogogy

Source: compiled by the author based on DURKÓ (1968)

Geronto-andragogy covers the theory and practice of old age persons. The notion is also referred to by the term gerontogogy. The task of geronto-andragogy is to foster the formation of those conditions that help active, harmonic old age and to prepare for changes that accompany ageing. In this sense, as a field of science, it researches the characteristics, learning and training opportunities of old age, also discussing contents, methods and possible methods. As a consequence of the demographic situation of our era, geronto-andragogy is becoming a factor of human resources management and employment policy (CSOMA, 2005).

7.3. Old persons' participation in adult training

There are very few adult training institutes in Hungary that advertise trainings specifically aimed at old persons. At the same time, it can be noticed that the training of professionals dealing with old persons – especially as part of andragogy training – is more and more realised.

According to the data of the year 2012 provided by OSAP, the number of persons enrolling for trainings was 554 630 (Table 11). The number of persons in the 45–55 age group is 175 536. It becomes clear that the number of participants in adult training, compared to the data of 2011, has further decreased. In 2011, 194 267 persons took part in adult training in the 45–55 age group.

As for the type of training, this age group took part in professional further training courses in the highest proportion in 2012, but we can also highlight trainings necessary for the job or employment providing state non-OKJ qualification, trainings preparing for public agency qualification and general adult trainings. Language and informatics trainings belong to a different category, in which best practices can be found as for training the elderly. For example, the "Click on, Gran" program or senior groups in language schools are worth mentioning.

Type of training	Under 18 years	18–19 years old	20–24years old	25–29 years old	30–34years old	35–39 years old	40–44 years old	45–49 years old	50–54 years old	55 év years old	Total
Vocational basic training as a foundation for qualification	5	21	421	674	634	772	368	376	212	289	3 772
Training providing state acknowledged OKJ qualification	54	2 135	20 447	19 123	19 065	20 446	13 651	9 183	6 873	5 528	116 505
Training providing OKJ qualification not necessary for the job or employment	759	590	3 884	5 565	7 230	9 080	8 214	6 486	5 936	5 913	116 505
Vocational further training	55	486	10 340	23 203	28 431	40 494	39 042	32 518	26 883	27 244	228 696
Integration training for disadvantaged people	5	61	355	385	345	431	374	349	381	228	2 914

Type of training	Under 18 years	18-19 years old	20-24 years old	25-29 years old	30-34 years old	35-39 years old	40-44 years old	45-49 years old	50-54 years old	55 év years old	Total
	Training promoting employment or starting an own business	18	281	1 187	857	936	1 100	836	693	698	449
Training preparing for public agency qualification (branches of transportation, communications and water management)	3 653	3 999	7 845	5 368	6 601	6 728	5 158	4 397	3 655	3 587	50 991
Language training	4 978	3 504	9 505	12 042	14 155	11 326	6 745	3 810	2 127	2 257	70 449
General adult training	1 183	1 725	5 225	7 030	9 431	11 147	8 724	6 518	5 066	7 137	63 186
Rehabilitation training for people with altered capacity for work	0	0	4	24	46	61	82	119	85	32	453
Informatics trainings	378	321	1 521	3 936	5 293	5 492	3 479	2 467	1 858	2 211	26 956
Training preparing for input competencies	34	46	68	52	98	71	16	14	23	23	445
Total	81 571	13 169	60 802	78 259	92 265	107 148	86 689	66 930	53 797	54 898	554 630

Table 11.: Number of persons enrolled according to type of training and age groups (2012)
Source: OSAP, 2012

In connection with enrolment data, the study of the Adult Education Institute of SZTE JGYPK must be mentioned in this chapter as well, which surveyed the operation of accredited adult education institutes. Based on the research report, it can be stated that only 22 of the responding institutes focus on the above 45 age group, which is only 7.4% of all the respondents.

Training the elderly, i.e. geronto-andragogy, as a special field of adult training, is still in the background today, though its relevance cannot be overemphasised. The needs and demands of those adults who wish to learn after their active years should not be disregarded, as especially in case of for profit institutes in an ageing society, old persons who wish to learn become an increasing target group. Old persons' participation in adult training shows that they wish to learn and are capable of doing so as well.

7.4. Learning characteristics of the elderly

"The measure of being young is not age,
but the state of spirit and soul: will-power, imagination and
the intensity of emotions; the victory of cheerfulness and
desire for adventure over laziness."

(ALBERT SCHWEITZER)

The paradigm of life-long learning was shifted into a favourable direction by the Lisbon strategy, because, as a part of it, the report entitled the Memorandum on life-long learning was published. The notion of learning undergoes a change in this document, as learning is not just about the young, but also about the elderly. The notion also becomes extended (ARAPOVICS, 2009). With the advancement of age, instead of knowledge to be gained in formal educational setting, non-formal learning opportunities and informal learning start to become dominant (Figure 10), as it is shown by a study on Hungarian learning characteristics (RADÓ ET AL., 2009):

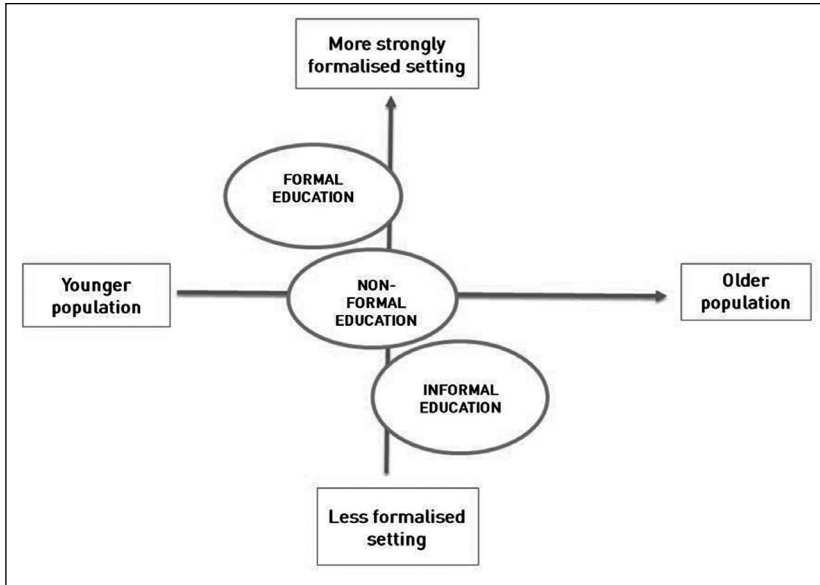


Figure 10.: Scheme of complex learning activity
 Source: compiled by the author based on RADÓ ET AL. (2009)

E. L. Thorndike investigated the learning abilities in adult age in the 1920s. Contrary to previous belief – according to which adults are not capable of performing significant learning – he arrived at the conclusion that learning abilities, the peak of which is in young adulthood indeed, are optimal until 40–50 years of age, and the decrease that follows is not drastic either. This recognition has contributed greatly to the fact that andragogical research and the scientific investigation of adult age learning abilities were given a fresh impetus.

The beginning of a more significant deterioration in the human body is placed at age 45–50 according to science. Hardships arise in the fields of perception, attention, memory, problem identification, intelligence, forming abstract notions and other cognitive operations (SZ. MOLNÁR, 2005). According to Gyula Csoma, while the learning abilities of 45–54-year-olds are extensive and flexible, the learning abilities of people of 55–64 years of age, and then later 65–74 years

of age, become narrower and stiffer but, most importantly, they do not cease to exist. The deterioration of abilities is compensated by the fact that new knowledge is built into the fairly rich storehouse of previous knowledge, and combined by life experience, it becomes wisdom and can result in the further development of existing knowledge (CSOMA, 2005).

It is extremely important to note that we cannot view all old persons' learning abilities as the same. Chronological age is not necessarily the same as functional age. There can be large differences between people of the same chronological age, resulting from different experiences, learning contents, forms and results (MARÓTI, 2001). Research has shown that old age mental capacities and earlier physical activity are closely related. According to Albert Szentgyörgyi, "All inanimate physical systems deteriorate in use, however, animate systems deteriorate if they are not used while in their developing phase." This means that using skills and abilities actively makes the ageing process slower, while their lack speeds it up.

Various hardships may occur in the learning processes of the elderly in connection with cognitive operations, recognising problems, attention, perception, forming abstract notions and, for example, with memory (SZ. MOLNÁR, 2007). The ability to remember, which is related to the latter, can happen through two mechanisms (SZ. MOLNÁR, 2005):

- crystallised intelligence,
- fluid intelligence.

The former one stores old memories, and the latter makes it possible that new elements get recorded. The older are weaker in this respect. In old age, association, the ability to connect thoughts is weaker, however, many have the experience that it is much easier to recall and interpret old memories for older people.

There are some other characteristics that make old age learning more difficult, such as some decrease in interest, fear from change and the deterioration of physical features (BAJUSZ, 2008).

Then what are those factors that motivate old persons to take part in various learning situations? According to Bálint Boga,

the following motives may spur old people to learn or educate themselves (BOGA, 1999):

- a motive that strengthens the personality, which includes the interest in the phenomena of the world;
- rethinking life experiences, which may generate satisfaction in the individual in connection with their life; further development of earlier work-related professional knowledge;
- problems related to family situations, especially in case of people living alone;
- maintaining existing social contacts and establishing new ones;
- performing family tasks better;
- continuing active work, continuing a hobby;
- orienting in new situations.

There is no adult age learning without permanent motivation. Learning motivations can be categorised according to several aspects (CSOMA, 2005). It can be stated that old age motivation can be inner (intrinsic) or outer (extrinsic), however, the latter is less emphatic.

The question may rise: what may old persons study? The answer is: practically anything that they are keen on and for which they have some earlier foundations. Learning, as we know, does not only happen in formal settings. We learn when we make a new recipe, read, take part in public lectures or pursue any kind of hobby. In general, it is true that there are more old people attending lectures on any topic of public interest. They are receptive to obtaining knowledge for its own sake if it is related to their experience (SZ. MOLNÁR, 2005).

It is very important that educating old people is not subject-centred, but learner-centred. The various training principles and methods have an essential role in adult training. According to a lot of research and many experts, the following ideas in connection with training old persons and their learning are of utmost importance (STRIKER, 2005):

- the emphasis should be on learning, not teaching;
- pace should be adjusted to the learner (slower);

- the learner's expectations and hopes are to be mapped early on;
- enough time should be left for discussions and questions;
- using materials for demonstration;
- building on the learner's experiences;
- connecting new knowledge to old, existing knowledge;
- examples or illustration should be as practical as possible;
- visual aids used should be simple and clear;
- learning should include a practical element;
- a supporting atmosphere is needed;
- lack of time should not be an issue;
- the teacher should only be a catalyst, or an animator;
- in the teaching-learning sessions there should be cooperative, team-like participation;
- learning should be a place and motivating factor for building contacts and of collective work;
- learning means interaction with the environment.

More precise knowledge of the learning processes of old persons and the application of special didactic methods are needed, as it is the effective methods and forms of training that can ensure participants' active and efficient participation. The andragogical principle according to which regular activity accompanied by interest continually provides goals to be realised in life, and the results reached generate a feeling of satisfaction, applies to old persons as well (SZ. MOLNÁR, 2005). We definitely must build on the old person's previous experience and we should choose a method that can eliminate inhibitions and provides a secure and promoting environment. It is important to accommodate to the individual pace of learning and development and provide space for reflection. During evaluation, any feeling of discomfort or anxiety should be cut down to the minimum. As I already mentioned in a previous chapter, in many cases, disability is often accompanied by old age, that is why hindrances originating from disability should be paid special attention to. There is a strong need for instructors and

trainers who have proper geronto-andragogical expertise. Teaching and learning have also been given new interpretation, due to which the role of the instructor has changed, and there is need for a different attitude, knowledge or competencies (VIDÉKINÉ REMÉNYI, 2009). When providing training for old persons, instructors need to prepare for a complex set of special demands and expectations. Special further trainings are indispensable for those who deal with old persons in a training programme or educational setting (BOGA, 1999).

In summary, it can be concluded that learning in old age is not only useful from an economic and social point of view, but it also improves old people's quality of life. Their social contacts can develop, thus decreasing their social isolation. Old age learning may touch upon many social fields. Culture, health and health prevention are especially important among these.

According to Andor Maróti, it needs to be considered that there are many different types of people involved so it is very hard to generalise in connection with the characteristics of adult learning and procedures to be followed when organising activities for old people. First and foremost, people should feel that the learning process is a form of help and not an intervention in their lives, but it can only become help if it stems from realised interest and genuine wish for learning. However, providing an option is always essential so that people can feel that whatever they do or are committed to is based on their own decision, and they can change that if they feel the need to do so (MARÓTI, 2005). It is very important that we need to make old people form their own life more actively (BOGA, 1991).

8. BIBLIOGRAPHY

- Andrásné, Dr. Teleki Judit: Fogyatékossgal élő hallgatók a felső-
oktatásban. OKM, Budapest, 2009. 2013. 02. 10-i megtekintés,
www.okm.gov.hu/letolt/felsoo/felsoo_fogytaj_090213.pdf
- Arapovics, Mária: Az egész életen át tartó tanulás filozófiája. In:
Henczi Lajos: Felnőttoktató, a felnőttek tanításának-tanulásának
elmélete és gyakorlata. Nemzeti Tankönyvkiadó, Budapest, 2009.
22–30.
- Arapovics, Mária: Az emberierőforrás-fejlesztés szerepe a világ-
gazdasági versenyben és az egész életen át tartó tanulás filozófiája.
In: A szak- és felnőttképzés-szervezés gyakorlata Képzési útmutató
gazdasági társaságoknak és intézményeknek. RAABE Tanácsadó
és Kiadó Kft., Budapest, 2009
- Bajusz, Klára: Az időskori tanulás. In: Új Pedagógiai Szemle. 2008.
3., 69–73 .
- Barakonyi, Eszter: A munkavállalói aktív életkor meghosszabbí-
tásának lehetséges eszközei. PhD dolgozat, PTE Állam- és Jog-
tudományi Kar Doktori Iskola, Pécs, 2010
- Boga, Bálint: Az idős emberek és a felnőttoktatás. Kultúra és közösség.
1999. 1998. IV. évf. 137–146.
- Cserné, Adermann Gizella: A felnőttek tanulásának, tanításának új,
korszerű módszerei az élethosszig tartó tanulás aspektusából.
In: Koltai, Dénes – Lada, László (szerk.): Az andragógia korszerű
eszközéről és módszereiről. Budapest, Nemzeti Felnőttképzési
Intézet, 2006. 85–104.

- Csoma, Gyula A geronto-andragógia aktualitása. In: Csoma, Gyula: Andragógiai szemelvények. Nyitott könyv, Budapest, 2005
- Dömötör, Sándor: A fogyatékosok integrációja a szakképzésen keresztül. In: Szretykó, György: A szegénység, az egészség és a társadalmi kirekesztettség, Comenius Kft., Pécs, 2007. 385–415.
- Dr. Lovászy, László: A fogyatékos emberek helyzetéről – a filozófiától a demográfiáig. In: KAPOCS V. évf. 1.sz., Nemzeti Család- és Szociálpolitikai Intézet, Budapest, 2006
- Durkó, Mátyás: Andragógia. (A felnőttnevelés és közművelődés új útjai). Magyar Művelődési Intézet, Budapest, 1999
- EDF: Proposal for a European Pact on Disability. European Disability Forum. Brussels, 2009. 2010. 09. 12-i megtekintés, http://www.edf-feph.org/Page_Generale.asp?DocID=13854&thebloc=23118
- Erdélyi, Andrea: Az augmentív és alternatív kommunikáció (AAK) mint a kommunikációtudományok egyik legifjabb részdiszciplínája. Gyógypedagógiai Szemle, 2008/1, ELTE Bárczi Gusztáv Gyógypedagógiai Főiskolai Kar Foglalkozási Rehabilitációs Kutatócsoport Gyógypedagógiai Továbbképző Központ, Budapest, 2008. 2010. 10. 05-i megtekintés, http://www.prae.hu/prae/content/gyosze/gyosze2008_1_full.pdf
- Európai Bizottság (European Commission): A fogyatékoság definíciója Európában (Definitions of Disability in Europe – comparative analysis). SZMM, Budapest, 2002
- Európai Bizottság (European Commission): Eurobarometer felmérés a szegénységről és a társadalmi kirekesztésről. Európai Unió Kiadóhivatala, Luxembourg, 2009. http://www.2010againstpoverity.eu/extranet/Eurobarometre_091216_HU.pdf
- Európai Bizottság (European Commission): Európai fogyatékoságügyi stratégia 2010–2020: megújított elkötelezettség az akadálymentes Európa megvalósítása iránt. EB, Brüsszel, 2010
- Európai Közösségek Bizottsága (Commission of the European Communities): Memorandum az egész életen át tartó tanulásról. EKB, Brüsszel, 2000. 2010. 06. 10-i megtekintés, www.nefmi.gov.hu/...oktatas/egesz-eleten-at-tarto/memorandum-tanulas

- Európai Közösségek Bizottsága (Commission of the European Communities): Zöld könyv: A demográfiai változások kihívása, a nemzedékek közötti szolidaritás új formái. EKB, Brüsszel, 2005
- Farkas, Éva: A felnőttképzés felértékelődése az emberi erőforrás-fejlesztés folyamatában. Pécsi Tudományegyetem Felnőttképzési és Emberi Erőforrás Fejlesztési Kar, Pécs, 2006
- Farkas, Éva – Farkas, Erika – Hangya, Dóra – Kovács, Anett – Kulcsár, Nárcisz – Leszko, Hajnalka: Az akkreditált felnőttképzési intézmények működési jellemzői. SZTE JGYPK FI (Felelős kiadó: T. Molnár, Gizella), 2012
- Fifik, Erika – Szilágyi, Klára: Idősebb munkavállalókkal kapcsolatos politikák Európában és Magyarországon. NFI Kutatási Füzetek, Budapest, 2006
- FMM: Madridi Nyilatkozat. A befogadó társadalom alapja a diszkrimináció-mentességgel párosuló pozitív cselekvés. Szerif Kiadói Kft., Budapest, 2005
- FNO – A funkcióképesség, fogyatékoság és egészség nemzetközi osztályozása. 2003. 2013. 02. 25-i megtekintés, <http://www.rehab.dote.hu/tananyag/fno.pdf>
- Földiák, András: A társadalmi részvétel erősítése. Kézirat. 2008
- FSZEK: Ajánlás az info-kommunikációs akadálymentesítésre. Fogyatékos Személyek Esélyegyenlőségéért Közalapítvány, Budapest, 2008
- Gere, Ilona – Szellő, János: Foglalkozási rehabilitáció. Fogyatékos Személyek Esélyegyenlőségéért Közalapítvány, Budapest, 2007. 2013. 02. 12-i megtekintés, http://www.fszk.hu/rpi/szakmai_anyagok/Fogl_rehab.pdf
- Gidáné, Orsós Erzsébet: A hátrányos helyzetről. In: Tudásmenedzsment. VII. évf. 2. szám, PTE Felnőttképzési és Emberi Erőforrás Fejlesztési Kar, Pécs, 2006. 75–82.
- Hablicsek, László: A népesség szerkezete és jövője. Demográfiai portré. Jelentés a magyar helyzetéről. KSH NKI, Budapest, 2009
- Halmos, Csaba: A felnőttképzésben résztvevők elhelyezkedése, különös tekintettel a hátrányos helyzetű rétegekre, régiókra. Nemzeti Szakképzési és Felnőttképzési Intézet, Budapest, 2005

- Iván, László: Az öregedés aktuális kérdései. In: Magyar Tudomány 2002/4, MTA, Budapest, 2002
- Jászberényi, József: Az ageizmus. In: Polgári Szemle 6. évf. 1. szám, Polgári Szemle Alapítvány, Budapest, 2010
- Juhász, Erika: A felnőttképzés irányítási és intézményrendszere. In: Henczi, Lajos: Felnőttoktató. A felnőttek tanításának-tanulásának elmélete és gyakorlata. Nemzeti Tankönyvkiadó, Budapest, 2009. 81–84.
- Kálmán, Zsófia – Könczei, György: A Taigetosztól az esélyegyenlőségig. Osiris Kiadó, Budapest, 2002
- Kósa, Ádám: A fogyatékos emberek Európája. A fogyatékosággal élők esélyegyenlősége. Értelmi Sérülteket Szolgáló Társadalmi Szervezetek és Alapítványok Országos Szövetsége, Budapest, 2009
- Könczei, György: Fogyatékosok a társadalomban. Gondolat Kiadó, Budapest, 1992
- Könczei, György: A háttérismeretek és a szemléletformálás szövegei. ELTE BGGYK, Budapest, 2009
- Központi Statisztikai Hivatal (Hungarian Central Statistical Office): 2001. évi népszámlálás: A fogyatékos emberek helyzete. KSH, Budapest, 2002. 2009. 11. 02-i megtekintés, http://www.nepszamlalas.hu/hun/kotetek/12/12_2_ert.pdf
- Központi Statisztikai Hivatal (Hungarian Central Statistical Office): 2011. évi népszámlálás 3. Országos adatok. KSH, Budapest, 2013
- Kraiciné, Szokoly Mária: Sajátos tanítási-tanulási igény felnőttkorban. In: A szak- és felnőttképzés-szervezés gyakorlata. RAABE, Budapest, 2012. 2. 1–26.
- Krémer, Balázs: Bevezetés a szociálpolitikába. Napvilág Kiadó, Budapest, 2009
- KSH NKI (Hungarian Central Statistical Office – Demographic Research Institute): Demográfiai portré 2012. Jelentés a magyar népesség helyzetéről. KSH Népeségtudományi Kutatóintézet, Budapest, 2012
- Létray, Zoltán: Korszerű tanulási környezetek alaptechnológiái. In: Benedek, András – Koltai, Dénes – Szekeres, Tamás – Vass,

- László: HEFOP 3.5.1 „Korszerű felnőttképzési módszerek kidolgozása és alkalmazása”. A felnőttképzés módszertani kérdései. Nemzeti Szakképzési és Felnőttképzési Intézet, Budapest, 2008
- Lord, E. – Guernsey, N. – Balfe, M. – Karr, L.: Emberi jogok. Igen! SINOSZ, Budapest, 2009. 2013. 01. 22-i megtekintés, http://www1.umnn.edu/humanrts/edumat/hreduseries/TB6/html/EmberiJogok_IGEN_hungarian.pdf
- Lovászy, László Gábor: A fogyatékossgal élők esélyegyenlősége a világban, avagy mikor lesznek egyenlők az esélyek? Értelmi Sérülteket Szolgáló Társadalmi Szervezetek és Alapítványok Országos Szövetsége, Budapest, 2006. 2012. 12. 15-i megtekintés, http://www.eta-szov.hu/hirlevel_2009maj.php#hir4
- Magyar Köztársaság Kormánya (Government of the Hungarian Republic): Stratégia az Egész életen át tartó tanulásról. Budapest, Oktatási Minisztérium – Foglalkoztatáspolitikai és Munkaügyi Minisztérium, 2005
- Magyar Terület- és Regionális Fejlesztési Hivatal (Hungarian Regional Development Agency): Esélyegyenlőségi Útmutató Eu támogatásra pályázók és értékelők számára. RFOP IH, Budapest, 2005
- Maróti, Andor: Művelődéstudományi és andragógiai megfontolások az idősek képzéséről. In: Pethő, László – Mayer, József (szerk.): Andragógia az ezredforduló változó világában. OKI, Budapest, 2001
- Maróti, Andor: Elméleti alapok az idősek tanulásáról és tanításáról. In: Sz. Molnár, Anna: Az idősek felnőtt rétegei (45 év felettiek) felnőttképzési igényei és képzési lehetőségei. Nemzeti Felnőttképzési Intézet, 2005. 37–59.
- Marton, Kinga – Szauer, Csilla: Az Európa Tanács tízéves Akcióterve a befogadó társadalom megteremtéséért, valamint a dokumentum hatása a tagállamokra (I. rész). Gyógypedagógiai Szemle, 2007/3, ELTE Bárczi Gusztáv Gyógypedagógiai Főiskolai Kar Foglalkozási Rehabilitációs Kutatócsoport Gyógypedagógiai Továbbképző Központ, Budapest, 2007

- MEOSZ (National Association of Persons with Physical Disability): Új foglalkoztatáspolitikai, vitairat a megváltozott munkaképességű és fogyatékos emberek helyzetének javításáért. Mozgáskorlátozottak Egyesületeinek Országos Szövetsége Oktatási, Továbbképző és Távmunka Intézet, Budapest, 2010. 2010. 08. 15-i megtekintés, www.meosz.hu/doc/fogl_poL_vita100308.pdf
- MKK: H/10500. számú országgyűlési határozati javaslat az Idősügyi Nemzeti Stratégiáról. OGY, Budapest, 2009
- Mont, Daniel: Disability Employment Policy, Social Protection Unit Human Development Network The World Bank. Washington, 2004. 2010. 03. 04-i megtekintés, <http://info.worldbank.org/etools/docs/library/135862/Disability%20Employment%20Policy%20-%20Mont.pdf>
- Mont, Daniel: Measuring Disability Prevalence Disability & Development Team HDNSP The World Bank, Washington. 2007. 2010. 03. 04-i megtekintés, <http://siteresources.worldbank.org/DISABILITY/Resources/Data/MontPrevalence.pdf>
- NFSZ (National Employment Service): Munkaerő-piaci helyzetképe a Nemzeti Foglalkoztatási Szolgálat adatai alapján. Nemzeti Munkaügyi Hivatal, Budapest, 2011
- OFA EQUAL Nemzeti Programiroda (National Program Agency): Access to Work – Korlátok. 2008. 2010. 05. 20-i megtekintés, http://www.ddrmk.hu/documents/eloterjesztesek/2009/090623_7.pdf
- Országos Egészségfejlesztési Intézet (National Institute for Health Development): Derűs Időskor – aktív időskort támogató közösségi programok. Országos Egészségfejlesztési Intézet, Budapest, 2007
- ORSZI (National Rehabilitation and Social Institute): Irányelvek a funkcióképesség, a fogyatékoság és a megváltozott munkaképesség véleményezéséhez. Országos Rehabilitációs és Szociális Szakértői Intézet, Budapest, 2008. 2009. 02. 25-i megtekintés, <http://www.orszi.hu/iranyelvek/altalanosresz.pdf?phpMyAdmin=T4pq3Ee7Ls7RAP87t8XziBu0H9>

- Országos Statisztikai Adatszolgáltatási Program 2012. évi adatai
(National Statistical Data Supplying Program in the year 2012)
- Óry, Mária: Hátrányos helyzetű csoportok helyzete a munkaerőpiacon.
Nemzeti Felnőttképzési Intézet, Budapest, 2005. 2012. 10. 26-i
megtekintés, <http://mek.niif.hu/06400/06453/06453.pdf>
- P. Farkas, Zsuzsa – Pandula, András: Segédlet a komplex akadály-
mentesítés megvalósításához. FEK, Budapest , 2007
- PÉF-ÉFOÉSZ-MDAC: Nyilatkozat a Fogyatékosággal Élő Emberek
Jogairól Szóló Egyezmény elfogadásáról. ÖsszHang, Budapest, 2007.
2010. 09. 04-i megtekintés, [http://www.efoesz.hu/download/
nyilatkozat070620.pdf](http://www.efoesz.hu/download/nyilatkozat070620.pdf)
- Prof. Dr. Szabó, Máté Az alapvető jogok biztosának Jelentése az
AJB-/2012. sz. ügyben. OBH, 2012
- Pulay, Gyula: A felnőttképzési rendszerek hatékonysága nemzetközi
összehasonlításban. Állami Számvevőszék Kutató Intézete, Budapest,
2009. 2010. 06. 25-i megtekintés, [http://www.econ.core.hu/
file/download/pulay/felnottkepzes_2.pdf](http://www.econ.core.hu/file/download/pulay/felnottkepzes_2.pdf)
- Radó, Péter: Esélyegyenlőség és oktatáspolitikai. In: Új Pedagógiai
Szemle, 2000. 1. sz. 33–48.
- Réthy, Endréné – Vámos, Ágnes: A gyakorlati pedagógia néhány
alapkérdése Esélyegyenlőtlenség és méltányos pedagógia. ELTE
PPK, Neveléstudományi Intézet, Budapest, 2006
- Rettegi, Zsolt: Segédlet a Felnőttképzési Akkreditációs Testülethez
benyújtani kívánt felnőttképzési programok kidolgozásához.
2. átdolgozott kiadás, NSZFI, Budapest, 2009
- Sári, János: Alkotmánytan II. Alapjogok. Osiris Kiadó, Budapest, 2000
- Striker, Sándor: Időskorúak képzési igényei Európában. In: Sz. Molnár,
Anna: Az idős felnőtt rétegek (45 év feletti) felnőttképzési igényei
és képzési lehetőségei. Nemzeti Felnőttképzési Intézet, 2005.
95–121.
- Sz. Molnár, Anna: Az idős felnőtt rétegek (45 év feletti) felnőtt-
képzési igényei és képzési lehetőségei. NFI, Budapest, 2005
- Sz. Molnár, Anna: Az idős felnőttek képzése. NFI, Budapest, 2005

- Sz. Molnár, Anna: Tanulás időskorban. In: Zrinszky László (szerk.): Tanulmányok a neveléstudomány köréből. A megújuló felnőttképzés. Gondolat Kiadó, Budapest, 2010
- Sz. Molnár, Anna: Az idősek tanulás esélyei, jövőt befolyásoló szerepük. In: A szak- és felnőttképzés-szervezés gyakorlata Képzési útmutató gazdasági társaságoknak és intézményeknek. RAABE Tanácsadó és Kiadó Kft., Budapest, 2011
- Szigeti Tóth, János: A készségek fejlesztése az életminőség garanciája és a gazdaság infrastruktúrájának kulcseleme. In: Benedek András – Csoma Gyula – Kálmán Anikó – Koltai Dénes – Lada László – Piróth Eszter – Sz. Tóth János – Vedovatti Anildó: Tanulás életen át (Tét) Magyarországon. Tempus Közalapítvány, Debrecen, 2008. 220–224.
- http://www.tpf.hu/pages/books/index.php?page_id=35&books_id=174
- Tasnádi, Ágnes (é.n.): Segédlet a Felnőttképzési Akkreditációs Testülethez benyújtani kívánt felnőttképzési programok kidolgozásához. felnőttképzési szakértői száma: 475/2005, kézirat
- United Nations: The Convention on the Rights of Persons with Disabilities and its Optional Protocol. United Nations, New York, 2006. 2010. 08. 20-i megtekintés, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- Ványi, Ágnes – Róth, Márta: Inkluzív nevelés. Útmutató beszéd-fogyatékos gyermekek, tanulók együttneveléséhez. sulinova Közoktatás-fejlesztési és Pedagógus-továbbképzési Kht., Budapest, 2007
- Vidékiné Reményi. Judit: a Felnőttoktató megváltozott szerepei. In: Henczi, Lajos: Felnőttoktató. A felnőttek tanításának-tanulásának elmélete és gyakorlata. Nemzeti Tankönyvkiadó, Budapest, 2009. 433–439.
- Zachár, László: A felnőttképzés korszerű elvei és modelljei. In: Dr. Koltai, Dénes – Lada, László (2006): Az andragógia korszerű eszközeiről és módszereiről. Nemzeti Felnőttképzési Intézet, Budapest, 2006
- Zachár, László: A felnőttképzés szakképzési kihívásai. Felnőttképzés, 2009. 2009/2, 1–4.

Zachár, László: A felnőttképzés rendszere és főbb mutatói. OFI, 2009. 2012. 11. 20-i megtekintés, <http://www.oki.hu/cikk.php?kod=felnottkepzes-zachar-felnottkepzes.html>

Zrinszky, László: A felnőttképzés definíciója. In: Benedek, András – Csoma, Gyula – Harangi, László: Felnőttoktatási és -képzési Lexikon. Magyar Pedagógiai Társaság, OKI Kiadó, Szaktudás, Budapest, 2002

9. LIST OF TABLES AND FIGURES

Number of table	Title of table	Page
1.	Changes in the sum of the rehabilitation contribution between 2008 and 2010	32
2.	Distribution of population in terms of disability and economic activity 1990–2001 (%)	33
3.	Distribution of persons with disabilities and permanently ill persons according to their highest school qualification	46
4.	Number of institutes offering training, type of training and number of students enrolled for the training based on data supplied in 2012	47
5.	Number of students enrolled for training and completing training based on data supplied in 2012	54
6.	Obstacles hindering the full enjoyment of human rights	58
7.	Number of population in old age groups in different years	70
8.	Distribution of persons with disabilities according to age groups and type of disability, 1990, 2001 (%)	72
9.	Distribution of number of persons with disabilities according to cause of disability and age group, 1990, 2001 (%)	73

Number of table	Title of table	Page
10.	Proportion of the above 50 age group among registered job seekers by gender (%)	81–82
11.	Number of persons enrolled according to type of training and age groups (2012)	81–82
Table 1 of Appendix 1	Basic characteristics of disabilities	99
Table 1 of Appendix 2	Possible ways of providing help according to type of disability	101
Table 1 of Appendix 3	Possible impairment-specific conditions necessary for the education of persons living with impairments	105

Number of figure	Title of figure	Page
1.	Possible reasons for being disadvantaged	11
2.	Deduction of disability from 1980 to 1997	24
3.	Interpretation of disability since 1997, or the legal turn of the disability movement	25
4.	Distribution of disabilities according to type	29
5.	Distribution of persons with disabilities according to qualifications	44
6.	Global ageing processes 1950–2050	67
7.	Global ageing processes by age groups	67
8.	Ageing processes in Hungary	70
9.	Parts of anthropogogy	80
10.	Scheme of complex learning activity	83

10. APPENDIXES

Appendix 1

Persons with physical disabilities	<p>The population of persons with physical disabilities is of a relatively wide range. That is why it is rather difficult to compile a common description that satisfies all aspects and is comprehensive; individual adjustment is needed at times (SZMM, 2008). Frequent features are paralysis, spasmodic jerk, missing limbs, speech or communication deficiency. Persons with physical disabilities – depending on the degree of impairments – use sticks, crutches, a cane or wheelchair. One of the most important questions for them in connection with training is whether they can get to the place of training. However, the next step is accessibility, whether they are able to enter the building itself where the training is actually held after having arrived at the building, i.e. whether the entrance, the inside of the building and all the rooms inside from classrooms to bathrooms are accessible or not. Buildings should be designed in such a way that they are able to find their way inside with the smallest possible help or the most independently.</p>
Persons with vision impairment	<p>Persons with vision impairment are persons whose vision of one eye or both eyes is impaired to such a degree that it hinders them in obtaining information. The most general cause of vision impairment is some kind of disease. Persons with vision impairment – according to the degree of impairment – are classified as blind or having low vision. Blind persons cannot see at all, they do not even perceive light. Persons with low vision can see but their vision is very weak or at times obscured. The majority of them wear very strong, high-dioptre, thick glasses so that they can perceive their environment in the best possible way; without glasses they can only perceive things as obscure or blurred. Persons with vision impairment, especially blind persons, find transport the biggest challenge. For them, it is sounds and various surfaces and facings that provide help.</p>

<p style="text-align: center;">Persons with hearing impairment</p>	<p>Hearing impairment is a state-like deficiency, which can be organic or functional. Persons with hearing impairment may be deaf or hard of hearing. Persons who are hard of hearing – with or without a hearing aid – are capable of audial communication. The more severe the hearing impairment is, the more difficult it is for the person to match the speech of the environment to their own voice messages. Persons with hearing impairment rely on lip-reading in their communication. Deafness, in physiological terms, means the total lack of sound perception, and understanding speech is a serious difficulty in this case. When communicating with each other, they usually do not rely on lip-reading, but the sign language of the community, that is why the presence of a sign language interpreter is indispensable – however, we only encounter limited opportunities – because it makes communication much easier. Persons with severe hearing impairment – deaf persons – are usually not able to apply audial communication as their speech production is rather inarticulate. They cannot hear what the lecturer or instructor says. Those persons with hearing impairment whose disability is less severe – persons who are hard of hearing – can step over the limitations of their disability and learn comprehensible speech, thus communicating more efficiently.</p>
<p style="text-align: center;">Persons with communication impairment (sound, speech and language disorders)</p>	<p>The following problems can be mentioned: the disorder of articulating sounds, performing the rhythm of speech – such as stuttering or spluttering – or speech perception. Dyslexia and dysgraphia also belong here. The former is the disorder of reading ability with mixing up or omitting letters, while the latter is the disorder of writing ability, characterised by the lack of spelling and accuracy, mixing up orders or the order of words. Dyslexia and dysgraphia often appear together and may lead to serious learning disorders. Although the obstacles these disorders cause can be eliminated, their presence makes it much more difficult to obtain higher qualifications in an educational culture that is built on verballity.</p>
<p style="text-align: center;">Persons with learning disorders</p>	<p>The sub-skill disorders discussed in the following are usually already present in childhood and affect not only one element of learning abilities.</p> <ul style="list-style-type: none"> – Dysgrammatismus: The disorder of grammar and spelling. – Dyscalculia: The disorder of counting skills. – Mild mental disability: The intelligence quotient (IQ) is below 70 but over 50.

Table 1: Basic characteristics of disabilities

Appendix 2

Training persons with physical disabilities	<ul style="list-style-type: none"> - Special attention is to be paid to individually tailored specifications of practical requirements belonging to the training; if possible, different requirements for completion need to be set. - In case of severe speech disorder, speech therapist professionals are to be employed to support the students. In case the injury affects the speech centre, the student is to be made exempt from oral examinations. - In case of severe incontinence, more breaks are to be planned during the training. - If the participant has hand function deficiency, the training material is to be made available in audio format; the student is to be made exempt from written test or the written examination is to be replaced by oral examination. - Help is to be offered in transportation if there is need. Attention is to be paid to how help is offered: the student should not be placed in an inconvenient situation by our way of help.
Training people with vision impairment	<ul style="list-style-type: none"> - Participants are to be involved in group discussions, they should not feel excluded in any way. - Help should be offered in learning the orientation in the building or place of training and in the environment. First, we should ask if we could help; we should never be pushy or offensive in any way. - Help should be offered to take notes of the training material heard in class.
Training people with hearing impairment	<ul style="list-style-type: none"> - In order to provide accessibility, questions should be made available both orally and in writing, and information is to be reinforced through multiple repetitions. - Oral examination is permissible and acceptable; if the participant uses sign language, then a sign language interpreter may assist, and if the participant has articulatory difficulties, not clearly understandable sentences can be made comprehensible with the help of an oral interpreter. - Visual demonstration is indispensable; an excellent tool for this is the smart board, which is more and more widespread today. - When administering examinations, longer preparation time may be allocated. - More attention is to be paid to checking whether the information we offered was really understood. During lectures or discussions, we are never to turn our back to the audience so that we can ensure that lip reading can take place. - We should pay attention to our own articulation; we should be very patients, speak a bit slower and louder. The proper lighting in the room is also important, as it can promote lip reading. - We should help in taking notes, and in making copies after class, as lip reading and taking notes at the same time can be very challenging.

Training persons with communication disorders (voice, speech and language disorders)	<ul style="list-style-type: none"> - It is advisable to offer opportunities for solving oral tasks in writing; however, if they choose the oral option, more time is to be ensured for its completion. - An accepting and understanding way of assessment is to be applied; the participant's state of speech is to be taken into consideration. We need to adjust to the participant's speech tempo and need to encourage their desire to express themselves orally. - Oral reports can be replaced by written completion of the assignment.
Training persons with learning difficulties	<ul style="list-style-type: none"> - Written completion of the assignment can be replaced by oral reports. - More time is to be allocated to solving problems. - Persons with dyscalculia can be made exempt from tasks including a counting element. - The teaching material should include more pragmatic, practical, psycho-motor and affective elements. - The teaching material should not be abstract, it should contain practical information. - Higher number of teaching hours and more practice opportunities need to be ensured. - Adapted, individually tailored examination processes are to be offered. - In case of persons with mental disabilities, personal help is extremely important.

Table 1.: Possible ways of providing help according to type of disability

Appendix 3

Type of disability	Impairment-specific conditions needed for instruction
Persons with physical disabilities	<ul style="list-style-type: none"> - Full accessibility by totally flat surfaces (no thresholds, no curbs anywhere), appropriate, accessible desks which can offer enough room for a wheelchair as well. - Accessible toilets, which are spacious, with grab bars or handles, and wheelchair height sink. - Automatic sliding photocell doors. - Wider than average doors to allow wheelchair entrance.

Type of disability	Impairment-specific conditions needed for instruction
Persons with physical disabilities	<ul style="list-style-type: none"> - If possible, several storey building should have lifts; but this is not of primary importance, as ramps can serve as a cheaper solution. However, if there is a lift, it cannot be a paternoster and the control panel should be at wheelchair height. - Slippery-free and carpet-free floors and surfaces. - Stairs should have handle bars, because if somebody does not need a wheelchair but needs some support when mounting stairs, this aid is necessary for safe movement. Stairs lifts may also be applied. - Chairs that are not rolling chairs, have arms that one can lean on both when standing up and sitting down. - Classrooms, where the instruction takes place, should have enough room between chairs and desks so that comfortable movement is ensured. - As for computer usage, a cost-effective and simple solution is a mouth- or head-stick, which is a relatively widespread tool. - Special or alternative keyboards with bigger keys, etc. I do not provide an extensive list of these tools here, but it must be noted that in many cases, these are not mass produced, but prepared for individual orders.
Persons with vision impairment	<ul style="list-style-type: none"> - Special lighting tools, stronger lights, digital magnifiers, reading screens, telescope glasses (for individual use), changing font size on the screen, reading devices, computers with attached scanners, computer with attached speech unit to record the teaching material, screen reading programs to manage Windows graphic screens. - Speakers, headphones, larger keys with contrast or captions. - Obstacles that appear in the room or that hinder horizontal movement should be eliminated or marked, or a guiding line should be applied. - Written information should be given in large fonts and in contrastive colours. Enlarged letters should be 3-5 cms in size at least, in styles that use vertical fonts and are sans serif (Arial, Tahoma, Verdana). The most important information should also be given in Braille writing. - Orientation inside the building is to be helped by touch maps. It should be places in a fixed position, the recommended height being 75–80 cms. It is to outline the corridors, doors and floors in the building. - Digital data carriers, voice recorders and players. - Accessible web pages. For many persons with disabilities, transportation poses a serious problem, so it becomes especially important that information is also available online.

Type of disability	Impairment-specific conditions needed for instruction
Persons with vision impairment	<ul style="list-style-type: none"> - Speaking maps can be really useful, as blind people need to plan their every step; it is of great help if texts offering orientation are recorded in mp3 format, thus making it possible for them to move around without relying on somebody's personal assistance. Speaking maps can be found on some websites (in Hungarian e.g. on the website of 'Bolyongó'). One can download routes to institutes and routes inside buildings, and uploading is also made possible. - The teaching material is to be offered in an audio format or its recording should be made possible. - Written examinations are to be replaced by oral ones. - If the participant is accompanied by a guide dog, then the dog should also be considered when planning classes or the training.
Persons with hearing impairment	<ul style="list-style-type: none"> - Hearing aids, inductive loops, amplifiers with inductive loops²², wireless communication system (FM radio system²³). - Well-illuminated boards, if possible, smart boards, seating close to the lecturer/ instructor, ample lighting. - Tools that support audio transmission of teaching materials. - Higher number of classes, as note-taking and lip-reading together is very difficult. - Exemption from oral exams, replacement with written exams. - Sign language interpreter (it is advisable for the institute to make contact with the interpretation services operating in their regions). - It is important for deaf persons and persons hard of hearing that the information is available in sign language as well, besides being written or spoken.

²² It is to be used when the participant uses a behind-the-ear hearing aid. Its installation should always depend on the actual place of training. Its usage is possible in large rooms as well, but professionals are to be consulted about the know-how.

²³ FM systems attached to hearing aids have an FM transmitter, which takes the speaker's voice and transmits it with the help of radio waves to FM receiver attached to the hearing aid.

Type of disability	Impairment-specific conditions needed for instruction	
Persons with communication impairments (voice, speech and language disorders)	<ul style="list-style-type: none"> - Speech impairments do not belong to the "classical" set of disabilities. Little is known about their special needs in training, and statistics in this respect are also insufficient. In my opinion the most decisive factor or condition is to provide help detailed above. - Augmentative and alternative communication, e.g. the Blissymbols.²⁴ (ERDÉLYI, 2008) 	
Persons with learning difficulties	<ul style="list-style-type: none"> - Computer (in case of written assignments, automatic spell check) - Dictionary - Thesaurus - Dictionary of synonyms - Calculator - Mechanic and manipulative tools - Special education teacher, teacher for special skill development 	<p style="text-align: center;">Persons with mental disabilities or autistic persons</p> <ul style="list-style-type: none"> - Personal assistance is a key issue in this case. - The use of alternative communication tools is an issue here, e.g. communications card pack that has special cards with pictograms that can indicate the special needs of the participant in certain situations. - In case of autistic persons, a flow chart showing certain processes with pictograms or a daily routine chart can be of help. - Easily comprehensible descriptions, forms and information (in Hungary, help is available from ÉFOÉSZ) - Special education teacher, teacher for special skill development.

Table 1.: Possible impairment-specific conditions necessary for the education of persons living with impairments

²⁴ The youngest and most dynamically developing field of communication studies. This type of communication stems from the recognition that persons who cannot speak or can hardly speak, persons with mental, vision, hearing impairment or physical disability or persons with multiple disabilities can also communicate, they also have a demand and right for communication. This system applies to persons who cannot speak or can speak but little. The essence of the method is that instead of the missing speech, the person can express themselves in a non-verbal way. A difference must be made according to type of disability. For some persons, AAC may mean a tool of expression, for others it is a help for making speech, and for some it serves as a surrogate language.

Appendix 4: Glossary

accessibility: A set of conscious activities that aim at providing conditions for persons with disabilities which allow them to pursue those activities in which they would otherwise be hindered at. The objective of accessibility is to provide equal access. There are several types of accessibility (physical accessibility, info-communicational accessibility, complex accessibility or "moral accessibility").

active aging: The process that "allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need" (WHO).

active discrimination: Active discrimination is when somebody is not employed for a certain job simply because they live with some disability, although they would be able to do the job.

adult training: Activities aimed at offering practical, professional, skill and competence development outside the school system. It includes training, further training and retraining adults, and offering services related to adult training. For example, courses offering OKJ qualifications or teaching job search techniques also belong to the field of adult training. In case of training outside the school system, there is no pupil or student status, that is why participants in such trainings are referred to as "participant in adult training" or "adult learner".

age structure: The population can be grouped according to age structure. In some data processing, statisticians set up special age groups, e.g. young 0–29 years old, middle aged 30–59 years old, adult age 18–59 years old, old age 60 years old and older.

ageing index: The percentage between the old age population (over 65) and the young population (under 15).

ageism: Discrimination based on age.

biological age: The age of a person determined based on a person's state of health.

Braille writing: A tactile writing system made up of six points in various positions, developed for blind persons.

chronological age: Measuring age in years.

cognitive abilities: All the various functions related to learning and thinking. Attention, memory, perception, detection and thinking functions all belong here.

complex accessibility: The complex realisation of physical and info-communicational accessibility, as a result of which the built environment or a given service is accessible for everyone with equal opportunity.

CSR: Corporate Social Responsibility. Corporate operations characterised by a commitment to sustainable development.

dementia: The deterioration of mental abilities.

demography: Demography is a field of science that examines the population and population processes at population level, basic phenomena related to human life (e.g. birth, death or age based on gender, ethnic identity, etc.) and reveals the patterns and laws of these phenomena, researching the expected future trends of the population. (Hungarian definition: [HTTP://FOGALOMTAR.ESKI.HU/INDEX.PHP/DEMOGR%C3%A1FIA](http://FOGALOMTAR.ESKI.HU/INDEX.PHP/DEMOGR%C3%A1FIA))

direct negative discrimination: According to Act 125 of 2003, the definition of direct negative discrimination is when a person or group is treated in a more unfavourable way, because of their characteristics listed in the act, than other persons or groups of comparable situation are treated, were treated or would be treated.

disadvantaged adult: According to Act 101 of 2001 a disadvantaged adult is "any adult whose access to training opportunities without state funding can only be realised with more difficulty than the average, due to social, lifestyle or other reasons".

disadvantaged person: According to Act 101 of 2001 "a person is disadvantaged if their entering and participating in vocational training can be realised with more difficulty than the average, due to family circumstances, social situation, innate abilities, hereditary or developed illnesses, lifestyle or other reason".

discrimination: Discrimination is when real disadvantaged situations are formed (due to unequal treatment or abuse); these are built on power asymmetry and include both direct and indirect discrimination. Call for discrimination qualifies as discrimination as well. (EBH)

EBH: Egyenlő Bánásmód Hatóság (Equal Treatment Authority)

ÉFOÉSZ: Értelmi Fogyatékosággal Élők és Segítőik Országos Érdekvédelmi Szövetsége (National Interest Group of Persons with Mental Disabilities and Their Helpers)

equal opportunity access: A service is accessible with equal opportunity if using it – with a degree of independence in accordance with the user's state – is accessible, predictable, interpretable and perceivable for everybody, especially for persons with physical, vision, hearing, mental and communication impairment; a building is accessible with equal opportunity if it is approachable, its sections open for the public are accessible and in case of emergency escapable, all the furniture and things in the building can be used by everybody, especially by persons with physical, vision, hearing, mental and communication impairment; information is equally accessible if it is accessible, predictable, interpretable and perceivable for everybody, especially for persons with physical, vision, hearing, mental and communication impairment, and accessing it is without obstacles for the user.

equal opportunity: When defining equal opportunity, it is important to note that it has a process-like nature. To realise it, three interrelated facts need to coexist continually: equal rights, which is not limited objectively either on natural

or on social basis; the ban on making disadvantageous distinctions; and positive discrimination aimed at overcoming disadvantages. (KÁLMÁN – KÖNCZEL, 2002)

equal rights: Equal opportunity is a social, while equal rights is a legal category. It is the principle and the realisation of equal rights of citizens.

equal treatment: The principle of equal opportunity is the ban on discrimination, i.e. making a disadvantageous distinction.

fertility rate: Represents the number of children a woman has on average in a given country at a given time.

fertility: In demographic terms, fertility is the ability and willingness to conceive and bear offspring, thus it is of fundamental importance from the point of view of renewing human life.

FESZT: Fogytékos Emberek Szervezeteinek Tanácsa (Council of Organisations for Persons with Disabilities)

FNO (ICF): The International Classification of Functioning, Disability and Health, known more commonly as ICF published by the World Health Organisation is a classification of the severity of function disorders accompanying diseases with an epidemiological-statistical aim.

gerontology: The theory and practice of educating and training the elderly. Its aim and task are to prepare for the changes accompanying ageing, promoting the conditions for an active and harmonious old age with learning and education. (HIDY PÁLNÉ)

gerontology: The scientific study of old age and of the process of becoming old

habilitation: In its original sense it means making somebody capable of something. In medical terms, it refers to the process, skill development or supplying persons with appropriate tools with the aim of replacing lost skills. Rehabilitation is based on improving remaining skills, while habilitation means the replacement of original functions with other tools. For example, using some remaining sight in case of a person with vision impairment or teaching hearing with cochlear implant are rehabilitation activities, while mastering the Braille writing or learning sign language are habilitation activities. (In Hungarian: [HTTP://FOGALOMTAR.ESKI.HU/INDEX.PHP/HABILIT%C3%A1ci%C3%B3](http://fogalomtar.eski.hu/index.php/habilit%C3%A1ci%C3%B3))

Hungarian sign language: An independent, natural language used by persons with hearing impairment in Hungary; it uses visual linguistic signs and its own grammatical system and rules.

inclusion: The action or state of including or of being included.

indirect negative discrimination: According to §9 of Act 125 of 2003 any provision qualifies as indirect discrimination that does not qualify as direct discrimination and seemingly fulfils the requirements of equal treatment, but a person or group, with characteristics specified in §8, is placed in a significantly more disadvantaged situation than other persons or groups of comparable situation are, were or would be in.

info-communicational accessibility: This type of accessibility is often related to the built environment. Its aim is to make information more accessible, understandable and perceivable to a wider range of users. For example, the application of larger information boards, pictograms, induction loop systems, tactile maps, accessible web pages or the work of sign language interpreters.

informal learning: In contrast with other forms of learning, informal learning is mostly not deliberate, but an accidental or incidental activity. Learning is a natural element of life, when pursuing our daily activities (such as family, work, recreation, entertainment, etc.), we learn in a subconscious, spontaneous way. (EUROPEAN COMMISSION, 2000).

integration: Bringing people into the majority society.

intervention: Taking part or interfering in.

isolation: Remaining alone, separated or lonely.

life expectancy at birth: A figure that indicates to what age a new born infant can expect to live considering the current death rate.

life-long learning: Individual and social development taking place in all kinds of formal, non-formal and informal settings. Its idea is that it is not only new knowledge that needs to be mastered but a new way of thinking as well. Life-long learning includes obtaining and developing skills, knowledge and qualifications, and the solution of problems. One of its driving forces is economic globalisation. The increase of knowledge and information justifies the necessity of life-long learning, e.g. the extreme development of info-communication (Internet, mobile phone).

making disadvantageous distinction: Negative discrimination.

MEOSZ: Mozgáskorlátozottak Egyesületeinek Országos Szövetsége (National Association of Societies for Persons with Physical Disabilities)

MVGYOSZ: Magyar Vakok és Gyengénlátók Országos Szövetsége (National Association of Hungarian Blind Persons and Person with Low Vision)

NFSZ: Nemzeti Foglalkoztatási Szolgálat (National Employment Service)

NRSZH: Nemzeti Rehabilitációs és Szociális Hivatal (National Rehabilitation and Social Institute)

OFF: Országos Fogyatékosügyi Program (National Disability Program)

OFT: Országos Fogyatékosügyi Tanács (National Disability Council)

passive discrimination: When the social environment does nothing to eliminate the obstacles hindering persons with disabilities. It is passive discrimination when a person with disability cannot access some service because of obstacles in their way, and society does nothing to eliminate these obstacles.

person with altered capacity for work: According to Act 4 of 1991 "a person with altered capacity for work is someone who lives with physical or mental disability or whose chances of finding employment or keeping their workplace, after medical rehabilitation, have reduced significantly due to physical or mental impairment."

person with disability: There are several definition for the notion. According to Act 26 of 1998 "a person with disability is anyone whose sensory (especially vision and hearing), physical or mental abilities are impaired or lacking or is substantially restricted in their communication resulting in long-term drawbacks in their active participation in social life"

physical accessibility: In its classical sense, physical accessibility is to make the physical environment accessible for persons with physical disabilities. However, this definition does not cover the notion fully, as physical accessibility makes the environment accessible not only for persons with physical disabilities. For example, special surface sight lines can make orientation possible for persons with vision impairment.

population pyramid: A graphical illustration depicting the age distribution of population according to genders in such a way that it shows the number of women on the right side and men on the left side in each age group. There are three types of population pyramids. These show the construction of a given population (expansive pyramid – increasing population, a stable pyramid – unchanging population and constrictive pyramid – decreasing population)

prevention: Those medical and non-medical health procedures, lifestyles and motivators, the aim of which is to prevent or recognize diseases in due time and to prevent the formation of further complications.

protected characteristics: §8 of Act 125 of 2003 lists 20 protected characteristics that, in case the other conditions also apply, can serve as a foundation for Equal Opportunities Authority procedures. These are, among others, disability, state of health and age.

psychological age: A person's age as felt or determined by themselves. It practically means how old one feels.

reasonable adaptation: It means those indispensable and appropriate modifications and changes which do not pose an unjustified and disproportionate burden and in certain cases are necessary in order to ensure that persons with disabilities can enjoy and practise their basic human rights and freedoms to an equal degree. (UN)

regression: Relapse or reversion.

rehabilitation: According to the definition of the National Rehabilitation Institute (today National Rehabilitation and Social Office) and the WHO is the organised activity offered by society for persons with temporary or permanent disabilities or persons with altered capacity for work so that they can find their place in the community again with their remaining abilities. The aim is that the rehabilitated person can be a satisfied, happy citizen of the society leading a full life. (SZÉP, 2005)

reintegration: Restoration or returning.

reproduction: It shows and measures the production of offspring in a population at the given fertility rates.

service related to adult training: "It is a service that is aimed at promoting the individual tailoring of trainings, improving its efficiency or promoting finding employment. Its forms in particular are assessing prior knowledge, career advice and career change consulting, assessing training needs and providing training advice, instructing job search techniques and providing employment advice." (ACT 101 OF 2001 ON ADULT TRAINING, PART V, 29§7.)

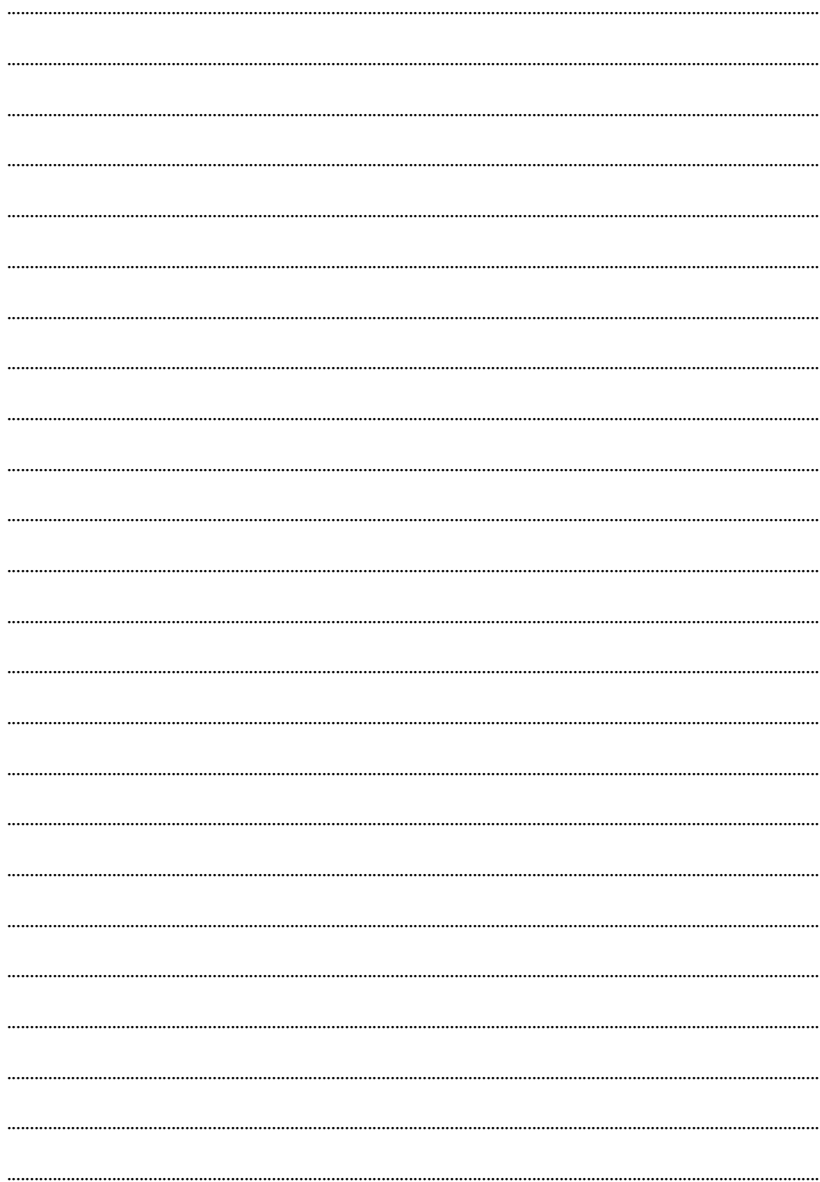
SINOSZ: Siketek és Nagyothallók Országos Szövetsége (National Association of the Deaf and Persons Hard of Hearing)

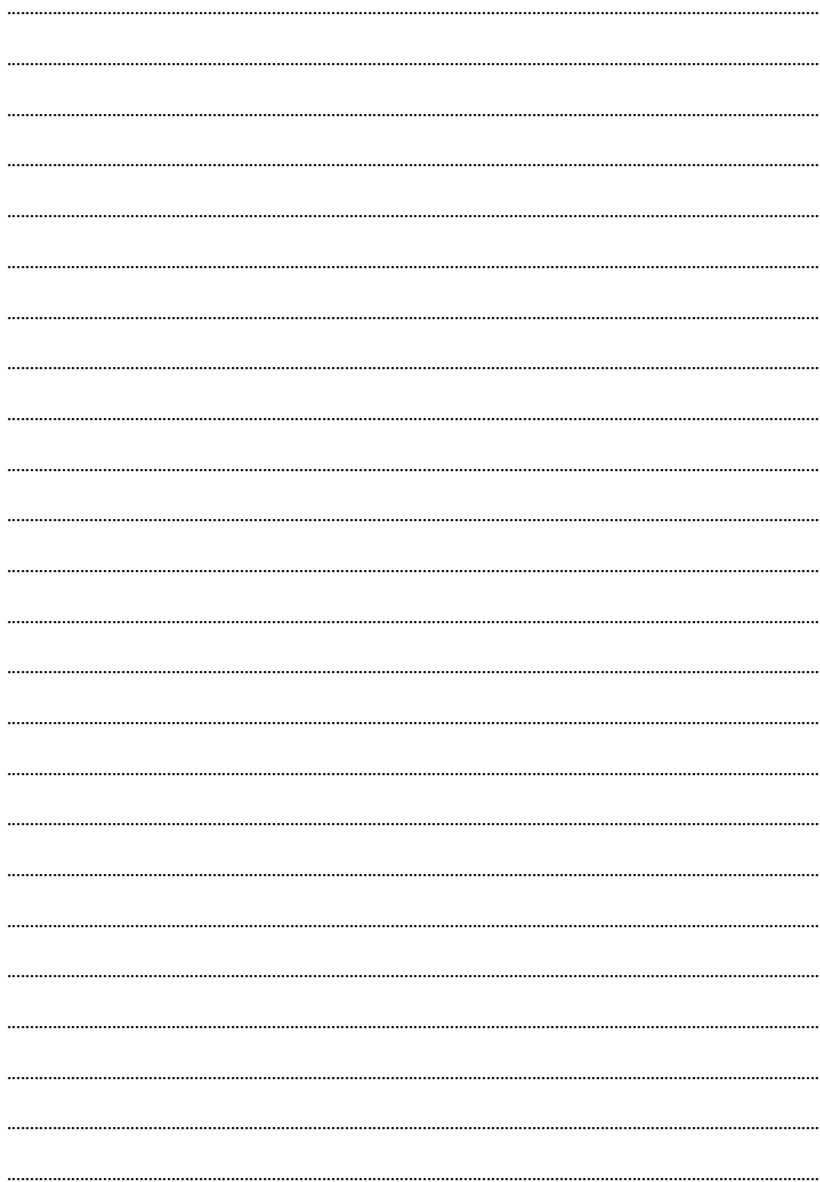
social policy: In Hungary it involves practically all public policies. Social policy itself deals with the prevention and possible solution of social problems. Areas of activities include poverty, crime, unemployment, deviancies, old age, disabilities and permanent mental and physical impairments. It also combats against social inequalities, negative discrimination, and exclusion due to state of health. Social political measures are aimed at groups excluded from society. (KRÉMER, 2009)

sociological age: How old somebody is considered by society.

universal planning: Universal planning is a preventive way of thinking and planning strategy, which considers the differences in abilities between users from the beginning of the planning process. At the end of this process, the realised products, built environments and services can provide full and most independent usage for everyone without special planning solutions or adaptation.

WHO: World Health Organization





Responsible publisher:
Ferenc Szabó
Printing office:
Generál Nyomda Kft.
H-6728 Szeged, Kollégium street 11/H
Fax: +36-62/445-003
E-mail: info@generalnyomda.hu
Leader of the printing office:
Ágnes Hunya manager
Published in 200 copies