

SAFETY-NET TORN APART



Hungarian Helsinki Committee

**Gender-based
vulnerabilities
in the Hungarian
asylum system**

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Cover photo: @UNHCR / Zsolt Balla: Hungary. An Afghan refugee woman taking a sip of milk near Rösztke
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Executive Summary

The aim of the Hungarian Helsinki Committee's (HHC) research project was to assess whether **women and LGBTI (lesbian, gay, bisexual, trans and intersex) asylum-seekers and beneficiaries of international protection receive the special attention they are entitled to during the asylum procedure and the integration process in Hungary.** Data was collected through desk research, information requests to authorities, structured interviews with refugee-assisting attorneys and refugees; and a questionnaire with service providers and volunteers offering integration assistance.

During the focus period, **94% of asylum-seekers were detained** in Hungary's two land-border transit zones **during the entire asylum procedure**, which is the source and cause of most significant problems encountered. The main findings of the study concerning the transit zone include:

- Hungary lacks any protocol for assessing vulnerability as well as the safety and security concerns of vulnerable asylum-seekers.
- There are **no specific services** tailored to the special needs of vulnerable asylum-seekers, including women and LGBTI persons, in the transit zones.
- LGBTI and vulnerable women asylum-seekers **cannot be provided with separate accommodation** in the transit zone, despite the risks associated with the lack of such arrangements.
- The transit zone **lacks a separate and safe environment for women** similarly to activities aimed at this group.
- **Substandard age assessment** practices in the transit zone **violate the human dignity** of children (including girls). Without the right to challenge the result of an erroneous age assessment, **children are detained in the transit zone for an indefinite period of time.**
- **Psycho-social assistance** provided in the transit zone is **insufficient** when compared to the needs of vulnerable asylum-seekers detained there, among them torture and trauma survivor girls, women and LGBTI applicants.
- Staff of the transit zone, including social workers, is not equipped to identify and care for vulnerable asylum-seekers such as torture and trauma survivor women and LGBTI asylum-seekers and victims of gender-based violence, which results in *ad hoc* **solutions rather than a standardized approach** in handling these cases.
- The **lack of interpretation provided for interaction with nurses, doctors, psychologists and social workers** makes access to these needed services difficult, especially for vulnerable asylum-seekers among them women and LGBTI people.

Unaccompanied children below the age of 14 are housed in the **Children's Home in Fót**, which is to be **closed by the government by mid-2018.** Despite the proximity of the planned closure, none of the impacted parties have received information about the future of the institution. This **uncertainty causes grave concerns.**

- Currently, a **rich variety of services** is available in Fót due to the presence of several non-state actors and thanks to the professional approach of the guardians and staff at the Home, keeping the best interest of children in mind.
- There are usually **only few girls** in Fót and they are given special attention and consideration with their placement within the facility.
- **Regular roundtable discussions** among the staff of the Home, legal guardians and NGOs working with unaccompanied minors, among them girls, ensure that unaccompanied children receive the most adequate attention and services at this facility.

Since 1 June 2016 the Hungarian state **does not provide integration assistance** to beneficiaries of international protection beyond the possibility of being accommodated for maximum 30 days at the Vámoszabadi reception facility. Following the state's withdrawal, integration assistance is **solely provided by NGOs and church-based organizations.** The main source of funding for these services has so far been provided by the national actions of the Asylum, Migration and Integration Fund (AMIF) of the European Union. However, in January 2018 the government withdrew the call for proposals for the next funding cycle. As a consequence, the provision of these useful and **much needed integration services is expected to stop in June 2018**, the end of the current funding cycle. This will impact all the services offered by NGOs in the Vámoszabadi reception facility as well.

- In the Vámoszabadi reception facility, beneficiaries of international protection stayed **10-11 days on average in 2017**, whereas in 2016 the average stay was two months. The cause of the difference is not only the change of legislation limiting their stay to 30 days, but also the lengthy detention preceding the receipt of their status in transit zone, which further traumatizes asylum-seekers and motivates them to move on.
- In Vámoszabadi, women and LGBTI asylum-seekers/refugees **can be accommodated in separate rooms**, but due to the physical set-up of the facility, it is impossible to create protected, separate, safe areas within the building. In the past, there were complaints from trans inhabitants of the facility of **verbal harassment** by other asylum-seekers, while a gay man complained about **verbal abuse** by the guards.
- Similarly to other reception and detention facilities, there is **no mechanism in place in Vámoszabadi to identify, assess and prevent protection risks for women and LGBTI refugees** staying there.
- Since June 2017, the HHC is **not able to provide legal assistance within the facility** due to the fact that the asylum authority terminated its cooperation agreement with the organization. Refugees wishing to benefit from free legal services can meet the HHC attorney outside the building or in Budapest.
- A **Club for Mothers** is organized for the residents of the facility by the Menedék Association, being the only activity specifically targeting women.
- **Volunteers** supplement the food and the hygienic products residents receive and organize activities for families. Their presence is vital, as they are able to **respond to the special needs of women**.

In Budapest, a **wide variety of integration services** is offered currently by **NGOs and church-based organizations**, most of them also funded by the national allocation of AMIF, which is to stop in June 2018. Women and LGBTI refugees can access these general services and, in addition, some services specifically focus on these groups.

- Refugee women can attend sessions of a women-only therapy group, regular meetings of a **women's group**, a **sewing** and a **yoga class**. Child-care is provided during Hungarian language classes for refugee women, to facilitate their effective participation. **Access to the labour market** for women is also facilitated by special courses focusing on women.
- **Legal assistance is offered to LGBTI refugees. Trans refugees are assisted in accessing health care services** and are provided with individual counselling. There are also programmes aiming at sensitizing the host society.
- Volunteers assisting refugee women found that the availability of **women doctors and interpretation** would be crucial for improving access to health care.
- All service providers agreed that the integration of women could be best assisted by providing **more help with child-care** and for the integration of LGBTI refugees the **host society would need to be sensitized**.

Refugees belonging to the focus groups of the study reported on **the effect of the hate campaigns** of the Hungarian government (taking place since 2015) on their lives. Finding housing as a refugee woman or applying for a job has been made more difficult by the **fears instilled** through these campaigns.

This mapping exercise made it obvious that the deliberate destruction of the once functioning Hungarian asylum system has impacted members of vulnerable groups, such as women and LGBTI people even more harshly, as there is **hardly any special attention available** to them during the asylum procedure and what is there during the integration process is provided by non-state actors. The conclusion of the study is that **systematic assistance provided by the state to women and LGBTI asylum-seekers/refugees is completely missing** both during the asylum procedure and the integration process. When NGOs and church-based organizations will no longer be able to provide their services **all beneficiaries of international protection, including women and LGBTI refugees, will fall through the non-existent safety net of support**.

I. Introduction

Objective:

The present research by the Hungarian Helsinki Committee's (HHC) looks at how women and LGBTI (lesbian, gay, bisexual, trans and intersex) asylum-seekers and beneficiaries of international protection are treated in Hungary during the asylum procedure and the integration process. The study looks at reception conditions, the services offered to these groups and the actors providing these services. Beyond identifying potential shortcomings and unmet needs, the study also strives to make recommendations that support the early identification of vulnerabilities and the introduction of specific safeguards both during the asylum procedure and the integration process. The findings of this research will contribute to evidence-based advocacy. Furthermore, this publication seeks to inspire academia and civil society in other states to conduct similar targeted research initiatives.

Definition of vulnerability

This study focuses on asylum-seekers and beneficiaries of international protection belonging to the following groups:

- Women (persons of female sex, including single women and women with families, regardless of their sexual-emotional orientation);
- Girls (minor persons of female sex, including unaccompanied minors and girls with families, regardless of their sexual-emotional orientation);
- Gay, lesbian and bisexual persons (based on the self-determination of sexual-emotional orientation, regardless of age and sex/gender);
- Trans persons (based on the self-determination of gender identity, regardless of age and sex);
- Intersex persons.¹

Although experiences may differ, members of these groups share a common challenge: they may all face **multiplied difficulties** throughout their entire "refugee experience" due to gender-related characteristics.

The early identification of asylum-seekers with special needs is lacking a **proper legal framework and an established protocol**. Hungarian law defines vulnerability as "the unaccompanied minor or a vulnerable person, in particular, a minor, elderly or disabled person, pregnant woman, single parent raising a minor child and a person who has suffered from torture, rape or any other grave form of psychological, physical or sexual violence, found, after proper individual assessment, to have special needs because of his/her individual situation."² The definition includes neither women as such, nor LGBTI persons. Although both the Asylum Act and the Asylum Government Decree provide that the special needs of certain asylum seekers should be addressed,³ there is no further detailed guidance available in the law and **no practical identification mechanism is in place** to adequately identify such persons.

Time-frame:

Since 2015, the Hungarian asylum legislation has been amended several times, bringing an ever stricter era into the lives of asylum-seekers and beneficiaries of international protection. The legislative and policy changes characterizing this period are described in detail as the destruction of a once functioning asylum system in HHC's information note *Two years after*.⁴ In this context, the two most relevant changes concerning the reception of asylum-seekers and the integration of beneficiaries of internal protection are the following:

- As of 1 June 2016, the specific support scheme facilitating the integration of recognized refugees and beneficiaries of subsidiary protection was terminated;⁵ and the maximum length of stay in open reception centres following recognition was reduced from 60 to 30 days.⁶ As a consequence, refugees

¹ The definitions used in this study correspond to those in The Yogyakarta Principles, 2007: http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

² Asylum Act, Section 2 (k)

³ Section 4(3) Asylum Act, Section 3(1) Asylum Government Decree

⁴ https://www.helsinki.hu/wp-content/uploads/Two-years-after_2017.pdf

⁵ Former Chapter VI/A of the Asylum Act, repelled by Article 90 (c) of Act XXXIX of 2016 on the Amendment of Certain Acts on Migration and Related Acts

⁶ Article 32 (1) of the amended Asylum Act

and beneficiaries of subsidiary protection are obliged to move out from the reception centre where they are accommodated already a month after their status has been granted, and do not receive any support for their integration (financial benefits, housing allowance, language course, etc.). These provisions immediately force most of those who actually receive international protection in Hungary to homelessness and destitution, thus fundamentally questioning the effectiveness of the protection status granted.

- As of 28 March 2017,⁷ the grounds for declaring a “state of crisis due to mass migration” were significantly widened, a period during which certain rights of asylum-seekers and procedural guarantees of the asylum procedure are suspended.⁸ Since then, asylum claims can only be submitted in the transit zones;⁹ and with the sole exception of unaccompanied minors under 14, all asylum-seekers are automatically detained by virtue of their application in the transit zones until a decision is made in their case.¹⁰

Therefore, the time-frame for this research is **1 June 2016-31 December 2017 concerning integration** and **28 March 2017-31 December 2017 regarding the asylum procedure**, because these dates (1 June 2016 and 28 March 2017) signal the latest radical changes in the legal environment.

Methodology:

For this research paper data was collected through desk research, freedom of information requests, structured interviews with refugee-assisting attorneys and refugees, structured interviews with service providers and with volunteers assisting recognized refugees in their integration. The HHC wishes to thank everybody for their contribution to the report.

⁷ For an English translation of the adopted amendments, see: <https://www.helsinki.hu/en/the-english-translation-of-the-adopted-bill-on-amendments-to-the-asylum-and-state-border-act/> . For the HHC’s analysis of the amendments, see: <https://www.helsinki.hu/en/hungary-governments-new-asylum-bill-on-collective-push-backs-and-automatic-detention/>

⁸ Amended Article 80/A (1) c of the Asylum Act.

⁹ Newly added Article 80/J of the Asylum Act.

¹⁰ Newly added Article 80/J (5)-(6) of the Asylum Act.

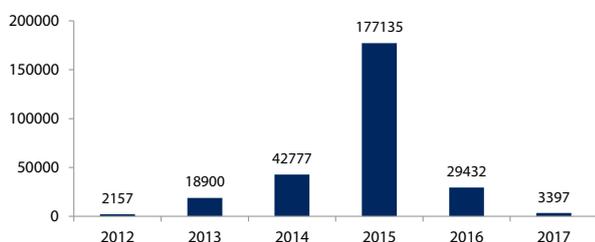
II. Women and LGBTI asylum-seekers during the asylum procedure

a.) Transit zone

Statistics

In 2017, altogether **3397** asylum applications were submitted in Hungary. This is a sharp decrease when compared to the number of applications from the previous years¹¹ and also it can be considered a low number when compared to the constantly high number of migrants waiting in Serbia¹² to enter Hungary. The applications are on purpose kept low by the Hungarian government. The Hungarian asylum authority limited the number of asylum-seekers allowed to access the transit zones to 10-10 persons in November 2016, and since 23 January 2017, to **5-5 persons** per zone per day. These arbitrary limitations have no legal basis. The asylum authority further decreased the arbitrary quota on **22 January 2018** to an average of **1 person per day on weekdays per transit zone**.

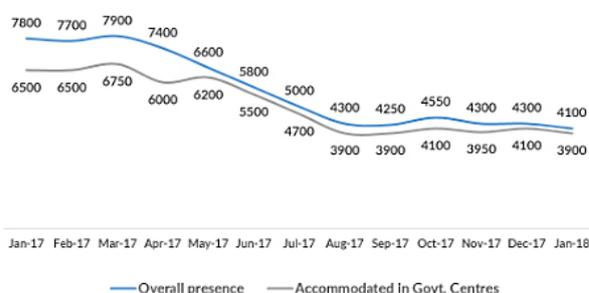
Asylum applications in Hungary



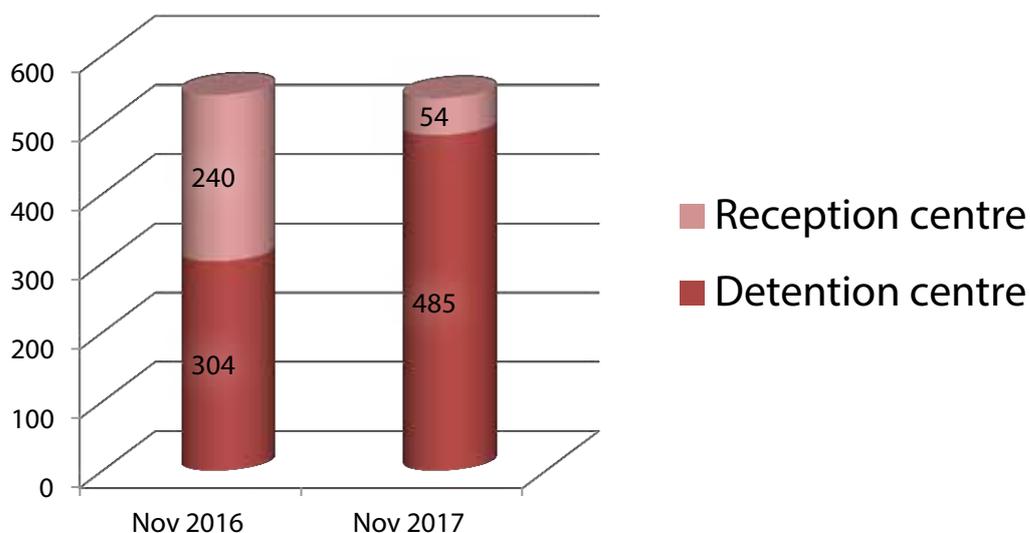
Serbia

January 2018

New refugees, asylum-seekers and migrants - presence and shelter



Out of these **3397** applications **2800** were filed in the transit zones.¹³ At the end of 2017, **94%** of asylum-seekers were in detention and the open reception centres were almost empty.¹⁴ This illustrates the **shift towards the automatic, indiscriminate detention of asylum-seekers in 2017**. When comparing the number of asylum-seekers in detention in November 2016 with those in November 2017, the rise is shockingly high. While in November 2016 only 55% of asylum-seekers were detained, by November 2017 this has risen to 91%.



¹¹ Statistics by Immigration and Asylum Office (IAO)

¹² <https://data2.unhcr.org/en/documents/download/61805>

¹³ p.7 <http://www.asylumineurope.org/reports/country/hungary>

¹⁴ p.11 <http://www.asylumineurope.org/reports/country/hungary>

Regarding the detention of asylum-seekers in the transit zones, the ratio of women and children is also alarmingly high, as illustrated by the below statistics from November 2017:



Human Rights Watch reports that in “mid-November 2017, there were 455 asylum-seekers detained in the two transit zones, including 243 children, among them 19 unaccompanied children”.¹⁵

While in 2016 6599 applications were received from women,¹⁶ representing 22% of all 2016 applications, this number became higher in 2017, making applications by women 36.5% of all claims.

Gender/age breakdown of the total number of applicants: 2017

	Number	Percentage
Total number of applicants	3397	-
Men	2156	63.5%
Women	1241	36.5%
Children	1596	47%
Unaccompanied children	232	6.8%

Source: IAO

Conditions

There are two transit zones along the Serbian-Hungarian border operated by the Immigration and Asylum Office (IAO), in Rösztke and Tompa. The maximum capacity of the Rösztke transit zone is 450, while in the Tompa transit zone 250 asylum-seekers can be held. In both transit zones asylum-seekers are accommodated in shipping containers during the entire length of the asylum procedure. The containers are about 13 square metres in size (approximately 4 x 3 metres) and are furnished with 5 beds. When five people stay in a room, there is no moving space left. Each transit zone is divided into sectors, each sector containing several housing units, a dining room, a community room, a room for social workers and bathrooms. It is only the dining/community room that is air-conditioned. The units within each sector are arranged in a rectangular shape with a yard in the middle. The entire transit zone and each sector is surrounded by a razor-wire fence, and is patrolled by police officers and armed security guards. Asylum-seekers cannot leave their assigned sector without permission and without police escort. The transit zone is built and managed to resemble a high-security prison.



¹⁵ Human Rights Watch World Report 2018, European Union, 2018, <https://www.hrw.org/world-report/2018/country-chapters/european-union#fa79c3>

¹⁶ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC

Asylum-seekers are assigned to sectors based on the following categories: families, unaccompanied children, single men and asylum-seekers separated for health reasons (quarantined). When assigning sectors, no further categories exist that would take vulnerabilities into consideration. As there are very few single women or unaccompanied girls, they are usually held in the same sector with families (therefore together with several men and boys).

Based on information provided by the authorities,¹⁷ there is **no protocol for assessing vulnerability and the safety and security concerns** of women and LGBTI asylum-seekers upon entry to the transit zone. The asylum authority stated in its response to the HHC that, due to the fact that vulnerability can cover a wide range of grounds, it is not possible to create exact rules for vulnerability assessment. Instead, the asylum authority claims to operate a flexible system, whereby the actual needs are taken into consideration. According to the asylum authority, although there is no separate sector for LGBTI asylum-seekers, in case there is a need, their separate accommodation can be arranged. Yet, no specific information was shared regarding the exact modalities of this separate arrangement.

Upon entry to the transit zone, following the police security check, the asylum authority interviews asylum-seekers. During this interview, **no system is in place to identify and assess vulnerabilities**. The asylum authority is informed about vulnerable asylum-seekers by the list-managers¹⁸, by UNHCR¹⁹ or by the legal representative of an asylum-seeker on an ad-hoc basis. Vulnerable asylum-seekers could also be identified during their detention in the transit zone by social workers, but due to the limited interaction between the social workers and the asylum-seekers and the lack of interpreters to assist their communication this rarely happens.

The HHC attorney²⁰ providing legal representation in the transit zone mentioned the case of an Iranian gay asylum-seeker who was placed in the men's sector despite the dangers that it might entail, should other men learn about his sexual-emotional orientation. The HHC attorney informed the authorities about the case and asked for an alternative housing arrangement. Although the asylum authority was not able to provide an alternative arrangement for the Iranian man's placement, his case was decided on a priority basis and he received a decision within three weeks.

Other cases also illustrate the lack of alternatives placement as described by the HHC attorney²¹. Two gay asylum-seekers were placed in the men's sector in 2017, despite the risks associated with this arrangement, and a trans asylum-seeker from Cuba was held in the family sector. These examples show that in the transit zone there is no possibility to provide housing arrangements that take individual vulnerabilities and circumstances into consideration. This can expose asylum-seekers to risk and further traumatize them. In the Iranian man's case, the positive approach of the case-worker solved the individual situation, but this may not work in every situation. Therefore, a more systematic approach and the possibility of an alternative arrangement should be developed that is able to cater for individual needs.

There are **no women-only places** in the transit zone. The community rooms are small and mainly used for activities for children. Women spend most of the day in their containers. Due to the fact that there is no ventilation or air-conditioning in the living compartments, the door needs to be kept open during the summer leaving little to no privacy for women asylum-seekers detained in the transit zones.

Since 28 March 2017, **unaccompanied children above the age of 14** are not entitled to stay in a specific children's home,²² but must await the end of the asylum procedure in the **transit zone in Röszke**. The potential violations suffered as a result of an erroneous age assessment have also increased significantly.²³ Age assessment is done **prior to the appointment of a guardian**. The result of the age assessment **cannot be challenged** individually and thus the right to an effective remedy is violated. Children above 14 are detained in the transit zone for an **indefinite period** of time, behind a high barbed wire fence and with policemen who outnumber them by far.

¹⁷ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

¹⁸ List managers are those people who are also on the list in Serbia waiting to enter Hungary and thanks to their language knowledge are assisting the authorities in managing the entry to the transit zone.

¹⁹ UNHCR is present in the transit zones on a daily basis.

²⁰ Interview with HHC attorney, Tímea Kovács on 9 October 2017

²¹ Interview with HHC attorney, Tímea Kovács on 9 October 2017

²² Article 4 (1) c) of Act XXXI of 1997 on the Protection of Children and Guardianship Management; Article 80/J (6) of the Asylum Act

²³ See, inter alia, the case of Ilias and Amed v. Hungary (Application no. 47287/15) and the case-law of the ECtHR cited in "The detention of asylum seeking children in Hungary: Dire tendencies in upholding the basic rights of children" (<http://www.asylumlawdatabase.eu/en/journal/detention-asylum-seeking-children-hungary-dire-tendencies-upholding-basic-rights-children>).

Age assessment practices currently used by the asylum authority are **substandard** since they completely fail to take into account the widely accepted professional consensus that age assessment shall not be solely based on medical examination.²⁴ Although age assessment had been problematic even before,²⁵ since March 2017 the practice has further deteriorated. The asylum authority employs a **military doctor in the transit zone to carry out age assessment**. The doctor **does not have special expertise** in the field of age assessment and **relies solely on primary gender characteristics and mere visual examination** to determine a child's age. Examination of facial, body and pubic hair and measuring **the width of girls' breasts on one occasion** according to the information received by HHC are not only insufficient to verify one's age but also **deeply violate the human dignity of children**. The HHC is aware of one case when the size of a boy's penis was also measured.

Between 1 April and 31 December 2017, **100** unaccompanied minors between the ages of 14 and 18 applied for asylum in Hungary. Out of these 100 minors, **three were girls**. Based on the current legislation, all these children were detained in the transit zone despite the fact that the Council of Europe Special Representative²⁶ and the UNHCR²⁷ both described the Röszke transit zone as no place for children, who shall, in accordance with international law,²⁸ only be detained as a measure of last resort.²⁹ In addition to being detained, between March and September 2017 children had **no access to education or psychological assistance** either and, despite government attempts to fill these gaps, services are still inadequate at the time of writing.

Conditions in the transit zones remain inadequate. The HHC published a list of the most urgent changes that are needed to ensure that confinement in the transit zones is in line with relevant international, EU and domestic standards of detention.³⁰ To date, none of the requested changes to material conditions have been implemented. A slight improvement of services was observed after September 2017, when education for children started in the community rooms of the sectors, and after November 2017, when psychological care became available upon request.

Services

Services in the transit zone are provided either by the staff members of the asylum authority or the member organizations of the Charity Council, which operate under the auspices of the Ministry of Human Resources.³¹ The Charity Council has six members: Hungarian Caritas, Hungarian Charity Service of the Order of Malta, Hungarian Interchurch Aid, Hungarian Red Cross, Hungarian Baptist Aid and Hungarian Reformed Church Aid. No other organization is allowed to provide services in the transit zone, despite the fact that several NGOs like the Menedék Association or the Cordelia Foundation have decades of unique experience in service provision for this group and that their expertise in social work and psychotherapeutic care would be very much needed there.

In the transit zone there is **no specifically tailored provision of information** for minors, women or LGBTI asylum-seekers. The HHC, which also has more than twenty years of experience in information provision for asylum-seekers, is not allowed to hold information sessions in the transit zones and distribute its own multilingual information leaflets.³² The information material distributed by the authorities does not

²⁴ See, inter alia, Third party intervention of the AIRE Centre, Dutch Council for Refugees and ECRE in the case of Darboe and Camara v. Italy (Application no. 5797/17), <http://www.asylumlawdatabase.eu/sites/www.asylumlawdatabase.eu/files/aldfiles/Darboe%20Camara%205072017%20final%20INTERVENTION%20ONLY%20as%20sent.pdf>; Age Assessment: Council of Europe member states' policies, procedures and practices respectful of children's rights in the context of migration <https://rm.coe.int/age-assessment-council-of-europe-member-states-policies-procedures-and/168074b723>; UNHCR – UNICEF: Safe and Sound <http://www.refworld.org/docid/5423da264.html>.

²⁵ Best Interest out of Sight – The Treatment of Asylum Seeking Children in Hungary, Hungarian Helsinki Committee, 2017, <https://www.helsinki.hu/wp-content/uploads/Bestinterestoutofsight.pdf>

²⁶ Report of the fact-finding mission by Ambassador Tomáš Boček, https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=090000168075e9b2#_Toc494960722

²⁷ UNHCR Chief visits Hungary, calls for greater access to asylum, end to detention and more solidarity with refugees, <http://www.unhcr.org/news/press/2017/9/59b809d24/unhcr-chief-visits-hungary-calls-greater-access-asylum-end-detention-solidarity.html>

²⁸ Article 37 of the 1989 Convention on the Rights of the Child

²⁹ Note that according to the UN Committee on the Rights of the Child, children should never be detained for reasons related to their or their parents' migration status. See para 5 of the Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return Right to liberty.

³⁰ <https://www.helsinki.hu/en/minimum-standards-required-in-the-transit-zones-on-the-hungarian-land-borders/>

³¹ <http://karitativtanacs.kormany.hu/index>

³² <https://www.helsinki.hu/en/info/>

specifically state that people persecuted because of their sexual-emotional orientation or gender identity can receive protection in Hungary, neither does it contain any reference to assistance to vulnerable women or LGBTI people.

Free-of-charge legal assistance in the transit zones is provided both by state-funded legal aid attorneys and attorneys contracted by the Hungarian Helsinki Committee. Asylum-seekers who wish to benefit from the services of HHC have to submit a written request to the asylum authority and wait until access to the HHC attorneys is granted. Following the first meeting, keeping contact becomes easier. Due to the asylum authority's delay in granting the first meeting between the HHC attorney and asylum-seeker and the fact that the first asylum interview usually takes place on the day of entry (in case of adult asylum-seekers), the HHC attorney is usually not able to be present at this crucial procedural act. In case of minors the situation is different, since their guardian also has to be present at the first interview and the case guardian has to be appointed within eight days. During that time, minors might also have the chance to meet the HHC attorney and decide whether they wish to be represented by HHC.

Basic health care is provided for all asylum-seekers in the transit zone. Nurses are present every day, while a general practitioner visits the transit zone three times a week. This doctor can refer patients for specialised treatment outside the transit zone, like pre-natal care or a gynaecological examination. A paediatrician contracted by the asylum authority is available twice a week for two hours in the transit zone. A general problem with health services lies in the fact that there is a lack of interpreters for medical examinations; therefore asylum-seekers often cannot communicate their health needs and they fail to understand medical instructions given.

In April 2017, the HHC received complaints from pregnant asylum seeking women in Röszke that they had been handcuffed when the police escorted them to the gynaecologist in the nearby city of Szeged. Recently, there have been no complaints in this regard, but one woman mentioned to the HHC attorney that the male police officer who escorted her to the gynaecologist stayed next to her during the entire examination.

There are many vulnerable asylum-seekers in need of **psycho-social and therapeutic assistance** in the transit zone. According to data shared by the asylum authority, members of the Charity Council provide some assistance in this regard from the Asylum Migration and Integration Fund (AMIF), but the HHC attorney reported³³ that the level of service provision is not sufficient, since these organizations do not have enough capacity to meet the needs of the asylum-seekers in the transit zones. The legal representative requested psycho-social support for several asylum-seekers, but for the lack of capacity the authority was not able to provide it. Since November 2017, the asylum authority employs a full-time psychologist, who provides assistance in both transit zones. This is an improvement, but interpretation is still lacking which would be necessary for this service. Also, Cordelia Foundation's expertise and decades' long experience could also be an asset to the asylum-seekers detained there.

Social workers in the transit zone deal mainly with the **material needs** of the asylum-seekers and are not required to identify and assess their special needs and vulnerabilities. There is no specialized training provided on how to deal with **LGBTI asylum-seekers, trauma survivors or victims of sexual and gender-based violence and abuse**. When social workers witness conflicts among the asylum-seekers within a sector, they usually request a different housing arrangement for them. For cases of domestic violence and abuse, there is no standard operating protocol either. Based on the answer provided by the asylum authority,³⁴ social workers are supposed to report such cases and the asylum authority has to make the necessary steps as prescribed by Hungarian law. **Solutions for problems are not standardized**, but are rather *ad-hoc* and depend on the personal capacities of the officer in charge.

The HHC attorney³⁵ witnessed a case of domestic violence, where a father with four children was beating his children. The oldest, 16-year-old daughter reported it to the social workers and the HHC attorney and asked that the children were separated from the father. At the daughter's request, the asylum authority transferred the children to the Fót Children's Home and the father remained in the transit zone. In this case domestic abuse was not identified by the social worker or by the authorities and the solution to this alarming situation was entirely dependent on the victim herself and the HHC attorney representing her. This exemplifies the impact of the lack of effective and standardised prevention and monitoring mechanisms.

³³ Interview with HHC attorney, Tímea Kovács on 9 October 2017

³⁴ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

³⁵ Interview with HHC attorney, Ms. Tímea Kovács on 9 October 2017

Another example showing a lack of staff preparedness is that of a family suspected to be HIV positive. Upon their admission to the transit zone, all the social workers dealing with them wore masks and gloves (!). The hospital results proved that they were all HIV negative, but this incident showed that the social workers did not have even basic knowledge about HIV and its transmission risks, and did not receive any guidelines on how to deal with such cases. Such treatment is degrading and stigmatizing.

Until September 2017, **no proper educational activities** were organised for children. Only activities aimed at very small children, organised by the social workers, took place once or twice a week, and only for few hours. There were no activities organized for teenagers or adults, therefore they had no opportunity to spend their time in a meaningful way. No specific activities were offered to women either.

According to the government, school started in the community rooms on 4 September 2017.³⁶ For children between the ages of 6 and 16 years, school attendance is obligatory. Despite that, the educational activities in the transit zones **do not follow a particular curriculum** and the daily programme is organized according to the age of those attending on a given day. According to the Hungarian legislation on public education,³⁷ the educational activities carried out in the transit zone are provided through a temporary licence, which does not oblige any school in Hungary to accept their certificate. In reality, this means that this is **not considered as school education** for the children.

Based on personal meetings with unaccompanied children who had participated in these educational programs the HHC came to the conclusion that this can hardly be perceived as effective education. Unaccompanied minors found them useful mostly because they had a sense of activity rather than dullness for a while during their arbitrary detention. Classes were not tailored or age-appropriate and teachers often lacked the necessary linguistic skills needed to teach effectively. Based on the observation of teaching materials handed out to unaccompanied minors who had been in the transit zone it could be seen that the classes mostly focused on enabling minors to say a few basic things in Hungarian. According to their statements, they were not using textbooks and were seemingly not following a detailed and carefully planned curriculum.

Member organizations of the **Charity Council** provide services in the transit zones, for which they each received 50 million HUF (appr. EUR 160 000) in 2017.³⁸ The Charity Council in their response to HHC's information request was not able to provide specific data about their assistance, the names of involved organizations and their services and the frequency of service provision. The response only listed what services are provided, which are: first-aid, activities for children, psychosocial counselling, interpretation and tracing services (helping to find family members in other countries). These services are provided regularly and organizations are present in both transit zones on a weekly basis. They also hand out donations on a needs-basis, which includes preservable food products, hygienic products and clothes. Regarding their target group, the answer stated their "services are universal and independent of the gender, race and religion of its recipient".³⁹ Therefore, no information could be provided regarding specific services aimed at the target group of this research.

In 2017, the International Organization for Migration (IOM) was also present in the transit zones twice a week, as part of their project activities, which included data collection on the migratory route of asylum-seekers (Displacement Tracking Matrix⁴⁰), data collection from children, individual counselling⁴¹ and voluntary return counselling.⁴² Data provision by the asylum-seekers in all these activities is voluntary. As a result of the questionnaire taken with children, vulnerabilities may become known to IOM staff conducting the interview, who can then inform the head of the transit zone. Based on the information provided to HHC it seems that the asylum authority has no referral mechanism in place to deal with such notifications and it is not clear what follow-up is made in such cases.

³⁶ p. 87 <http://www.asylumineurope.org/reports/country/hungary>

³⁷ Article (9) of 90 of CXC /2011 on Public Education, <https://net.jogtar.hu/jogszabaly?docid=A1100190.TV>

³⁸ Information provided by the Charity Council at the data request of HHC, 17 October 2017

³⁹ Information provided by the Charity Council at the data request of HHC, 17 October 2017

⁴⁰ <http://www.globaldtm.info/>

⁴¹ <http://www.iom.hu/childprotection/counselling>

⁴² Interview with the Head of IOM in Hungary, Balázs Lehel on 9 October 2017

Recommendations

- End the automatic detention of asylum-seekers, especially of those with special needs;
- Devise and implement a practical early identification mechanism that identifies vulnerable asylum-seekers;
- Provide specialized training for case workers and other service providers in the transit zone on sexual and gender-based violence;
- Develop the possibility for an alternative placement arrangement that is able to cater for individual needs within the transit zone;
- Devise standard operation protocols for a variety of situations that can occur in the transit zone instead of the *ad-hoc* solutions currently in place; in particular, adopt, with the help of specialized civil society actors, a standard operational protocol for preventing and handling cases of sexual and gender-based violence;
- Map the particular accommodation, care and safety-related needs of women and LGBTI asylum-seekers with the help of specialized civil society actors;
- Allocate a separate, safe environment within the transit zone for single women and LGBTI asylum-seekers, based on a case-by-case needs assessment;
- Provide interpretation services outside the asylum procedure for interaction with nurses, doctors, psychologists and social workers;
- Train staff working in the transit zones, including nurses, social workers, asylum authority staff, guards and police officers on the special needs of women and LGBTI asylum-seekers; appoint a specifically trained staff focal point for dealing with these cases.

b.) Fót Children's Home

Statistics

In 2017, **232 unaccompanied asylum-seeking children** sought asylum in Hungary. As described in detail above, the 28 March 2017 amendments further extended the criteria⁴³ for proclaiming a so-called "mass migration crisis". The Child Protection Act was also amended, taking unaccompanied minors above the age of 14, during a mass migration crisis, out of the scope of the Act for the duration of the entire asylum procedure (once the procedure ends, they fall back under the scope of the Child Protection Act).⁴⁴ The changes allow for the massive detention of children, a measure that is unconstitutional⁴⁵ and is clearly not in the best interest of children. As a result, between 1 April and 31 December 2017, **100** unaccompanied minors were detained in the transit zones. After 28 March 2017, the Fót Children's Home could host only a) unaccompanied asylum seeking minors below 14, b) unaccompanied minors who had already received protection following their release from the transit zones and c) those that had received a final negative decision in the transit zone and are therefore under an alien policing (return) procedure.

On 10 April 2017, the Children's Home hosted 32 unaccompanied asylum seeking children. The vast majority of them were 14-17 years old, and there were also two children between 10 and 13 years of age. The majority of children were from Afghanistan, others came from Pakistan, Syria, Egypt, Somalia and Iran.

By the end of 2017, the average number of inhabitants in Fót decreased to 25-30 and with a higher percentage of younger inhabitants than before, as a result of the amended legislation. Between 28 March and 19 October 2017 altogether 143 minors were accommodated in the Children's Home, out of which only 9 were girls.⁴⁶ A change can be observed regarding the status of the minors accommodated in Fót in 2017 as well since 70-80% of them had already received protection and only a small portion consists of asylum-seekers.

The below table summarizes the decisions made in 2017. At the end of 2017 there were 36 cases pending before the asylum authority, all of them lodged in 2017:

Decisions made in 2017- Applications lodged by unaccompanied minors

	Application filed in 2016	Application filed in 2017
Refugee status	1	0
Beneficiary of subsidiary protection	0	58
Rejection	2	15
Termination	80	123

Usually the fluctuation of children is relatively high at this facility. This fact is illustrated by the high number of cases terminated in 2017. Many of the minors move on from the Children's Home within a few days following their arrival, and only regard it as a stop-over on their way towards Western Europe. Although the HHC was informed that smugglers disappeared from around the premises, they visibly still have access to the children through alternative channels.

Conditions

Fót is a small town just a few kilometres from Budapest. It hosts the Károlyi István Children's Home, which is the only place which hosts unaccompanied asylum seeking children in Hungary. According to the Asylum Act, unaccompanied minors are not placed in a reception centre managed by the asylum authority, but in a specific children's home. This means that the body responsible to ensure adequate reception conditions and the operation of the facility is not the Immigration and Asylum Office, but the Directorate-General for Social Affairs and Child Protection (SZGYF), which is supervised by the Ministry of Human Resources (EMMI). This organisational framework also signals the intention to integrate unaccompanied minors into the mainstream Hungarian child welfare system.

⁴³ Section 80/A (1) (c) of the Asylum Act

⁴⁴ Section 4 (1) (c) of the Child Protection Act

⁴⁵ The letter of the Hungarian Helsinki Committee to János Áder, President of Hungary, dated 10 March 2017 http://www.helsinki.hu/wp-content/uploads/Normakontroll_20170310.pdf

⁴⁶ Information provided by the Directorate-General for Social Affairs and Child Protection at the data request of HHC, 9 November 2017

The Home for unaccompanied minors consists of **three buildings**, two of which are functional at the time of writing (Building A and Building B). One has been out of use since September 2016, because of the decreasing number of children, except for a short period of time in 2017, when it was temporarily put back to use due to water leakage in Building B. Despite the low number of children, it would be important to make this third building operational. This is unfortunately impossible due to shortage in staff and the uncertainty surrounding the future of the facility.

Building A is part of a larger complex and, despite being old; it is neat and tidy inside. This building accommodates both girls and boys, where girls have a separate room with a bathroom. Children accommodated here are all younger than 18, and once they turn 18; they will be transferred to one of the aftercare homes. The kitchen of Building A has recently been renovated and modernized. One of the rooms was converted into a communal place and merged with the kitchen, which resulted in a modern community room with pleasant and welcoming cooking and resting facilities.

The other house, Building B consists of two wings (Wing 1 and Wing 2) and each wing has two floors. The ground floor of Wing 2 is used for hosting newly arriving children until they are given their permanent rooms. The ground floor of Wing 1 consists of the dining hall and the kitchen, where lunch and dinner are served. The rooms where children are permanently accommodated can be found on the first floor in both wings.

Building B was more recently built than Building A, though since it hosts a much larger group of children, it is visibly in worse condition. At the same time, the result of attempts by the local staff to make it more friendly and welcoming is clearly visible. The building has two spacious balconies, both of which are very popular with the children.⁴⁷

Each room contains two beds, two lockers and one or two sets of drawers and two shelves on the walls, where children can place their properties. Staff members try to arrange children into rooms based on their nationality. There have been cases in the past (2015-2016) when this was not always feasible. This, however, has not been witnessed as a problem in 2017, because the number of children arriving has drastically decreased, especially since the entry into force of the previously presented legal amendments (as of 28 March 2017).

Based on the information provided by the Directorate-General for Social Affairs and Child Protection there is no standard protocol in place at the Fót Children's Home to assess the vulnerability and the security concerns of the newly arriving asylum-seekers. Girls are assigned separate rooms with a bathroom, thus ensuring their security. As part of the reception protocol girls receive a session of sexual education from the staff of the facility within the first 24 hours of their arrival.⁴⁸

In the HHC's experience,⁴⁹ despite the lack of a protocol, staff at the facility do their best to find separate and adequate arrangements for girls and younger children. At the same time, the appearance of younger children in higher numbers does represent a challenge. The facility is not prepared to cater for the needs of younger children and, despite all genuine efforts; the lack of effective separation of children under 14 inevitably generates problems. Younger children are assigned separate rooms; still they are on the same corridor with older ones, those above 14. Children below 14 and teenagers around 16-18 lead very different lifestyles and more mature teenagers can disturb younger children even without intending to, as it happened in the below-described case.

An 11-year-old Afghan boy reported that the older boys regularly took his money and made him do their shopping. Thanks to the HHC's intervention, he could be placed elsewhere and, after some time, this problem was resolved.

Accommodating girls of mixed age-groups at the same facility can lead to problems as well, but according to the HHC's information and experience this has not occurred in the Children's Home. Regarding the situation of LGBTI children there was no information available.

⁴⁷ See also: HHC, Best Interest Out of Sight - The Treatment of Asylum Seeking Children in Hungary, 17 May 2017, available at: <http://bit.ly/2nMWtrs>

⁴⁸ Information provided by the Directorate-General for Social Affairs and Child Protection at the data request of HHC, 9 November 2017

⁴⁹ Interview with HHC lawyer, Zsolt Szekeres on 8 November 2017

What currently causes the **gravest concern** regarding the accommodation of unaccompanied children is that the government announced the **closure of the Children's Home** in Fót by mid-2018.⁵⁰ Despite the proximity of the planned closure, a clear schedule has not yet been drawn up and neither children staying there, nor the staff have been consulted or informed on the possible implications it may have on their lives. This uncertainty impacts all in the Children's Home. Based on government communication so far it appears that unaccompanied minors will most probably be **relocated to Aszód, to a territory currently belonging to a juvenile detention centre**.⁵¹ The conditions in Fót are satisfactory, the staff performs their tasks with professionalism and good will, and children have access to the services of several NGOs and schools in Budapest. As a consequence of the planned relocation, all these achievements will be lost and the conditions of unaccompanied minor asylum-seekers and refugees, including girls as well, is likely to deteriorate.

Services

The Fót Children's Home is in a **unique position**, since several organizations provide services for the children on their premises on a regular basis. These services cover non-formal education, language learning, legal counselling, psycho-social counselling and individual integration counselling.

There is **no separate or additional information material** specifically tailored for children or girls. Similarly to the situation in the transit zones, the information material distributed by the authorities does not specifically state that people persecuted because of their sexual-emotional orientation or gender identity can receive protection in Hungary, neither does it contain any reference to assistance to vulnerable girls or LGBTI children. However, an HHC attorney and an HHC lawyer visit the Children's Home on a weekly basis and provide **legal information and counselling** with the help of interpreters. The HHC also provides **legal representation** to unaccompanied minors following the consent of their appointed legal guardian. In addition to this, the Menedék Association also holds **group sessions for teenage girls**, where they provide specific information tailored to the needs of this group. SOS Children's Villages offers **individual counselling** sessions for children who already received international protection.

On-site nurses and a local paediatrician provide basic health care in the Children's Home. The doctor visits the Home every day, from Monday to Friday and can refer patients for specialized treatment to Heim Pál Children's Hospital in Budapest. The Children's Home employs psychologists, to whom children can turn.⁵² At the same time, **psycho-social assistance** is provided by the Cordelia Foundation and SOS Children's Villages on a weekly basis, too. The children know and trust these psychologists, as they visit them on a regular basis, and willingly share their problems with them.⁵³

IOM provides individual counselling in Fót on a regular basis, within the framework of the same project that is implemented in the transit zones.⁵⁴ In case the IOM staff taking the questionnaire or providing counselling becomes aware of any vulnerabilities, they will turn to the Cordelia or SOS Children's Villages psychologists working with the children in the facility.

The Public Education Act provides for **compulsory education** (kindergarten or school) to asylum seeking and refugee children staying in Hungary, under the age of 16. Children have access to kindergarten and school education under the same conditions as Hungarian children.⁵⁵ Due to the 16-year age limit, asylum-seeking children above this age are not offered the possibility to attend school, until they receive a protection status. NGOs, such as the Menedék Association, offer alternative forms of education to children who are not yet enrolled in school.

Unaccompanied children in Fót attend the Than Károly Secondary School or the Bródy Imre Secondary School in Budapest. Children attending the Bródy Imre School reported that they only have access to school two days a week, although they would like and need to learn more. In addition, several children were not issued the necessary documentation for schooling. Children hosted in Fót find it **hard to enrol in formal education** for a number of reasons, such as the delays in providing them with documents (e.g. an ID card) and the lack of available capacity in the few schools which accept unaccompanied minors. The increasing number of **very young unaccompanied minors** also places a heavy burden on the educational system and sheds light on systemic shortcomings such as the **lack of an elementary school willing and**

⁵⁰ <http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma/szocialis-ugyekert-es-tarsadalmi-felzarkozasert-felelos-allamtitkarsag/hirek/atalakul-a-foti-gyermekvaros>

⁵¹ Government Decree 528/2017. (XII. 29.)

⁵² Information provided by the Directorate-General for Social Affairs and Child Protection at the data request of HHC, 9 November 2017

⁵³ Interview with HHC lawyer, Zsolt Szekeres on 8 November 2017

⁵⁴ <http://www.iom.hu/childprotection/counselling>

⁵⁵ Section 45(3) Act CXC of 2011 on Public Education

able to enrol young asylum seeking children. Moreover, if the asylum seeking child has special needs, they rarely have access to special education because of the language barriers.⁵⁶

The Menedék Association provides basic **social and language skills education** on a daily basis for all children who choose to attend their sessions. Those children who show willingness to learn Hungarian and to study in general are then later enrolled into formal education. SOS Children's Village provides **designated teachers** who work at the Than Károly School, so that children who are motivated and already possess basic language skills in Hungarian and English are able to enrol in the school's formal education programme.

Unaccompanied asylum-seeking children are entitled to **aftercare services** under the same conditions as Hungarian children in state care, but only if they are granted international protection *before* they turn 18, since asylum-seekers without a protection status are not entitled to such services. Given the fact that the majority of these children are between 15 and 18, the long duration of the asylum procedure can often jeopardise their access to aftercare services. Under the Child Protection Act, aftercare services provide accommodation; financial support and some limited personal assistance until the age of 24, provided that the beneficiary is still studying after turning 18.⁵⁷

In the Children's Home several NGOs provide non-formal education sessions, Hungarian language classes and **community programmes** on a regular basis, which make this facility a unique and lively place.

Recommendations

- Diversify the allocation of children into groups after the initial period and create groups based on age and gender. The formation of four different groups as a minimum would be ideal:
 - Girls above 14
 - Boys above 14
 - Children below the age of 14
 - Children in crisis situation
- Provide adequate and specialized training for teachers, carer-givers working with foreign children;
- Provide interpretation services outside the asylum procedure for interaction with carers, nurses, doctors, psychologists and social workers;
- Provide a basic language course for staff working with foreign children to enable them to carry out a simple conversation in English and say/understand a few keywords in the languages typically spoken by the children (e.g. Persian);
- Guarantee that children are enrolled into regular schools as soon as possible after their arrival;
- Legal guardians responsible for foreign children should have a smaller workload (fewer children assigned) so that they could have a more meaningful and active role in the children's lives;
- Staff of the Children's Home, legal guardians and NGO staff working with the unaccompanied minors should continue to have regular roundtable consultations facilitating their everyday work.

⁵⁶ p. 71 <http://www.asylumineurope.org/reports/country/hungary>

⁵⁷ Section 93(2b) Act XXXI of 1997 on Child Protection

III. The integration of women and LGBTI beneficiaries of international protection

a.) Vámoszabadi Reception Centre

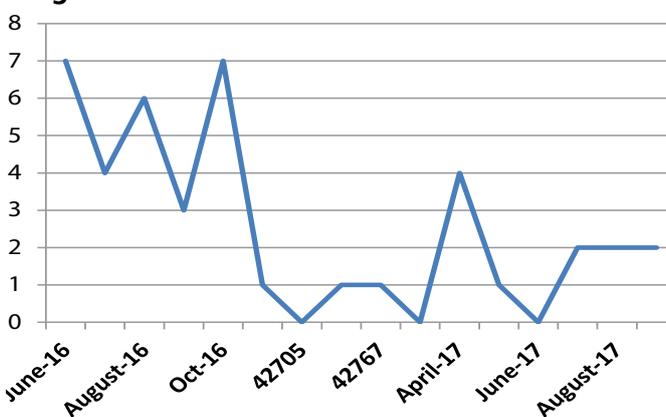
Statistics

Beneficiaries of international protection are usually accommodated at the open reception facility in Vámoszabadi. The maximum capacity of the Vámoszabadi reception facility is 210. Due to the arbitrary limitations imposed by the Hungarian government on access to the asylum procedure, fewer and fewer beneficiaries of international protection inhabit the building. During the time-frame of the research (1 June 2016 - 31 December 2017) the number of single women accommodated in Vámoszabadi also decreased:⁵⁸



As of June 2016, the Hungarian government reduced from 60 to 30 days the maximum length of stay in open reception centres following the grant of international protection.⁵⁹ This fact and the impact of automatic detention imposed on asylum-seekers since 28 March 2017 resulted in a shorter average stay at the reception facility. Whereas in 2016 beneficiaries of international protection spent **two months on average** in Vámoszabadi, in 2017 they usually left within **10-11 days**.⁶⁰ Social workers explained that although they did try to convince families to at least wait for their ID cards, they were simply too traumatized by their long detention in the transit zone and afraid to lose their liberty again, thus they decided to move on despite the lack of documents and proof of their protection status. At the end of 2017, **57** beneficiaries of international protection were living in the reception centre.⁶¹

Single women in Vámoszabadi



Conditions

The reception centre is situated outside Vámoszabadi, a small town, a few hundred metres away from the Slovak border. It is a three-storey-high pre-manufactured building, which used to serve as one of the barracks of the Soviet troops stationed in Hungary. Beneficiaries of international protection are accommodated in small apartment units, which consist of two separate rooms and a shared bathroom. Although the facility has been renovated, shower and toilet facilities raise hygiene-related concerns. Since not all doors are lockable privacy is not guaranteed in every apartment unit.⁶²

Although there is no separate part assigned for women and vulnerable asylum-seekers, they can be accommodated in separate rooms or units.⁶³ Unless the facility is overcrowded, which was not the case in 2016-2017, this would not cause a problem. Unfortunately, the physical set-up of the reception facility does make the separation of a corridor or a part of the building possible and there is no monitoring mechanism in place that could ensure the safety of women and other vulnerable asylum-seekers in their actual living arrangement.

⁵⁸ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

⁵⁹ Article 32 (1) of the amended Asylum Act

⁶⁰ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

⁶¹ p.67 <http://www.asylumineurope.org/reports/country/hungary>

⁶² Interview with HHC attorney, Szabolcs Sánta on 8 November 2017

⁶³ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

The HHC knows a gay asylum-seeker who resided in Vámoszabadi in 2017 and complained of verbal harassment by the security guards. In 2015-2016 when the facility was more crowded transgender clients of HHC complained several times of harassment by other residents of the facility. Unfortunately, none of these cases were resolved by the asylum authority but by the clients' decision to leave the facility.

Services

The most dramatic change in the field of integration is **the state's complete withdrawal from the provision of integration assistance** on 1 June 2016. As a consequence, refugees and beneficiaries of subsidiary protection are obliged to move out from the reception centre where they are accommodated already a month after their status has been granted, and **do not receive any support for their integration** (financial benefits, accommodation or housing allowance, language course, etc.).

Following the state's withdrawal from integration assistance, the resources of the **European Union's Asylum, Migration and Integration Fund** (hereinafter: AMIF) have become the major source for securing the funding for NGOs providing integration assistance. The last call for proposal for the AMIF was announced on 8 December 2017. On 24 January 2018,⁶⁴ **the government withdrew its call relating to 13 areas**, several of them related to integration services. These areas include the provision of assistance to unaccompanied minors; legal assistance; psycho-social assistance; housing assistance; training for professionals and the monitoring of returns. Consequently, AMIF-funded crucial integration services provided by NGOs to refugees will stop in June 2018.

Recognized refugees and beneficiaries of subsidiary protection are allowed to stay in the reception centre for 30 days after the recognition of their status.⁶⁵ Besides accommodation, they are entitled to three meals a day during their 30-day stay.

The HHC is aware of an asylum seeking woman residing in Vámoszabadi with her small child who only has the right to reside in the reception centre as this is not her first asylum application, but is denied food in kind or a financial allowance. She has been in Hungary since 2017 and therefore could remain in this open facility and was not transferred to the transit zone. At the same time, the rule that food is only provided for those asylum-seekers who are awaiting the result of their first asylum application, applies to her as well. This woman can only count on the help of NGOs' services and on volunteers when it comes to the provision of food and basic hygienic items.

Similarly to the other detention and accommodation facilities for asylum-seekers, there is **no mechanism in place to identify, assess and prevent protection risks** for women and LGBTI refugees in Vámoszabadi. Also, there is **no tailored information provision** for women or any other group with special needs. They can benefit from the same services as other beneficiaries of international protection.⁶⁶

Basic health care is provided in the facility and the paediatrician visits the reception centre twice a week. For specialized treatment, refugees are referred to the nearby hospital (gynaecologist, pre-natal care, etc.). Similarly to other venues, beneficiaries of international protection complain about the lack of interpretation services when accessing medical services. In Vámoszabadi, within the framework of a project SOS Children' Villages could ensure for a limited period of time the availability of interpreters, thereby facilitating people's access to medical services. However, after June 2018 this service will no longer be available.

Access to **education** for school-age children in Vámoszabadi was problematic in 2015 but in 2016-2017, due to the extremely short stay of refugee families, this issue did not emerge in practice.

Residents of the Vámoszabadi reception centre no longer have access to **legal assistance** within the facility, since the attorney of the Hungarian Helsinki Committee is not allowed to have regular office hours within the building since June 2017.⁶⁷ Refugees can meet the HHC attorney in front of the building (as shown in the photo) or by appointment at the HHC's office in Budapest.



⁶⁴ <http://belugyialapok.hu/alapok/menekultugyi-migracios-es-integracios-alap/tajekoztatas-palyazati-kiirasok-visszavonasarol-20180124>

⁶⁵ Section 41(1) Asylum Decree

⁶⁶ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

⁶⁷ <https://www.helsinki.hu/wp-content/uploads/termination-of-agreements-summary.pdf>

Social workers employed by the asylum authority and working in Vámoszabadi ask people about their future plans. In their work they are assisted by interpreters four days a week. For those who wish to stay in Hungary, they provide assistance in searching for housing.⁶⁸ NGOs and church-based organizations take part in providing actual **housing services** for beneficiaries of international protection, among them are the Evangelical Lutheran Church,⁶⁹ Kalunba Charity⁷⁰ and the Hungarian Baptist Aid.⁷¹

In addition to that, the Menedék Association⁷² provides integration services (social assistance and intercultural mediation) through the **weekly presence** of their mobile team. They also organize **Hungarian classes** twice a week in Győr, which is the closest city. They also organize a **Club for Mothers** – supported by UNHCR – which is the only tailored programme for women residing in this facility.

Psycho-social counselling is provided by Menedék Association and by the Cordelia Foundation,⁷³ whose psychologists were present in Vámoszabadi on alternate weeks until June 2017, and since then on a weekly basis. The therapeutic activities of the Cordelia Foundation include verbal and non-verbal, individual, family and group therapies, and psychological counselling.

A small group of **volunteers** also assist the residents of the reception centre with food items, hygienic products and clothes upon request. In their experience there were very few people in Vámoszabadi in 2017 and they usually left the facility within a short period of time. Unfortunately, there were even fewer who wanted to stay in Hungary. The volunteers would be interested in facilitating the refugees' integration with helping them find jobs and places to live, but there is hardly any need for this generous offer. They also organize programmes in Győr for the residents, which included in 2017 sessions on entrepreneurship for adults and visiting the zoo or learning how to juggle for the children.⁷⁴

In the Vámoszabadi reception facility **no specialized services were available to LGBTI beneficiaries of international protection** during the researched timeframe. Most services at the facility are funded by European Union's Asylum, Migration and Integration Fund (AMIF) and due to the fact that the current funding cycle ends in June 2018, after that time beneficiaries of international protection will most probably be left without assistance.

Recommendations

Very few beneficiaries of international protection – among them women and LGBTI people – decide to stay in Hungary, which is, in great part, due to their traumatic experiences from the transit zones and the extremely limited integration assistance available to them. Therefore, the following recommendations are made, which could improve their chances of successful integration:

- Provide social counselling, information provision, intercultural mediation and community programmes in the reception facilities;
- Secure Hungarian language courses which take into consideration the special needs of women refugees (e.g. child care during the lessons, etc.);
- Make housing programmes available for people with international protection;
- Provide full-scale employment assistance;
- Create channels for enhancing interactions between refugees and the local community in order to reduce xenophobia and thus contribute to a more welcoming society in Hungary;
- The Hungarian government's publicly funded xenophobia campaign, on-going since 2015, must immediately stop.

⁶⁸ Information provided by the Immigration and Asylum Office (IAO) at the data request of HHC, 7 November 2017

⁶⁹ <http://www.evangelikus.hu/c%3%ADmk%3%A9k/menek%3%BCltmisszi%3%B3> <http://neweasterneurope.eu/2017/10/15/hungarian-lutheran-churches-open-door-refugees/>

⁷⁰ <http://kalunba.org/>

⁷¹ <http://domestic.hbaid.org/>

⁷² <http://menedek.hu/en>

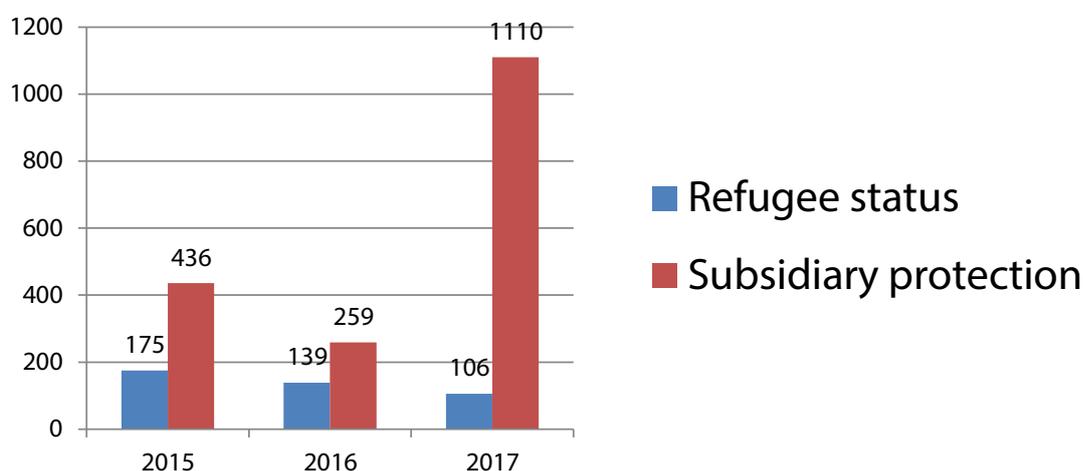
⁷³ <http://www.cordelia.hu/index.php/en/>

⁷⁴ Interview with a volunteer on 11 January 2018

b.) Budapest

Statistics

The target group for the services discussed in this chapter are those beneficiaries of international protection who decided to stay in Hungary and to start a new life in this country. Below is a chart showing the number of people who received international protection during the last three years. Based on estimates, only a small fraction of them remained in Hungary and could benefit from the integration assistance offered by non-state actors.



Services

Although Hungary's Migration Strategy⁷⁵ clearly sets out as its goal the provision of assistance to beneficiaries of international protection and the fostering of a tolerant and open host society, the political direction of the current government is utterly different. Hungary, as a host society, witnessed **three massive, state-funded xenophobic propaganda campaigns⁷⁶ during the period of 2015-2017**, undermining the aim of fostering a tolerant society. The first one was initiated on 11 February 2015 following the Paris terrorist attacks when a so-called "national consultation"⁷⁷ questionnaire sent out to every household linked migration to terrorism. This was followed by a national referendum, on 2 October 2016, on relocation and the "Let's stop Brussels campaign"⁷⁸ inciting fear and hatred against migrants and misrepresenting the subject in the national media. 2017 has witnessed an attack not only on migrants but also on civil society assisting them. Another "national consultation"⁷⁹ was launched on the so-called "Soros plan", generating hate and fear⁸⁰ and further complicating the integration of refugees and the operations of NGOs assisting them.

The following summary shows what types of services are offered by **NGOs and church-based organizations** which assist beneficiaries of international protection with their integration and how these organizations strive with their limited and often unstable resources to cater for refugees and beneficiaries of subsidiary protection in an extremely hostile political environment.

Organizations providing integration services can be found in Budapest mostly, since most of the refugees and beneficiaries of international protection move to the capital if they decide to stay in Hungary. Budapest offers more possibilities both for housing and employment than any other city in Hungary. The information below was provided by the organizations themselves and is grouped by types of services, with the names of service providing organizations in alphabetical order under each heading. Women and LGBTI beneficiaries of international protection can access all general services listed first, while specialized, tailor-made services for these groups can be found after the listing of general services.

⁷⁵ http://belugyialapok.hu/alapok/sites/default/files/MMIA_.pdf

⁷⁶ <http://helsinki.hu/wp-content/uploads/Asylum-2015-Hungary-press-info-4March2015.pdf>

⁷⁷ <http://www.kormany.hu/en/prime-minister-s-office/news/national-consultation-to-be-launched-on-illegal-immigration>

⁷⁸ <https://www.politico.eu/article/hungarys-lets-stop-brussels-survey/>

⁷⁹ https://bbj.hu/news/national-consultation-on-soros-plan-extended_142127

⁸⁰ https://www.washingtonpost.com/news/worldviews/wp/2017/11/08/hungary-accused-of-hatemongering-in-national-survey-targeting-george-soros/?utm_term=.228086fe551c

Housing services:

The Baptist Centre for Integration⁸¹ has since June 2016 provided housing for 120-130 beneficiaries of international protection in their seven facilities, including a temporary home for families and several homeless shelters for single people.

BMSZKI⁸² (Budapest Centre for Methodology and Social Work) has provided accommodation for 65 refugees (100 people together with their family members) within the framework of their AMIF-funded activity, which runs from August 2016 to 30 June 2018, in collaboration with SOS Children's Villages Hungary.⁸³ The programme assists people with finding an apartment and paying their rent and utilities in a way that once the support ends, refugees were able to continue paying for their own accommodation. A 6-month follow-up is also part of the programme.

The Evangelical Lutheran Church⁸⁴ has since the summer of 2016 provided housing arrangements to 250 beneficiaries of international protection and their family members. These families also receive donations on a regular basis and tickets for public transportation. In addition to providing services in Budapest, they can also offer housing in Nyíregyháza.

The Kalunba Charity⁸⁵ operates a complex integration assistance service that includes housing services, employment assistance, language learning, a programme facilitating school access for children and donations. Within the framework of their housing assistance they also offer the possibility to learn Hungarian to 200 beneficiaries with the help of AMIF projects that will end on 30 June 2018.

Labour market access:

The Artemisszió Foundation,⁸⁶ in collaboration with the Menedék Association,⁸⁷ has been active in a labour market integration project for two years, assisting 120 people with internships, Hungarian courses, labour market courses, consultation and competence testing.

The Kalunba Charity has provided counselling to 150 beneficiaries of international protection and has found jobs for 100 people since the summer of 2016. This included preparing beneficiaries of international protection for the job interview and helping them, once they are employed, learn the actual tasks.

The Maltese Charity⁸⁸ has been managing a complex labour market integration programme since 1 January 2017, with 126 beneficiaries so far. They assist both the foreigners and the future employers, and help the newly employed foreigner settle in the work environment. Individual mentoring and career consultations are also offered to the foreigners, while employers also receive information and assistance.

Mighelp⁸⁹ (Migrants' Help Association of Hungary) provides training that facilitates access to the labour market. The training sessions cover computer science, Hungarian language, drivers' education and care for elderly people and young children. Since 1 June 2015, around 550 people benefited from their services. In 2017, they also organized a gender-specific integration training.

Hungarian language learning:

The Baptist Centre for Integration provides Hungarian classes through their social workers. They also have a large pool of volunteers, who can give individually tailored private lessons. The social workers also inform refugees about the availability of Hungarian courses offered by other organizations.

The Converzum Language School⁹⁰ offers Hungarian language courses. Since 1 June 2016, around 400 foreigners benefited from their courses. In order to facilitate access to the courses, care for children above 3 is available during the language course.

The Kalunba Charity provides Hungarian lessons both for the adults and children of the families that they assist.

⁸¹ <http://www.baptist.hu/tag/baptista-integracios-kozpont/>

⁸² <https://www.bmszki.hu/en/about-us/accommodations>

⁸³ <https://www.sos-childrensvillages.org/where-we-help/europe/hungary>

⁸⁴ <http://lutheran.hu/?language=en>

⁸⁵ <http://kalunba.org/>

⁸⁶ http://artemisszio.blog.hu/2014/06/17/about_us_237

⁸⁷ <http://menedek.hu/en>

⁸⁸ <https://maltai.hu/tevekenyseg/intezmeny/318>

⁸⁹ <http://mighelp.hu/>

⁹⁰ <http://converzum.business.site/>

The Menedék Association organizes Hungarian classes for beneficiaries of international protection through their volunteers.

Psycho-social counselling:

BMSZKI (Budapest Centre for Methodology and Social Work), the Kalunba Charity and the Menedék Association can provide psychological assistance for the families who receive their services.

The Cordelia Foundation⁹¹ offers psychological assistance in Budapest in addition to being regularly present in the Fót Children's Home and in Vámoszabadi. They work with the help of interpreters. Since 1 June 2016, they have assisted 1252 people at all venues of their operation.

School enrolment:

The Kalunba Charity provides classes for school-age children, which facilitate their entry into the regular school system. They also assist families with finding schools for their children.

The Menedék Association assists with the school integration of refugee children and works with the school staff, as well, through training and counselling.

SOS Children's Villages Hungary provides training for the teachers of Than Károly secondary school and employs two teachers specialized in teaching Hungarian as a foreign language to prepare the foreign children for joining regular classes. A psychologist and an interpreter visit the school once a week to help beneficiaries of international protection. Also, there is a drama class with the ninth-graders in order to facilitate tolerance, acceptance, cooperation and the integration of refugee students.

Family reunification:

The Hungarian Helsinki Committee⁹² (HHC) provided legal counselling and/or representation to 80 beneficiaries of international protection to be reunited with their families in 2017. With the HHC's assistance, 11 refugees could bring their families to Hungary in 2017, meaning a chance to start a new life in safety for altogether 30 family members the majority of them being women and children.

The International Organization for Migration⁹³ (IOM) provides assistance in family reunification cases as part of their AMIF-funded project activity. Their expertise extends to organizing the travel, the necessary visas and medical examinations and financially supporting the families with these services. Since the summer of 2016 they have been working with 19 families and more than half of them have successfully reunited in Hungary.

Community programmes:

The Artemisszió Foundation has been active for many years now in building an intercultural community, bringing refugees and other foreigners and the host society closer and bridging the gap between the communities. At the end of 2017, there were over 160 people (both foreigners and members of the host society) in their intercultural group, meeting regularly.

The Menedék Association organizes community programmes on a regular basis, including sport activities, cooking and activities for children.

Food and clothes donations:

The Baptist Centre for Integration hands out donations (both food and non-food items) in cooperation with other organizations and private donors.

The Evangelical Lutheran Church provided donations on 6-8 occasions in Budapest during the past year, as well as "crisis packages" that include hygienic products for women.

The Kalunba Charity provides donations on a regular basis, containing food, clothes and hygienic products.

The Maltese Charity provided clothes donations during the research period.

SOS Children's Villages Hungary provides donations for mothers, which contains baby food, diapers and hygienic pads. It also offers an opportunity to consult a female gynaecologist, with the help of an interpreter.

⁹¹ <http://www.cordelia.hu/index.php/en/>

⁹² <https://www.helsinki.hu/en/>

⁹³ <http://iom.hu/>

Organizations providing case-work

BMSZKI (Budapest Centre for Methodology and Social Work) provides complex services through its social workers: housing services, help with accessing the labour market, organizing community programmes, psychological assistance and school enrolment help for children.

The Evangelical Lutheran Church provides counselling (social, legal, health-related and psychological) to the families who benefit from their housing services. These families receive vouchers once a month and, in case of need, they can also get medicine and attend Hungarian classes through the volunteers of the organization.

The Kalunba Charity provides case work and complex services for the families and single beneficiaries of international protection, whom they assist with their housing arrangements.

The Menedék Association provides complex services for a very high number of beneficiaries of international protection through case-work, psycho-social counselling, labour market integration, school integration assistance for children and community programs. During the period of 1 June 2016 - 31 December 2017 they have assisted over 334 beneficiaries of international protection.

Tailored services for women

The Artemisszió Foundation organized creative classes for women on a weekly basis between October 2016 and May 2017, with the help of a Spanish art therapist volunteer, benefitting over 30 women, including refugees as well.

BMSZKI (Budapest Centre for Methodology and Social Work) started an art therapy group for refugee women in September 2017, which meets once a week for a two-hour session.

The Converzum Language School offers baby-sitting services during their Hungarian language courses for the mothers of children who are older than three.

The Kalunba Charity does not consider necessary to offer specialized services for women, arguing that women refugees do not have special needs and that the most important asset for women with small children is a sustainable family.⁹⁴

The Menedék Association organizes regular meetings for a women's group, has a sewing class and women-only yoga lessons are also available.

Mighelp (Migrants' Help Association of Hungary) organized a gender-specific integration course in 2017. Since 2016, there have been two courses aiming at facilitating the access of women to the labour market: one on caring for elderly people and another on day-care for children. The organization also helped establishing a new migrant women's organization in Hungary.

Tailored services for the LGBTI community

The Háttér Society⁹⁵ operates a phone hotline to assist LGBTI people, which is available in English, but they did not have any request for help from the refugee community during the past year. They also offer **legal assistance** for LGBTI persons (and among them refugees) and in that capacity they have provided help to five trans beneficiaries of international protection in **accessing health services** since the summer of 2016. In addition to that, the Háttér Society offered to one trans refugee assistance in changing his name and for another person living in a homeless shelter they tried to find an employment. The organization is also active in **awareness-raising programmes** and **sensitizing activities** for the staff members of the Victim Support Service⁹⁶ operated by the Ministry of Justice.

The Transvanilla Association⁹⁷ has provided assistance to two transgender beneficiaries of international protection since 1 June 2016, through individual counselling. Their expertise covers mainly legal questions and health services.

Recommendations by organizations for services needed for women and LGBTI people

The Artemisszió Foundation believes in the importance of mentoring programmes for women, in employing intercultural mediators and creating women's groups, which are active in empowerment.

The Baptist Centre for Integration believes that for single mothers building a social network is especially important, since they will need to organize their lives alone after moving out of the Baptist Home and

⁹⁴ Interview with Balázs Acsai, Kalunba Charity on 10 January 2018

⁹⁵ <http://en.hatter.hu/>

⁹⁶ http://igazsagugyihivatal.gov.hu/download/e/00/81000/leporell%C3%B3_turist%C3%A1k_nyomdai_05_27.pdf

⁹⁷ <http://transvanilla.hu/>

manage work and child-care all by themselves. Therefore they are planning to start a Club for Women/Mothers, something that they have organized before.

BMSZKI (Budapest Centre for Methodology and Social Work) emphasized that women refugees need free time so that they could attend activities and programmes. For this, they need assistance in taking care of their children.

In the Háttér Society's experience, LGBTI refugees do not always feel safe in Vámoszabadi due to the lack of separate housing arrangements. Once they leave the facility, they are confronted with the hostile attitudes of the host society and many of them are afraid to be who they are and thus often decide to leave Hungary.

The Maltese Charity found that women would need intensive assistance with finding a job and once it was successful, they would need help with taking care of their children.

Mighelp believes that women are in need of psychological assistance, community programmes, professional training and help with taking care of their children.

Volunteers

A wonderful group of volunteers deserves special mention, who assist refugee families in Budapest, among them families living in the shelter operated by the Baptist Centre for Integration. Some asylum-seekers get in touch with them through email already when they are in the transit zone and the volunteers try to keep their spirits up while detained. The volunteers play a very important role in **providing information** on available services and connecting refugees with organizations providing those services.

The group knows of about 30 families in Budapest and there are **10-15 families** whom they meet on a weekly basis. The help the families receive from them is complex and missing from the offer of others. Volunteers help families with doing their shopping, planning their monthly budget and finding places where shopping is cheaper and easier. They also assist refugees with preparing children for the start of the schoolyear, accompanying parents to parent-teacher meetings, helping parents understand the Hungarian school system and the related administrative tasks. They also organize outdoor activities for the families, which is not always an easy task.

In their experience, accessing medical services is difficult while refugees do not have their social security cards (it takes time to have it made and sent). Women would need female doctors who speak at least some English. They also point out that cultural and language barriers often prevent refugee women from receiving the assistance they need.

Recommendations

- Integration services should not solely be provided by non-state actors;
- The state should devote the adequate resources for integration, namely 30% of AMIF as required by EU legislation as a minimum;
- Integration assistance should extend for two years;
- More organizations should provide complex integration assistance;
- There should be tailored services for the specific needs of women, children and LGBTI refugees and these activities need to be supported by the state.

IV. The challenges of integration in Hungary

The following stories from refugees illustrate how refugees manage without a state-supported integration scheme in a foreign country, without knowing the language and culture and without having a family and a social network to rely on.

Mary



Mary is an African woman who received protection in Hungary at the end of 2016. Her family is in her home country. She spent two weeks in a reception centre after receiving her status, where she was given a room and food. No social worker assisted her to start a new life in Hungary. At the end of her stay, the asylum authority bought a train ticket to Budapest and said good-bye.

Mary was in a lucky situation, since during her asylum procedure she was put in touch with the Hungarian Baptist Aid, the Maltese Charity and the Menedék Association. In her asylum procedure she was represented by the HHC. During the first six months of her stay in Budapest, she shared a small room with another refugee woman and the Maltese Charity covered the rent. They also helped her with food and the Baptist Aid gave her a monthly pass. Both the Menedék Association and the Maltese Charity helped her with her job search. After two months, she found a

job with their help, but she could not do it for long, because it was too difficult for her physically. In April 2017, she started working in one of the hospitals in Budapest. She starts very early every day but she says: "I love my job". She rents a room now, where the rent is still covered by the Baptist Aid, but from April she will have to start paying for it herself. When we were talking, Mary was very concerned about how she will cope: "The money I make cannot feed me after the rent, this is my worry".

The most difficult part was looking for an apartment: "They saw that I was black and they don't want to give it to a black person". The most useful help she received was the assistance with her job search and housing.

Anne

Anne arrived in Hungary alone and received protection during the late summer of 2016. She had to leave the reception facility after one month. The Kalunba Charity provided a room for her where she only had to pay for the utilities. She lived in that room for more than a year. The Menedék Association helped her find a job in a restaurant but due to her medical condition (she had to undergo a surgery) she could not do this for long.

Anne's two children remained in her home country, but with the HHC's help she was able to reunite with them during the autumn of 2017. Her son (12) and daughter (9) arrived and Kalunba Charity moved them to a larger room. From June 2018, she will be responsible for paying all the costs associated with their accommodation. After the arrival of her children she found a job where she can use her language skills, and which is physically not difficult for her. Following the surgery she is still in pain sometimes and she might need a second surgery to help her with that.

The Kalunba Charity organizes Hungarian classes for the children once a week and promised to help with school enrolment once their Hungarian proficiency is better. Anne was also offered classes but due to her work and family duties she cannot attend now.



The Cordelia Foundation has also assisted Anne with psychological care both in the reception facility and in Budapest, but she cannot attend these sessions any more. Her main worry is that her children are now alone all day while she is working, and it is difficult to cater for the three of them from one salary. Often she feels weak and stressed. She needs more help with her children and her health problems.

Ali

Ali arrived in Hungary in 2015 with a visa to teach English. In his home country he was persecuted due to his sexual-emotional orientation. Before his work visa expired he applied for protection, which he received in 2017. He was represented by the HHC in his asylum procedure and he received information there about integration services.

Ali is in a somewhat unique position because by the time he received protection he already had a job and a place to live, which normally causes the main difficulties for refugees. He wanted to learn Hungarian and received information from the asylum authority that there was a free language course available at the Converzum Language School. He took the course, but it was only on a beginner's level and when he wanted to continue he could not. The Menedék Association offered a language course, but Ali could not attend that because of his work schedule. Finally, one of the volunteers in Budapest offered to give private lessons to Ali who wants to pass a language exam in preparation for his naturalization procedure.

Ali feels the impact of the Hungarian government's propaganda on his skin: "Hungarians are now afraid of being invaded". He feels that being a refugee is "a matter of shame" and therefore has not told many people about his status. He would like to become a Hungarian citizen because "being a refugee makes you stand out from the normal population and makes it difficult to seek employment". He also feels that employers would need more awareness about the rights of refugees, since now most of them do not know that refugees have the same rights as Hungarians. In his opinion more language support would be crucial for successful integration.



V. Conclusions

The aim of this paper was to **map conditions and services available for vulnerable asylum-seekers and beneficiaries of international protection**, specifically **girls/women and LGBTI people** during the asylum procedure and during their integration process. This mapping exercise made it obvious that the deliberate destruction of the once functioning Hungarian asylum system has impacted members of vulnerable groups even more harshly, as there is **hardly any special attention available** to them during the asylum procedure and what is there during the integration process is provided by non-state actors. **Systematic assistance to vulnerable groups, in particular to women and LGBTI people is missing** both during the asylum procedure and the integration process.

Upon arrival to the transit zone there is **no protocol for assessing vulnerability and the safety and security concerns** of vulnerable asylum-seekers and there are **no tailored-made services** for the special needs of these groups. There are **no standardized protocols** for issues arising in connection with the needs of women and LGBTI asylum-seekers; solutions are rather *ad-hoc* and depend on the personal capacities of the officer in charge.

Budapest-based integration services show a rich variety but they are **solely provided by NGOs and church-based organizations**. These organizations strive to cater for refugees and beneficiaries of subsidiary protection in an extremely **hostile political environment**. Among the services they offer there are some that specifically aim for women and LGBTI people, but their **resources are extremely limited and unstable**. With the State's withdrawal from the provision of integration assistance and the freezing of the main dedicated source of funding (AMIF) for non-state actors, the provision of integration services will simply stop in June 2018 unless the Hungarian government changes its policies. As a result, not only members of vulnerable groups, but **all beneficiaries of international protection will fall through the non-existent safety net of support**. Although, the **assistance of volunteers** is vital during integration, they obviously cannot fill in the gap that the absence of state supported integration services create.