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Social Entrepreneurship in the Context of Business and Disability Studies

'To be truly authentic, to realize the potential of flourishing, we need a shift from a view of ourselves first from one of Having to one of Being, and second from one of Needing to one of Caring. By developing a different story or paradigm to replace the dominant cultural view of what it means to be human, we can begin to realize the possibility of flourishing…'
(Ehrenfeld & Hoffman, 2013, 83).

'Since we are the best experts on our needs, we need to show the solutions we want, need to be in charge of our lives, think and speak for ourselves – just as everybody else.
To this end we must support and learn from each other, organize ourselves and work for political changes that lead to the legal protection of our human and civil rights.
As long as we regard our disabilities as tragedies, we will be pitied.
As long as we feel ashamed of who we are, our lives will be regarded as useless.
As long as we remain silent, we will be told by others what to do'
(Ratzka, 2003).

Introduction – theoretical framework and relevance

Persons with disabilities are less independent than their non-disabled counterparts. International best practices can provide a model for the Hungarian disabled community to push for their integration. Almost everyone at some point in life will experience disability, either permanently or temporarily (Goodley, 2011; Wendell, 2010), especially as we age (Maschke, 2010). With the passing of time, our control over our bodies decreases, resulting in more difficulties in functioning. Less control over our bodies means that we will all rely more on other people and on technology to replace the loss of functioning (Baltes, 1995; Kittay, 2015). Every society must face the issues of disability in order to integrate its growing population of people with disabilities. Besides the change in demographics, in that people live to an older age, living a fast-paced life is another factor that contributes to the growth of the disabled population (Goodley, 2011).

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Ever since the beginning of our history disability has been a part of humanity. Throughout history, cultures and societies viewed disability in different ways, hence its definition has evolved over centuries (Barnes & Mercer, 2006; Könczei, Hernádi, Kunt & Sándor, 2015).

Since the 1970s a new approach has started to shift the paradigm with the self-organisation of people with disabilities. From being segregated in large institutions and special schools, people with disabilities came to demand an independent life. This led to a new tendency to see disability as a human issue (Barnes & Mercer, 2006; WHO & The World Bank, 2011). With the shift from segregation towards inclusion into society, it was now possible to recognise that people are not only disabled due to impairment but also because of environmental and cultural factors (Goodley, Lawthom & Runswick Cole, 2014; Wendell, 2010).

When defining disability we should consider all these factors, seeing it as a complex, dynamic, multidimensional and changing phenomenon. The transition from being viewed as a person with a medical condition to a person whose environment does not meet its needs has been described as a shift from the 'medical model' to a 'social model', in which society is the disabling factor as opposed to impairment (Bánfalvy, 2004; Könczei & Hernádi, 2011; Kullmann & Kun, 2004; Shakespeare, 2006; WHO & The World Bank, 2011).

Through my experiences as a disabled person, I believe that both the medical and the social model should exist with a right balance between them. The World Health Organisation uses the biopsychosocial model, which is a combination of the two models. 'Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)' (WHO, 2001, 213). In this paper I will study the environmental factors, or in other words, the social and human rights models of disability, since their effects can be traced directly in the economy of a given country.

The interdisciplinary framework of my analysis is based within the fields of Disability Studies and Economy. Disability Studies is a critical social science, the purpose of which is to deconstruct the phenomenon of disability and examine the oppressive practices of society. Its central theme is also the critical analysis of power relations in society. It defines disability as a social, cultural and political issue (Goodley, 2011).

In classic economic theories that examine the functioning of the market, the phenomenon of disability is not relevant. The common section of the two areas may be defined after the recognition that people with disabilities and their allies may also appear in the market as employees, consumers, users of products and producers of value (such as business owners or services providers) (Barnes & Mercer, 2006; Könczei & Zsolnai, 2004).

I take into consideration the sources of scientific value, primarily those in English, but also Hungarian sources. The aim of my research is to introduce some Hungarian best practices that correspond with the key principles that are mentioned in the theoretical section.

1. Methodological context

Starting from the social problem mentioned above, and using the analytical tools of Disability Studies and Economics, the aim of this paper is to seek answers to the following research questions:

- How can a social enterprise support the independent living of people with disabilities, while also strengthening the economy?
- How does a social enterprise working towards the employment of persons with disabilities affect the economy?

I used a qualitative methodological approach of literature analysis (desk research). As the outlined social problem does not have an extensive volume of literature within the certain interdisciplinary context, it may be relevant to analyse the results achieved so far. According to Schulman (Schulman 1999 cit. Boote & Beile, 2005, 3), *generativity* is a very important principle in research, with particular regard to complex issues. This means that it is fundamental in every research project to learn systematically about the findings of previous studies. While using this method, it is important not only to collect and to analyse the literature, but also to be able to understand the theories and practices within a wider cultural, historical and legal context. An important aim is also to synthesise the collected material from the researchers' professionally reflected, unique perspective (Boote & Beile, 2005). I also introduce some examples of best practice (case studies), which is a well-known method in social sciences (Babbie, 2003).

Desk research, as Verschuren and Doorewaard (2010) state, has three main characteristics: it does not use empirical methods, but *relies on existing material while reflecting on it*; the *researcher has no direct contact with the object* of the study; and the analysis of the literature and the findings of previous studies are *used from a different perspective than at the time of the production* (Verschuren & Doorewaard, 2010). This means that desk research does not make it possible to meet the participants of the research, that is, the persons who are directly affected by the issue. For Disability Studies, it is essential to learn about the narratives of the research subjects, and with an emancipatory approach, this controversy may be addressed.

In desk research, we can distinguish between *literature survey* and *secondary research*. The method of literature surveys analyses the knowledge that authors have already produced (the sources can be scientific articles, monographs, etc.). Secondary research uses empirical data from previously conducted studies (the sources can be research reports, scientific articles, statistics, etc.) (Verschuren & Doorewaard, 2010). This study comprises both a literature survey and secondary research, as it aims to analyse theoretical and empirical information and synthesise it with a focus on the research questions. In this paper, I have tried to avoid using indirect citations from other authors and have checked the original sources of all referred texts.

Besides these methodological approaches, I also rely on the approach of *emancipatory research.* Based on the principle of 'Nothing about us, without us', the aim of the emancipatory paradigm is for the entire process to be planned and implemented by disabled persons themselves. This involves a very high level of user involvement that can lead to more relevant research questions and more valid outcomes. To achieve this complex level of participation and inclusion, it is important to support disabled persons in gaining access to higher education and to support them

until they gain their degrees. In other words, it is not sufficient to be a disabled person to conduct a research project, it also requires certain professional skills (Barnes & Mercer, 2003; Clements, Rapley & Cumins, 1999; French & Swain, 1997; Oliver, 1997).

Emancipatory research can be best understood from the postmodern theoretical perspective. This approach challenges the image of the independent researcher and uses the lived experience of researchers not as an obstacle, but as an added value. For this type of activity to be reliable, it is a premise to constantly be self-reflective and to make so-called *situated knowledges* (such as age, gender, cultural perspectives or even disabilities) transparent for those reading the study (Barnes, 1996; Haraway, 1994; Katona et al., 2019).

2. Independent Living

Independent Living (hereafter cited as IL), according to Ratzka (2003), is a *philosophy* and a *movement* of *people with disabilities who work for self-determination*, *equal opportunities* and *self-respect*. It is important to stress that IL should never be taken to mean that an individual wants to live a lonely life, without any support. Self-determination is a basic human right and need.

IL means that as disabled persons, we demand the same choices and control in our everyday lives as our non-disabled counterparts. This also includes participation in the community and a life within a family (Ratzka, 1984; Ratzka, 2003; Wehmeyer, 1998; Wehmeyer, 2005).

The term *Independent Living* was created by the American disability movement in 1960s. It is now regularly used by professionals and non-professionals as a common phrase to refer to living in the community as opposed to living in institutions. However, it not only describes a way of living, it is also an *ideology*, a *social* and *political movement* as well as an *attitude*, which was developed in contrast with the so called rehabilitation paradigm (DeJong, 1979; Ratzka, 1984).

It is difficult to imagine a person who is completely independent. Every member of society is dependent on their jobs, their relatives and their partners. In Western societies, in particular, we are also highly dependent on technology, certain services and products. Why then, should disabled persons expect to become independent? A key term here is interdependency (Ratzka, 1984; Wehmeyer, 2005; Wendell, 2010). This means that in various ways we all rely on each other, regardless of our abilities or support needs. IL does not force on anyone the right to be fully independent, but rather calls for disabled people to have the right to make conscious choices, to decide on the basis of several alternatives and to have the dignity of taking risks and failing (Perske, 1972).

The reason for classing IL as a social and political movement dates back to the last decades of the US civil rights movement. The rights of people with disabilities has been aligned with racial and ethnic minority causes as well as women's rights movements, all of which have evolved into political forces. The ideology derives from the consumer movement being applied to people with disabilities. Since they are experts on their own lives, they have the full right and responsibility to decide upon the issue of control of their lives. In other words, people with disabilities do not need professionals or medical staff to control their lives, because they are not

'sick' (Derksen, 1980; Könczei, 2009a; Könczei et al., 2015; Ratzka, 2005). The IL movement illustrated perfectly society's oppressive behaviour towards people with disabilities. One of its first and most noted achievements was the Rehabilitation Act of 1973 in the United States. This was an extremely significant piece of anti-discrimination legislation. Unfortunately, a similar bill failed in the United Kingdom in 1983, with the result that it is still legal to discriminate against people on account of their disabilities. In many other countries people are not even aware that by segregating people with disabilities into special nurseries, special schools, sheltered workshops, special housing, special transport, special public lavatories and special hotels is an overprotective and oppressive practice (Charlton, 1998; Ratzka, 1984).

Since disablism is considered as discriminatory and widespread as racism and sexism, the IL movement is dedicated to combatting it. The goal is to have disabled people live with the same amount of freedom as anyone else in the population: freedom of education, work and leisure, in economic, political and social life. In order to bring about self-determination, disabled people need options and alternatives. They need to be able to make choices themselves, reserving the right to make bad decisions, fail and succeed. This will be the only way for them to advance from being the object of expert opinion to being the subject of their own lives, exercising control and responsibility (Goodley, 2011; Goodley, 2014; Finkelstein, 2001; Könczei, Hoffmann & Flamich, 2016; Ratzka, 1984, Wolbring, 2012). The burning question arises: How can that be achieved? How can people with disabilities exercise the same amount of freedom in all aspects of their lives that their non-disabled peers have. Here are the prerequisites for IL, based on the article by Adolf Ratzka, who is a disabled activist himself (1984).

The first essential prerequisite is a *strong consumer organisation*. Organisations should be run and represented *by* disabled people themselves instead of non-disabled professionals. It is no longer acceptable to act *for* disabled persons in the name of care (Derksen, 1980; ENIL, 2004; Ratzka, 1984). Imagine women's organisations being run by men. It is unimaginable! Thus, it is important that disability organisations should be run by a wide variety of disabled people, regardless of their condition.

Unfortunately, most disability organisations are still run by a majority of non-disabled people, with some even calling their own members 'clients'. This highlights the medical model and people's dependency on so-called experts, focusing on the defects of disabled people instead of their strengths. It is very important to concentrate on what unites these people and makes them stronger, instead of being divided. As Könczei concludes, it is crucial to have an elite of disabled persons in the movement, who are not only experts on their own lives but are also highly educated and possess the necessary skills to support their advocacy work. Without them, it is very difficult to strive for a united front and a strategically acting community (2009b).

The second prerequisite for many people is having a *personal assistant*. Personal assistance is required for the basic needs in life to be met. Assistance might be needed to get out of bed in the morning, besides bathing, using a lavatory, dressing, travelling to a workplace, being able to gain access to community activities, etc. In many cases, the majority of people who need this service live in institutions (Ratzka, 1984). Words such as integration, inclusion and equality remain empty phrases while disabled people cannot choose where they want to live as other people can. As stated in the General Comment to Article 19 of the CRPD, it is a serious violation of basic human rights, and an act of discrimination based on disability, if someone is forced to live in

an institution, solely on account of their disability (General Comment No. 5, 2017). Assistance should adapt to meet the needs of those who require it, not the other way around, with people having to adapt to the services available. It is unacceptable that those who need extensive help are forced to live in special residential institutions. Having flexible care attendants should not be linked to special living arrangements. People in need should have the right to live by themselves in an apartment, and not have to rely on family members, feeling themselves to be a burden.

People with disabilities need to be able to hire, train, schedule and even dismiss personal assistants, if needed. This is important, so that the balance of power does not shift to the side of the assistant. For example, a social worker has the authority to make decisions as to who is employed in the public sector. For those in need of assistance, this represents a loss of control and responsibility over their own lives. To fully integrate people into society, for example wheelchair users, conditions should enable them to go anywhere just as non-disabled people do. *All housing, transport, workplaces, streets, public spaces, schools, shops and business premises must be made accessible*. Accessibility should be standardised, with codes and standards, enforced by regulations, and not to be left at the discretion of landlords and private builders (Ratzka, 1984).

In Sweden these codes have existed since the 1960s. Since 1977 these codes have also been applied to almost all residential buildings. In Hungary, similar regulations came to force in 1998 (Act XXVI, 1998, on the Rights and Equal Opportunities of Persons with Disabilities) and in 2003 (Act CXXV, 2003, on Equal Treatment and the Promotion of Equal Opportunities). In the Hungarian disability movement, considerable progress has been made by numerous disabled persons and their allies, for example Gábor Zalabai, Ágnes Zalabai, Magdolna Jelli, Pál Gadó, László Hajdi and others (Zalabai, 1997). Hungarian IL centres (Önálló Életvitel Központok – ÖÉK) were established in the 1990s with the aim of supporting persons with severe disabilities and offering counselling to professionals (Zalabai, 2009). Magdolna Jelli, a disabled activist, was the president of the *Disabled Peoples' Independent Life Association* (Mozgássérült Emberek Önálló Élet Egyesülete, ÖNÉ). Some of the services that she introduced, such as the *Ferryman Service* (Révészek), which is a peer support group, still operate to this day (Jelli & Hegyes, n.d.; https://onalloelet.hu/ [Accessed: 08. 10. 2020.]).

To underline the relevance of the human rights approach and the legal framework of disability and employment issues, which are essential parts of IL, I have analysed some documents and statistical data, based on the human rights model of disability.

3. The legal framework

3.1. Employment in the context of the human rights model

The CRPD and the related Optional Protocol, ratified by Hungary, states that the 600 million people with disabilities living in the world shall enjoy the same human, economic, social and cultural rights as any other citizens.

The human rights approach, including disability movements in recent decades, has progressed a long way at policy level from a formerly paternalistic philosophy to one securing rights for persons with disabilities in order to promote their control of their own lives. *The former attitude, largely based on pity and the perceived ineffectiveness of disabled people, is now* considered *unacceptable*. The focus shifts from rehabilitation to assistance aimed at the social integration of people with disabilities, resulting in a global philosophy of transformation within society, which is aimed at accommodating and supplying the needs of all people, including persons with disabilities (UN, 2002).

Disabled people demand equal opportunities and equal access to all social resources, especially to labour market initiatives. Sixteen per cent of the working age population of the European Union lives with some disability. This represents more than 45 million people aged between 16 and 64, that is, every sixth European worker (EK, 2007). The *human rights model*, *in its capacity as a key to social inclusion*, defines the solution of employment issues. 'Special efforts need to be made to promote the access of disabled people to employment, preferably in the mainstream labour market. This is one of the important ways to fight against the social exclusion of disabled people and to promote their independent living and dignity.' (UN, 2002, 7).

According to several studies, disabled people in the European Union are, however, prevented by many factors from being active in the labour market. They often face discrimination in employment. Their employment rate is lower than that of non-disabled persons. Their unemployment rate is twice as high as the average for the entire population of working age. If they do find employment, the work they undertake is generally low-paid and does not require a qualification. Disabled women are also at a disadvantage when working in a team together with non-disabled men (CERMI, 2002; EC, 2001; WHO and The World Bank, 2011).

This rather negative situation indicates that most disabled job seekers do not have marketable skills and qualifications, are not motivated to work and are given very little information that supports integration. Many employers resort to negative attitudes towards disabled workers based on prejudice, and they do not believe that these people are able to work full-time. In addition, ensuring the accessibility of jobs is thought to be an unnecessary cost.

In addition to the *Charter of Fundamental Rights* adopted by the European Union in December 2000, the *European Council Directive* 2000/78/EC, which establishes a general framework for equal treatment in employment and occupation, also provides the legal framework for the employment of people with disabilities for EU Member States. The Disability Strategy of the European Union is the basic treaty identifying

specific tasks for the social and labour market integration of disabled people in the period 2010–2020.

These treaties address serious economic interests by focusing on the employment issues of people with disabilities, namely the activation of currently inactive groups and the mobilisation of currently untapped economic potential, thereby contributing to the creation of a competitive, knowledge-based Europe as envisaged in the Lisbon Strategy.

The preferred tools to support the integration of disabled people into the labour market are the following:

- Improving the efficiency of vocational rehabilitation;
- Increasing spending on labour market programmes;
- Expanding active mainstream programmes, increasing their efficiency, and increasing accessibility;
- Strengthening a personalised approach (mainstreaming);
- Improving employability;
- The revaluation of the role of the Public Employment Service and other service providers;
- Increasing the number of incoming jobs; and
- Expanding alternative forms of employment.

Based on European and world trends, the objectives of the Hungarian development may be:

- Modernisation of the qualification system;
- Modernising the process and tools of vocational rehabilitation, making it accessible to all;
- Strengthening cooperation (social sphere, NGOs, etc.);
- Establishing an employment incentive system;
- Improving the accessibility and efficiency of mainstream active programmes;
- Making workplaces more inclusive;
- Improving the employability of people with disabilities;
- Expanding the scope and capacity of labour market services, networking; and
- Alternative employment opportunities, such as social economy (Gere & Szellő, 2007).

As previously mentioned, the most relevant treaty, according to the human rights approach, is CRPD Article 27 (Work and employment). This not only recognises the right to work, but also ensures that persons with disabilities should have the access to workplaces on an equal basis with non-disabled persons.

3.2. Statistics on disability and employment in Hungary

In 2008, the European Commission established the Academic Network of European Disability experts (hereafter cited as ANED). The responsibility of this network is to provide scientific data, support and advice for the EU disability policy Unit. The Hungarian report was provided by well-known experts in disability and employment,

namely, György Könczei, Péter Horváth and Roland Keszi. The aim of this report was to conduct a review of the national implementation of the European Employment Strategy and to provide the Commission with useful evidence in support of disability policy mainstreaming (Könczei, Horváth & Keszi, 2007). Mainstreaming is defined as the process in which the issues of disadvantaged groups, such as disabled persons, are considered in the implementation of various policies and measures (Kajtár, 2007).

The numbers of persons with disabilities were reported by the national census findings of 1990, 2001 and 2011. The 1990 census reported 368, 000 persons with disabilities. This group consisted of 577, 000 individuals in 2001, which represented 5.7% of the population of Hungary (Könczei, Horváth & Keszi, 2007). During the 2011 census, 490, 000 persons, representing 4.9% of the total population, identified themselves as disabled (Tausz & Lakatos, 2004; Tausz et al., 2015). As the ANED report suggests according to the work of Hablicsek, that the number of persons with disabilities is continuously increasing and by 2021, it could possibly reach 1 million (Hablicsek, 2005 cit. Könczei, Horváth & Keszi, 2007).

There are significant differences between the census data from 1990, 2001 and 2011. One reason for this may be related to the time difference of twenty-one years. Another factor may be the difference in sampling methods, as the 2001 collection targeted the entire population of the country, whereas only twenty percent of the population was represented in the data collection in 1990. Furthermore, in 2011 the terminology of disability was changed in comparison with that of the previous collections.

As the Hungarian ANED report indicates, the ratio of disabled persons in employment has not changed significantly, although they now form a strong lobby group. They still face oppression and discrimination in many different forms. As Könczei (2007) and Könczei, Horváth and Keszi (2008) claim, the situation is complex, due to several factors.

Firstly, the Hungarian socio-political *context* determined, that in the 1990s, after the change of regime, attitudes towards disabled persons were not in any way inclusive. At the same time, neither the employment practices, nor the resources available gave disabled people an opportunity to participate. The necessary standards could not be attained, even after Hungary joined the EU. As already mentioned, the Hungarian government passed Act XXVI, which was based on the principles of equal access and autonomy. The Act introduced rather strict regulations, but the community had to face the fact that the deadlines of the mandatory availability of access and support services repeatedly expired without any consequences (Act XXVI of 1998; Kajtár, 2007; Pandula, Farkas & Zsilinszky, 2007).

Secondly, as research has shown, *in times of budget cuts the issue of the IL of persons with disabilities loses its priority.* The advocacy power of disability organisations is not strong enough to fight for resources in such situations. *Thirdly*, in Hungary, the consumer paradigm and the user control that are largely based on the social and human rights models are still not present. This is why the Hungarian experts believe that only a small amount of the resources reach the disabled community (Könczei, Horváth & Keszi, 2007).

The ANED report, with regard to the statistical data from 2011, shows that disability is treated rather as a social issue than an employment policy. The concept of an active, working, self-determined citizen of the CRPD could not be realised in the system. The

employment rate of persons with disabilities varies from census to census: 2001 it was 9%, in 2002 it was 12% and in 2015, 20 % (Hungarian Central Statistical Office, 2002, 2004, 2016). When someone has to face disability in their youth, they have better chances of employment than persons who face disability at a later stage of their lives. Additionally, educational status has a significant impact on the employability of a person (Bói, 2011).

It is a worrying statistic that 90% of employed disabled persons work in segregated workplaces and not in the primary labour market (Könczei, Horváth & Keszi, 2007). In 2007, Leadhem and Vég published their results regarding the effectiveness of supported employment projects in the primary labour market. Their *Social Return on Investment (SROI)* study examined return on investment, but also attempted to take into consideration social value besides economic results. The calculations were preceded by complex surveys, individual interviews and focus group interviews. Their quantification took into account, for example, the extent to which the state saves money by supporting citizens in becoming active members of the labour force. The study showed that every 1 (one) HUFinvested in the supported employment programme of the foundation during the period under review (January 1 – December 31, 2006) resulted in a return on a local or national level of HUF 4.77 over the next five years. The survey also demonstrated that 11 months are needed on average for organisations to create the same value as the cost of the programme, that is, the return on investment (Leathem & Vég, 2007).

The country-wide report mentions various topics in which further research would be helpful, for example: the living conditions of disabled persons, the interest system of the relevant stakeholders, the system of supported decision making, the process of vocational rehabilitation, etc. (Könczei, Horváth & Keszi, 2007).

Another country-wide research report appeared in 2011. Among many other findings, it stated that inequalities in employment across the country have a much stronger effect on disadvantaged groups such as persons with disabilities. Disabled persons are more at risk of losing their jobs, especially in less developed regions. This is why they are even more at risk of other kinds of health issues and disabilities and these make it nearly impossible to re-join the labour market (Bói, 2011).

4. Social entrepreneurship and disability

There is no unified, official description of social entrepreneurship, so it may have many diverse social descriptions and scientific approaches. Social enterprises are initiatives that can be understood in the context of social economy and which represent a renewed expression of civil society. They can neither be counted among the traditional for-profit organisations nor in the public sector.

The main characteristics of social enterprises can be summarised as follows:

- Continuous activity producing goods and/or selling services;
- A high degree of autonomy;
- A significant level of economic risk;
- A minimum amount of paid work;
- An explicit aim to benefit the community;

- An initiative launched by a group of citizens;
- A decision-making power not based on capital ownership; and
- A participatory nature, which involves the persons affected by the activity (Defourny, 2001, 16–18).

The non-profit sector and the social economy has become stronger worldwide in the last few decades. This may, in part, be related to the fact that for more than half a century there has been no open global warfare. If we take Europe as an example, we can see that some kind of new strategy has been born, with the aim of combatting social and economic exclusion (OECD, 2003), since welfare states have diverged from the normal redistributive and institutional system.

Civil initiatives also appeared increasingly, as there is a global way of thinking that neither trusts in the state nor in political leadership worldwide. Nowadays people increasingly feel that they can solve their own social problems much better than any state authority, and that they have much better and more colourful ideas to meet their needs. This sense of autonomy includes the addressing of social or environmental problems and research questions.

It may thus be said that the margin between non-profit and for-profit organisations has become much thinner than before, so we do not need to state whether a social enterprise is a non-profit or a for-profit organisation. I think we only need to see the orientation of the enterprise and the goals it is capable of reaching.

Parker Harris et al. emphasise that increasing numbers of people with disabilities have chosen entrepreneurship in recent years instead of various traditional forms of work. Becoming a social entrepreneur is particularly popular because they can transfer their own experience of discrimination and oppression to this form of business activity, especially in the following fields: *education, training and information; finance, funding and asset development; networking and supports* (Harris, Renko & Caldwell, 2013).

The opportunity to become a social entrepreneur became one of the key elements of employment strategies for people with disabilities. The lack of traditional employment positions and the flexibility of being a social entrepreneur also promotes this solution (Harris, Renko & Caldwell, 2014).

5. Promising practices in Hungary

A *best practice (in business also strongly connected with the more complex process of benchmarking – for details see Stapenhurst, 2009)* is a method or concept that has been accepted as being more effective than other alternatives because it produces results that are superior to those achieved by other means. In addition, best practice '[...] is a series of processes that enables a company to become a leader in its respective marketplace' (Wireman, 2015, 79). Since companies' market strategies are likely to differ from each other, best practices cannot be exactly the same for every organisation (Kozak, 2004). According to Watson (2007), by simply adapting the best practice of one successful company, serious functional errors can occur in the execution. Also, if a technique or process becomes widespread in an industry, it can lead to stagnation, due to a lack of innovative power.

Another important element is that the practices should be in some way superior to other practices. Although some companies only use benchmarking to become as good as their rivals, from a professional point of view, the aim of the method is to constantly grow, develop and achieve better results than the competition (Wireman, 2015).

Wireman (2015) suggests that due to the fact that we are unable to detect just one single best practice for every business situation, we should use the term *Better Practice* instead of Best Practice, in order *to prevent 'best practice' from becoming just a meaningless buzzword*. Research has shown that in this regard, particular emphasis should be given to the internal transfer of good practices within an organisation (O'Dell & Grayson, 1998; Szulansky, 1996).

In this study, best practice is defined as the use of well-working methods and innovative ideas, and how organisations try to support and integrate or even rehabilitate people with disabilities.

5.1. The Para-gastro movement

The Para-gastro movement is operated by social enterprises employing disabled workers in the field of gastronomy. The seven organisations that established the network provide jobs for 104 people, 76% of whom are disabled. Compared to their 133 million HUF turnover after tax for 2016, the state subsidy is half this amount. Thus they add up to twice the amount of support (Jakubinyi, 2017).

Para-gastro is a network of organisations that have three mutual objectives. The first is 'gastro', which is a daily activity in which people work in the field of food production or catering.

The second objective relates to the role of people with disabilities. It should be a place where there are employees who have disabilities or changed work abilities, where they are integrated. Here, 'integrated' means that they have a conventional job, for which they earn a salary or wage, and they have interaction with customers or consumers.

The third objective is that they should be *social enterprises*. Hence, they have a social responsibility, and they try to achieve their goals, but they also make a profit.

The members of this network are the following: the *Ízlelő Family Friendly Restaurant* (Szekszárd), the *Hatpöttyös Restaurant* (Székesfehérvár), the *Nem Adom fel Cafe & Bar* (Budapest), *Kockacsoki Manufacture* (Budapest), the *Búzavirág Foundation* (Vámosújfalu), the *Batyu-Téka Restaurant* (Miskolc) and *Baráthegyi Cheese Manufacture* (Miskolc).

'Seven organisations, seven different fighting paths. Seven social enterprises across the country. There are those who make chocolate, who produce cheese and who have a restaurant, buffet or coffee shop. Their lives revolve around food production and hospitality. In addition to rehabilitation in business, their social inclusion programmes are also outstanding.' (Jakubinyi, 2017, 8–9). Some of these enterprises are described as follows.

5.1.1. The Ízlelő Family Friendly Restaurant

The *Ízlelő Family Friendly Restaurant* was the first restaurant in Hungary to employ people with disabilities. It opened on the 17th of May 2017 in Szekszárd. At that time, it had six tables and a workforce of 24 people with a total capacity of 40 guests. Before becoming a restaurant the building had been a three-room school. It was in a very bad condition and the local government office let them use the premises with a long-term tenancy.

It is a family friendly business, whose goal is to employ people with disabilities. They try to give them employment and help them build a career, trying to improve their skills and giving them an opportunity to work as other people do. They created this business with the help of the Kék Madár Scholarship (Blue Bird) and they try to use their profit to continue the work of Kék Madár.

The restaurant was established by János Kovács, a well-known chef. Before opening the restaurantm he worked in famous restaurants in Budapest, such as Nádor and Gundel. He was instrumental in developing the restaurant and still works there, giving the benefit of his considerable expertise to help maintain the establishment.

A sum of 38 million Forints was required to open the restaurant, of which 20 million Forints was spent on the construction of accessible premises and the rest was for equipment and furniture. In the eighth month the restaurant started to make a profit. In its opening year, the management of the restaurant was passed on to a non-profit company (Molnár, 2014).

This non-profit company helped make the restaurant a safe and convenient workplace for people with disabilities. The main intention was to create a workplace where disabled people could work and develop in a completely safe environment. The kitchen tools were also specially designed for people with disabilities, being either automatic or semi-automatic, giving anyone the opportunity to use them.

Since its opening in 2017, the latest data shows that the restaurant has 17 employees, of which 15 have some type of disability or reduced capacity to work. Thus, only two of them are non-disabled people.

The restaurant provides the following services:

- Monday to Saturday menu meals;
- Pre-order and take-away options;
- Family-friendly environment (children's playroom, high chairs for babies, cots for babies, nappy changing facilities, etc.);
- Designing and preparing meals for people with different food allergies and health problems to suit their individual needs;
- Organisation of private events (corporate and family gatherings) and catering services;
- Food delivery within Szekszárd; and
- Wine dinners organised by famous winemakers.

As quality evaluation sheets indicate, guests are extremely satisfied with the restaurant (Barabás, 2008).

The organisation is involved in a number of projects in which the profile of social enterprises can be expanded. For example, in TÁMOP-1.4.3-12 / 1-2012-0181, in cooperation with FRUIT OF CARE Non-profit Kft. (Ltd.), the development of three

product portfolios providing long-term employment (cosmetics, vegetable and fruit jams, and chocolates) has been established (http://www.izleloetterem.hu/index.php [Accessed: 08. 10. 2020.]).

As a popular website has suggested, it would have been understandable if the owners had gone bankrupt with their business idea, since disability is not an explicit for-profit issue. However, instead of facing financial ruin, the organisation has achieved success and is currently planning to establish a franchise network (Molnár, 2014). This process has already started: in the autumn of this year, the second restaurant (Hegyvidéki Ízlelő) started in Budapest, as a social venture with the cooperation of the Kék Madár Foundation (N.A., 2018).

5.1.2. The Hatpöttyös Restaurant

The *Hatpöttyös Restaurant* was founded in 2009 by three families who all have children with disabilities and who intended to create a suitable workplace for them. Although two of the families left, due to financial difficulties, problems with the place itself or lack of help, the establishment continues to operate.

Now only one family runs the restaurant, having three girls with the youngest having a disability. They wanted to help her have a suitable job as well as giving all three children a sustainable future, which is why they opened the restaurant.

After a long time they could finally talk to the president of the local county office, with the help of political and social contacts. He was in favour of the restaurant, and believed in it to the extent that he tried to convince the local county council, who placed the premises at the family's disposal for ten years, free of charge. Eventually, they could use the premises, but the process took half a year, so the process was far from easy.

In 2010 they were able to take occupancy of the premises, but they still needed money to start the enterprise, and because the tenders had ended by that time, they had to wait for another year and a half to submit a tender in order to obtain money for the business.

Finally, they found more tenders, and successfully applied for two of them, one of which funded the rebuilding of the premises, while the other provided money for the furniture. This support was invaluable, but the family needed to pay for many things from their own pockets, since the subsidies did not pay for everything. For example, the family paid to have the flooring laid and for the engineers' plans of the restaurant.

The restaurant attracts a wide variety of customers, including, in particular, many white-collar professionals. It also has an outdoor area, which can seat between 100 and 150 guests. They also provide catering for the local government office. It is worth mentioning that despite the family's success, in the first few years they perceived negative attitudes towards their employees (Csendes-Erdei, 2013). This indicates that social enterprises may need to implement awareness raising initiatives in order to be able to make a regular profit.

On the 7th of October 2017 they started a special a la carte menu and also started to open from 11.00 in the morning until 10.00 in the evening. All their employees work on Saturday and have one free day in the week.

They additionally run a programme in which they offer work experience to two students from a vocational school for people with disabilities, who can work in the

restaurant once a week. They try to give them enough experience in the restaurant to be able to find a suitable job in an ordinary restaurant employing staff who do not have disabilities.

Their clientele is slowly but steadily increasing in number. They planning to open a sweetshop and also intend to provide a take-away food service, which for they already have a car that they won through a tender. Their activities could build a bridge between non-disabled persons and people with disabilities (https://www.hatpottyos.hu/ [Accessed: 08. 10. 2020.]).

5.1.3. The Nem Adom Fel Cafe & Bar

This was the first cafe to be established by people with disabilities, where they serve and participate in various other tasks. They even contribute to social programmes. The cafe is maintained by two organisations, one of which is engaged in providing the hospitality, while the other one owns the premises, organises the programmes in the cafe, and strives for the improvement of the people with disabilities who work there.

This is not only a cafe but also a place for people with different life conditions and it gives people with disabilities an opportunity to work. It organises social programmes, and has an community room that is available for anyone. In this establishment, particular emphasis is given to acceptance and responsibility for human connections (http://nemadomfelkavezo.hu/ [Accessed: 08. 10. 2020.]).

5.1.4. Kocka Csoki

This chocolate manufacturer is the first Hungarian social enterprise to be autism friendly. They produce home-made biscuits, and they run a programme for the self-development of young people with autistic spectrum disorders. They provide three different programmes for them:

Kitchenmaster: this is a self-support lifestyle programme for autistic persons. This programme comprises a five-session training course, in which they help participants become familiar with kitchen work. It consists of food hygiene, knowledge and safe use of utensils, and providing meals, from the preparation of dishes to serving. So here youth can try to make food. They have different themed lessons, in an autism specific environment. Themes include healthy lifestyle, food hygiene, use of kitchen utensils, hospitality, and preparation of ingredients and cooking. Five people can participate in one course.

Internship programme: this is an opportunity to gain work experience. The aim of the programme is to provide young people with a wider experience of work, to improve their prospects of finding suitable employment. It also helps them gain a better understanding of kitchen work, while improving their skills. They try to prepare these groups for the active labour market. Here they can understand the skills they need to keep an active job, which they can learn in an empathetic and secure environment, as well as becoming familiar with the expectations they will be required to meet for gaining a job. In one internship schedule they can provide the programme for two people at the same time.

Lifelong guidance: here there are six young autistic persons between 15 and 21 years, who receive support in their individual future planning, within an autism-friendly and safe employment context (http://www.kockacsoki.hu/autizmus-programok/programok-autista-fiataloknak [Accessed: 08. 10. 2020.]).

5.2. The Salva Vita Foundation

The Salva Vita Foundation (https://salvavita.hu/ [Accessed: 08. 10. 2020.]) was the first organisation in Hungary to introduce the concept of Supported Employment (hereafter referred to as SE). SE is a key concept that supports the employment of persons with intellectual disabilities and autism in the primary labour market (for further details see Csányi, Jásper & Vég, 2009; Dávid & Móricz, 2000; Jásper & Csányi, 2009; Leach, 2009).

The foundation was established in 1993 and since 1996 it has employed persons with disabilities (Dávid & Móricz, 2000). The US methodology was not only adapted but also remodelled for the Hungarian version, also taking into consideration the different abilities of various groups of disabled persons.

The essential principles of this method are the following:

- Individuality,
- Respect,
- Self-Determination,
- Informed Choice,
- Empowerment,
- Confidentiality,
- Flexibility, and
- Accessibility (EUSE, 2018).

In 2003, the *National Employment Public Foundation* (Országos Foglalkoztatási Közalapítvány) started to evaluate and support other organisations in establishing an SE programme. So far, the following organisations have joined the common effort:

- Szimbiózis Alapítvány (Foundation), Miskolc,
- The Életet Segítő Foundation, Veszprém,
- The Kék Madár Foundation, Szekszárd,
- The Fogd a Kezem Foundation, Pécs,
- The Down Foundation, Budapest,
- The Esélyegyenlőség Foundation, Székesfehérvár, and
- The Szt. Cirill és Method Foundation, Győr.

The foundation has a variety of programmes to offer. Some are for clients, such as the SE programme itself or the Work Experience Programme, which helps students of vocational schools find the job that fits them best. The foundation also organises training sessions, consultations and corporate events for employers. Every year, they present the most accessible and *'disability friendly'* companies with awards in recognition of their good practice in diversity management (Fogyatékosságbarát Munkahely). They also introduced the webshop *Shop With Heart* (Segítő Vásárlás) that supports companies that employ disabled persons (Salva Vita, 2018).

Their service is an example of best practice, as, for more than twenty years, they have prepared numerous social enterprises and for-profit organisations for hiring and keeping persons with disabilities as long-term employees. With their considerable network of employers, employees, professionals, special schools and policy makers, they are able to work together in an extremely effective way. As already stated, vocational rehabilitation is a good investment, as proven by *Social Return on Investment* studies (Leathem & Vég, 2007).

5.3. The HELPIFIC Platform

HELPIFIC is an online platform where people who need support can be helped to build their own life in the community. The platform connects individuals with the goal of creating stronger, more cohesive communities (https://helpific.com/hu [Accessed: 08. 10. 2020.]).

The HELPIFIC Initiative was established in Estonia and later spread over several European countries, and in 2014 it made its entrance in the United States. Thanks to the efforts of this platform, following the *sharing economy model*, in cooperation with higher education actors, further innovations have emerged in order to reform basic social services.

One of these is the University of Tallinn's development course, which is the result of cooperation among a wide range of professionals. This course is organically linked to the active creative industry and start-up culture of the Estonian capital, and thus . The development connects the university with many events, courses in the city or the so-called 'hackathon' events. HELPIFIC is an award-winner at such an event, and has been invited to numerous entrepreneurial competitions over the past four years (for example, the best 30 entrepreneurial ideas series of events in Estonia) (Bugarszki, 2019).

'Over the period since 2014, HELPIFIC has combined more than 6,000 registered members with hundreds of people with disabilities, linked to the informal opportunities of personal assistance. Today, a platform company conducts modelling experiments in eight countries simultaneously with implementation and development in areas such as the sharing economy-based community transport system or organising personal help with local governments on the basis of a smartphone application.' (Bugarszki, 2019)

HELPIFIC Hungary became an officially registered association in October 2018. The Hungarian platform operates with 600 members and connect persons who look for support successfully with the members who offer support. In 2019, Helpific was one of the Zero Project awardees in the topic of Independent Living and Political Participation (https://zeroproject.org/2019-awardees/ [Accessed: 08. 10. 2020.]).

Conclusion

In this paper I have intended to show that by supporting people with disabilities in innovative ways, they not only can live a significantly better quality of life but also contribute to society in ways that will also have positive effects on the economy. As a disabled person myself, I have been fighting oppression for several years now, in a variety of ways. However, the idea of integration being achieved by economic means has only recently attracted my attention.

I employed a qualitative approach to literature analysis by way of desktop research. Since my field of interest was interdisciplinary, I analysed literature on several topics such as economy, social entrepreneurship and Disability Studies. I used a so-called emancipatory research method, which is based more on the narratives of people with disabilities than on the views of professionals. I believe that this is important since it reflects the spirit and values of the 'nothing about us, without us' slogan, which states that no decision on policies affecting people with disabilities should be made without them being involved. Also, providers should model their services based on the experiences of persons with disabilities.

With the rise of self-advocacy movements in the 1960s, the social model has brought about a new shift of paradigm. This model focused on the barriers set by society, rather than claiming that disabled people are not normal and therefore need to be healed. With the independent living movement in the USA a role model was born according to which people could receive personal assistance, go to universities, have jobs, live by themselves and exercise their free will. One of the greatest achievements of the movement was the Americans with Disabilities Act (ADA), which prohibits discrimination against people with disabilities and guarantees equal opportunities in employment, transportation, public accommodation, state and local government services and telecommunications. Thanks to the ADA, people could find jobs in the private sector more easily, earning wages similar to those of their non-disabled peers.

As anti-discrimination movements became increasingly important in the 20th century, the next cornerstone in integration was the United Nation's Convention on Rights of Persons with Disabilities. The CRPD – the most recent, and the most extensive recognition of the human rights of persons with disabilities – outlines the civil, cultural, political, social and economic rights of persons with disabilities. Its purpose is to 'promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by people with disabilities and to promote respect for their inherent dignity'.

Hungary was one of the first countries to ratify the CRPD. With this move Hungary signed up to the human rights model, yet 90% of people with disabilities who are in employment work in segregated workplaces rather than in inclusive environments, which is a worrying phenomenon. Moreover, it is clear that if people do not have a job, they probably rely on state benefits, living under the poverty line, being dependent on the community.

To fight oppression and segregation in the USA, the Independent Living movement created centres run by disabled people. The goal is for disabled people to live with the same amount of freedom as anyone else in the population. Freedom of education, work, leisure, and economic, political and social life. In order for this to happen,

disabled people need a multitude of options and alternatives. Since the government funds no such centres in Hungary, we need to find alternative ways of creating jobs.

Since the end of the 21st century a new approach to conducting business has emerged, namely social entrepreneurship. Although there is no official definition of social entrepreneurship, I like to describe it as a hybrid form of running business. It has a mixture of for-profit and non-profit characteristics. In essence, it is similar to a typical for profit-venture with a social aim. Yet it also has non-profit features, for example it can accept donations or have a non-profit legal status. These types of business forms are able to solve social problems such as the unemployment of disabled people.

There are several well-functioning Hungarian social enterprises that can provide a role model for others. The Para-gastro movement is operated by social enterprises employing disabled workers in the field of gastronomy. The seven organisations that set up the network provide jobs to 104 people, 76% of whom are disabled. Compared to their 133 million HUF turnover after tax for 2016, the state subsidy is half this amount. Hence, their earnings represent twice the amount of support they receive.

The opportunity to become a social entrepreneur became a key element of employment strategies for people with disabilities. The lack of traditional employee positions and the flexibility afforded to social entrepreneurs also promote this solution. These non-profit companies provide safe and convenient workplaces for people with disabilities. The aim is to create places where disabled people can work and develop in a completely safe environment. Restaurants redesigned their kitchens, creating accessible spaces and provided special tools that can be used by disabled people. Easy language and picture recipes supportintellectually disabled employees in their work. As the outcomes of the quality measuring evaluation sheets indicate, show, the guests are extremely satisfied with the services of the restaurant.

Special internship programmes have been launched by foundations such as Salva Vita, which was the first to introduce the concept of SE in Hungary. SE is a key concept that supports the employment of persons with intellectual disabilities and autism in the primary labour market. Through programmes such as this not only will disabled people be able to learn workplace practices but their employers may also come to understand the needs of their future workforce.

Last but not least, I believe it should be mentioned that this does not only support the integration of people with disabilities in society, but it may also partially solve the great labour shortage in Hungary, which does not seem to have any other alternative solutions in sight.

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As Seamus Hegarty elaborated: 'In an ideal world there would be no special schools since every child would receive an appropriate education in a local community school. No country is near achieving that goal, apart perhaps from Italy, and it has to be assumed that special schools will feature on the map of special education for some time to come. But that does not mean they can continue unchanged. Special schools have many advantages – concentration of expertise in teaching pupils with various disabilities, modified curricula and programmes of work, adapted buildings and equipment, training opportunities for staff, and links with local employers and post-school training agencies. These are the very things whose absence from ordinary schools makes them ineffectual in educating pupils with disabilities. The challenge to special schools then is to find ways of sharing their expertise and resources, and of embedding them in a wider educational context. Some special schools have already begun to develop outreach programmes. This can entail setting up working links with neighbourhood ordinary schools where staff and pupils are shared.'

'Some special schools act as resource centres, providing information and consultancy to local schools, organizing support services for families and contributing to in-service training activities. Discharging these functions successfully requires considerable changes within special school staff. New skills must be developed and new attitudes fostered. Transmitting a skill to others is not the same as exercising it oneself, and operating across several schools or in the community is very different from working in the closed confines of a single special school.'

'The most important changes required are attitudinal: staff who are jealous of their autonomy and intent on maintaining lines of professional demarcation will not set up effective collaboration. There must be a willingness to move beyond existing institutional bases and any status that may go with them, and to work co-operatively in whatever new structures may be advised. The upshot of all this is that special schools of the future could be very different from now. Emphasis would move away from educating limited numbers of pupils in relative isolation towards acting as resource centres. The latter could encompass curriculum development, in-service training, the collection and evaluation of equipment and computer software, and specialist assessment, as well as advice and consultation on all matters relating to the education of pupils with DISABILITIES. These resource-centre functions are important in improving the standard of special educational provision regardless of where it is provided. By capitalizing on available experience and establishing a bank of information, materials and expertise, this offers a powerful model for making best use of frequently limited resources. If special schools have to make changes, ordinary schools have to undergo revolution. Ordinary schools have generally failed pupils with DISABILITIES and major school reform is necessary before they can make adequate provision for them.'

'This reform must operate at two levels: the academic organization and curriculum provision of the school and the professional development of staff. The former requires rethinking the ways in which pupils are grouped for teaching purposes, the arrangements that schools can make for supplementary teaching and the modifications to the mainstream curriculum that teachers can make so as to give pupils with DISABILITIES access to it. All of this forces major changes in teacher behaviour. Attitudes, knowledge and skills must all be developed to create and sustain a new kind of school where those previously disenfranchised are given an equal say and narrow concepts of normality are discarded.' (Hegarty, 1994, 16). Hegarty continues: 'Preparing pupils with DISABILITIES for adult life is a particular challenge for ordinary schools that run integration programmes. Many special schools have devoted great efforts to this area and have well-established leavers' courses. They also benefit from the greater control they can exercise over pupils' environments and exposure to the outside world. Ordinary school staff have to find ways of ensuring that pupils do not miss out on the systematic preparation they would receive in a good special school, and they must often do so with fewer resources and in contexts that allow for less control.' (Hegarty, 1994, 45)

The debate persists and has gained new impetus fuelled by the controversial findings of follow-up research conducted on current experience of integration in schools. A UNICEF Innocenti Insight study of 2005 highlights the situation in CEE/CIS countries and the Baltic States: 'The education debate is still very active. There are arguments that integration of children with disabilities into mainstream classrooms can be a drawback for some students, both disabled and non-disabled persons. That may be a question of adequate resources – a persistent and important issue. There is a case in the CEE/CIS region for linking special education schools with local mainstream schools to help to break down the tradition of segregation.

'In some Western countries, there is a trend to co-locate special schools on the same site as mainstream schools in the belief it provides the 'best of both worlds'. Serious efforts towards integration are being made in some countries, notably Bulgaria, Hungary, Romania and Macedonia.

'Where integration has occurred, it is largely accomplished by being at the same location as and/or mixing with mainstream students, rather than integrated or inclusive classrooms. Curricular integration, where children with disabilities learn together in the same classrooms with the general student population, is still seldom seen in the region – and where it is, it is often unplanned and, therefore, unsupported. In Albania in 1996, as the Country Report notes, for the first time 'the integration of pupils with disability in regular school' became a declared policy goal – although the details of how to do this were not specified. A recent survey by the Albanian Disability Rights Foundation found that the integration of children with disabilities was quite limited and done largely in response to pressure from parents of children with moderate disabilities. In Hungary, where the special school system was retained, enrolment of children with

disabilities in mainstream schools started spontaneously in the mid-1990s. However, schools 'did not have the technical, pedagogical and conceptual conditions necessary for the integrated education' of children with disabilities.

'The resistance of attitudes against the integration of children with disabilities in mainstream schools cannot be underestimated. In echoes of the 'charity' treatment of children with disabilities, parents and others may support integration only conditionally, e.g., the proviso that including children with disabilities in a regular classroom does not detract resources from non-disabled students. Additionally, there is substantial passive resistance incumbent in existing education systems and other social services.' (UNICEF, 2005, 20).

In the literature we can find several examples: 'Although parents were happy with the progress of their child at the school, they were disappointed about social outcomes. This was in part due to the fact that many children with disabilities came by bus from out of catchment: they had to make a new friendship base, a[illegible]portunity for carrying it on out of school hours.' (Avramidis, Bayliss & Burden, 2002, 150)

The UN[illegible]ntinues with a quote from the Lithuania Country Report of 2002: 'Policy, law and practice have been linked in Lithuania to make strong progre[illegible]needs education. The 1991 Law on Education recognized the right of children with special needs to be educated in schools closest to home. S[illegible]ees started using more restrictive criteria for accepting children into special schools – a crucial gatekeeping function. Amendments in 1998 g[illegible]definitions of the role of pedagogical-psychological services in assessing special education needs and gave parents and children the right to choose the form and place of education. The law stresses integrated education and the right of persons, even those with complex or severe disabilities, to be educated.' The UNICEF study then refers to staffing issues: 'The lack of teachers who are adequately trained to work with children with learning