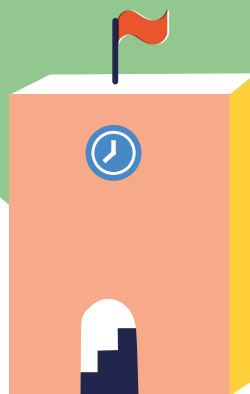




András Kováts
Béla Soltész
(editors)



A PLACE TO CALL HOME

**SOCIAL INTEGRATION
OF REFUGEES IN HUNGARY**





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Social integration of refugees in Hungary

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András Kováts



FOREWORD

What do we mean by a society being "integrated"? What does it mean for an individual or a group of individuals to be "integrated" into society? These questions are frequently raised in social sciences, politics and social policy, and public discourse. Social inclusion is complex, and its timeframe is difficult to define. The related terminology used by social sciences, politics and policy varies; it may refer to the state of a society or to social processes, as the concept of integration can be used for the society as a whole, though it can also refer to the relationship between particular social groups (or even individuals) and a larger entity.

The present volume is about the latter: it presents the situation of refugees – or more precisely of beneficiaries of international protection – in Hungary, mainly through policy interpretation of the concept of social integration. The topic is of particular relevance in the Hungarian context: the refugee protection system has been almost completely dismantled in recent years and is not in line with international and European asylum standards in many respects. The political and public discourse is strongly anti-refugee, and this may easily lead to the impression that there is no integration of refugees in the Hungarian context. This volume nuances this image; it demonstrates that professional questions about social integration can and should be raised and that they can be answered in a meaningful and well-founded manner, which would lead to open debates and further reflection, rather than offering simplistic and manipulative political statements.

Although the volume clearly defines the focus of analysis by the policy areas presented, there are further difficulties in defining the normative framework for integration: what is right, desirable, feasible or even expected when reflecting on the similarities and differences between refugees and members of mainstream society, and when assessing the appropriateness of sectoral policies and measures (e.g. labour market, education, housing or healthcare programmes and services) targeting refugees.

The volume is the result of six years of research. The NIEM (National Integration Evaluation Mechanism) project set out to describe and evaluate the social integration of beneficiaries of international protection in fourteen EU Member States, using measurable and quantifiable indicators. In total, eleven policy areas and more than one hundred and fifty indicators are used to assess this, and the evolution of the indicators over three points in time covering four years, can also be observed (2017, 2019, 2021): whether there has been any change, and if so, what the nature and direction of the change are. The data can also be used to categorise and compare the integration systems of various countries or groups of countries.

First, the way in which integration measures are reflected in general social policy systems is examined. Whether there is a national integration strategy, and whether beneficiaries of international protection are also beneficiaries of social policy programmes targeting the country's population as a whole. The second area is the right of residence, its conditions and stability; which is crucial for successful integration. The next area concerns the possibility of family reunification, the scope of family members eligible for support and the conditions of eligibility. This is followed by access to citizenship. The next policy area is housing, followed by vocational training and employment-related training. Some of the indicators measure access to health care, followed by examining social security and social benefits. Education is identified as a separate policy area, both in terms of eligibility and in terms of actual access and programmes to support it. Another relevant policy area is language learning and social orientation, where indicators measure the existence of programmes, their content and the conditions of access. The last policy area examined by the NIEM is "building bridges". The indicators here measure the conditions and opportunities that integration policies provide for contact and dialogue between individuals and groups granted international protection and members of the mainstream society.

The indicators for each policy area can be ordered according to the level of policy implementation they measure. Ideally, these levels contain indicators that are closely related, and each level should flow from the others in a strict logical sequence. The first level consists of indicators that measure the legislative framework. The second level examines the institutional and administrative conditions that define the policy. The indicators at the next level look at how everything is actually implemented; under what conditions, how quickly these are implemented, the practical accessibility of what is laid down in legislation and for which the various institutions are responsible. Several indicators measure the cooperation (or lack thereof) between the various actors in the institutional system. The indicators at the next level measure whether reliable data are available and whether systematic evaluation is carried out to ensure that the objectives set out in the legislation and set by the institutional system are achieved as effectively as possible. The next level examines the financial and human resources needed to implement the policy, based on budgetary and institutional operational data. The last and most general level examines the results of integration policies in terms of the social situation of the individuals and groups targeted by the policy measures. At this level, indicators are primarily based on social statistics.

And this is where the problems begin, which have led the editors and authors of this volume to conclude that, in addition to the collection and analysis of indicators, there is a need for a deeper analysis of specific policy areas, often based on qualitative research methods, in the form of case studies. In the course of the research, we have found that, while data at the legislative level are still reasonably well-documented and adequate data can usually be found at the institutional-administrative level, data at other levels of analysis are becoming increasingly scarce and, where they exist, their validity and reliability are highly questionable. The three comparative analyses¹ and two national reports² carried out in the course of the research have addressed this problem quite extensively, and a separate international comparative study³ has even been published on data gaps.

In the studies in this volume, the indicators produced by NIEM are used as a broader context for analysis. Maintaining the disciplinary logic of international research, the papers here complement and deepen the results and findings of the national reports and international comparative analyses based on the indicators. The indicator framework can provide a sufficiently nuanced and detailed account of a policy area if it is complemented by qualitative analysis that is sensitive to local context - and these papers fulfil that task. The papers are designed to be read as stand-alone documents, but the editorial intention was that the volume should also form a logical whole. The first half of the volume presents a more general analysis of the context of the social integration of individuals and groups granted international protection, followed by studies that focus on a specific policy area. The volume is aimed both at those who want to know more about refugees and asylum in general and those who approach the issue from a specific policy perspective (employment, education, housing, healthcare).

In the first study, Béla Soltész and Vivien Vadasi review the evolution of the legal and political framework of Hungarian migration policy after the regime change. This is followed

¹ For a comparative analysis see Wolffhardt, Alexander; Conte, Carmine; Huddleston, Thomas (2019): [The European Benchmark for Refugee Integration: A comparative analysis of the national integration evaluation mechanism in 14 EU countries](#). Baseline Report. Migration Policy Group and Institute of Public Affairs.

Wolffhardt, Alexander; Conte, Carmine; Huddleston, Thomas (2020): [The European Benchmark for Refugee Integration: A comparative analysis of the national integration evaluation mechanism in 14 EU countries](#). Evaluation 1: Comprehensive Report. Migration Policy Group and Institute of Public Affairs.

Wolffhardt, Alexander; Conte, Carmine; Yilmaz, Sinem (2022): [The European Benchmark for Refugee Integration: A comparative analysis of the national integration evaluation mechanism in 14 EU countries](#). Evaluation 2: Comprehensive Report. Migration Policy Group.

² The situation in Hungary is presented in two analyses by Vadasi, Vivien (no year): [Hungary National Report 2018. National Report on the Integration of Beneficiaries of International Protection in Hungary](#), 2017-19. (no year and author)

³ For a detailed analysis, see Yilmaz, Sinem (2022): [Data Gaps in Refugee Integration in Europe: A comparative assessment of data availability in 14 EU countries](#). Migration Policy Group.

by an analysis by Ádám Németh on the nature and possible causes of data gaps that are common in migration and asylum research. Zsombor Lakatos' paper illustrates how qualitative and fragmented data can be used to 'fill in' missing details and what can be learned from the analysis of data collected from aid agencies and asylum professionals. Finally, Ádám Németh concludes the series of studies with a general focus in his paper discussing how social attitudes towards refugees and immigrants have evolved in recent years, highlighting the need to understand the evolution of integration in the context of the majority (host) society.

The series of thematic analyses opens with a study by Boglárka Budai, in which she examines the evolution of the labour market situation of beneficiaries of international protection, with a special focus on the hypothetical impact of the Covid-19 pandemic. Next, Katalin Bognár and Kata Hetzer summarise and systematise the experiences of the past decade on the school integration of students granted international protection. They investigated what could be done for children in vulnerable situations, to improve their access to public education. Julianna Faludi and Zsombor Lakatos analyse how higher education programmes can be designed to ensure that refugees and other beneficiaries of international protection have not only an abstract right but also a real opportunity to pursue higher education. Sustainable and secure housing is a major concern for many, with refugees particularly affected by housing poverty and the risk of homelessness. Zsuzsanna Pósfai and Linda Szabó discuss these problems and the housing programmes that were developed to address them. The analysis is rounded off by Judit Tóth's paper on the barriers to access to health care for beneficiaries of international protection. In addition to critical analysis, the paper outlines the possible content of a health protocol.

The research behind the studies in this volume took more than a year and a half to complete, with most of the data collection taking place in 2021. The core of the texts – and the first versions – were the policy analyses⁴ published in the summer of 2021, which the

authors transformed into the studies that make up the chapters of this volume, partly under the guidance of the editors and partly under the guidance of the invited peer reviewers.

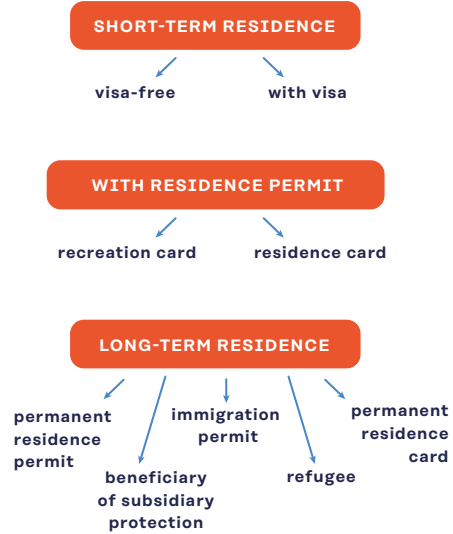
An extended period available for writing a study can be an advantage but also a disadvantage at the same time. At the time of the publication, the most crucial issue for both the Hungarian and the European asylum professional community is the reception, protection and longer or shorter-term social integration of the millions of refugees who have fled the war in Ukraine. When the manuscript was finalised, it was not yet known whether war would break out, but we all hoped that, despite escalating tensions, common sense and humanity would prevail. We have since learnt that this was not to be. Despite this, the texts do not mention the integration of people who have fled the war and have been given temporary protection. The analysis of that subject is another research project.

The studies do not provide a comprehensive picture of the situation of refugee integration in Hungary, either as a whole or individually - nor were they written with this aim in mind. The majority of the authors are practising asylum professionals who, in addition to literature analysis and primary data collection, rely on their personal experiences to present the issues they currently focus on. Although the picture is patchy and sometimes fragmented, a more comprehensive and informative analysis of the social integration of beneficiaries of international protection has not been published in the past decade. The studies in this volume are an excellent way to complement, contextualise and illustrate the abstract and incomplete knowledge drawn from the NIEM policy indicators. I hope that as many of the texts as possible will become reference or discussion points in the professional discourse of the years ahead.

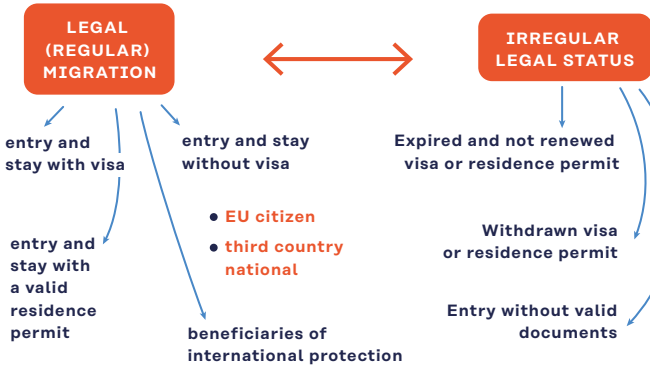
4 András Kovács - Béla Soltész (series ed.) (2021): Social Integration of Beneficiaries of International Protection in Hungary - NIEM Policy Analyses. 1. Ádám Németh: Interpreting data gaps in the study of the social integration of beneficiaries of international protection in Hungary. 2. Anita Rozália Nagy-Nádasdi: Vulnerability and discrimination in the employment of beneficiaries of international protection in Hungary. 3. Boglárka Budai: Effects of the Covid-19 pandemic on the labour market situation of beneficiaries of international protection in Hungary. 4. Zsuzsanna Pósfai – Linda Szabó: Policy analysis and proposal for the improvement of the housing of beneficiaries of international protection in Hungary. 5. Judit Tóth: Access to healthcare for beneficiaries of international protection in Hungary – Analysis and recommendations. 6. Sára Sos: Resources and strategies for the successful social integration of Muslim women granted international protection in Hungary. 7. Katalin Bognár – Kata Hetzer: Methodology for the integration of beneficiaries of international protection in Hungarian public education. 8. Julianna Faludi – Zsombor Lakatos: Opportunities for supporting higher education studies of beneficiaries of international protection in Hungary. 9. Ádám Németh: Changes in social attitudes towards refugees in Hungary. 10. Márton Gerő: Self-helping refugees? The role of organisations of beneficiaries of international protection and immigrants in Hungary. Published by Menedék – Hungarian Association for Migrants, available at www.menedek.hu/en/news/niem-policy-briefs.

POSSIBLE CATEGORIZATIONS OF MIGRATION

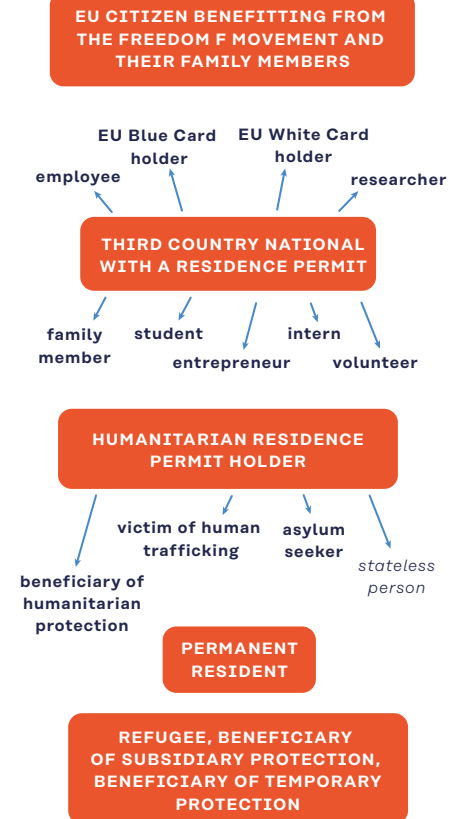
ACCORDING TO THE LENGTH OF STAY



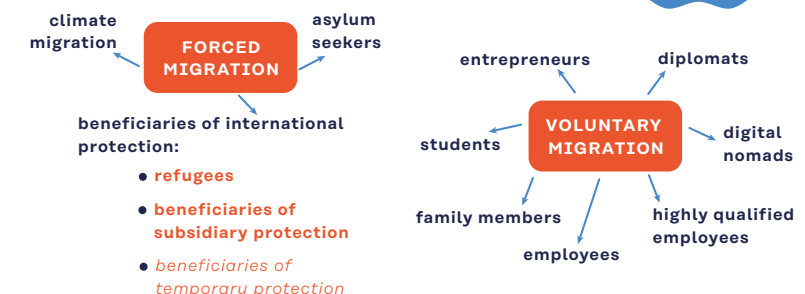
ACCORDING TO THE LEGALITY OF STAY



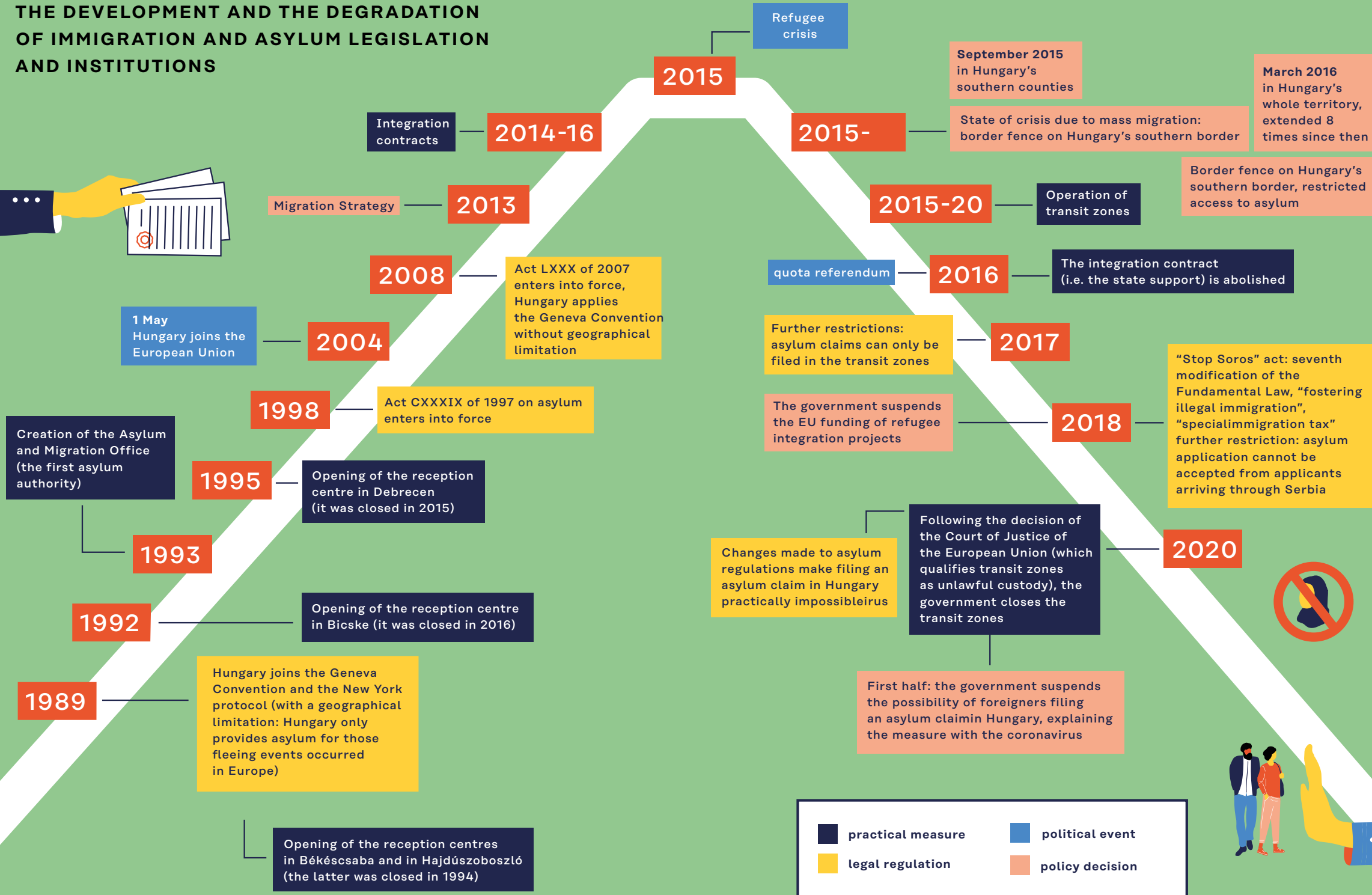
ACCORDING TO THE LEGAL BACKGROUND OF STAY



ACCORDING TO THE PURPOSE OF STAY



THE DEVELOPMENT AND THE DEGRADATION OF IMMIGRATION AND ASYLUM LEGISLATION AND INSTITUTIONS



 practical measure	 political event
 legal regulation	 policy decision



THE MAIN OBJECTIVES OF REFUGEE INTEGRATION ACCORDING TO HUNGARY'S MIGRATION STRATEGY (2013)



CREATING AN INTEGRATION STRATEGY

- Designing a responsible ministry
- Creating and Integration Forum
- Capacity building for public employees about the strategic goals



STRENGTHENING INTERCULTURAL EDUCATION

- Assessing the needs in schools
- Launching catch-up courses for refugee students
- Providing methodological training for teachers



SUPPORTING HIGHER AND ADULT EDUCATION

- Providing Hungarian language training for refugees
- Career orientation for refugees studying in higher education
- Recognition of refugees' qualification obtained abroad



FOSTERING LABOUR MARKET INTEGRATION

- Facilitating refugees' access to regulated professions
- Launching special support and orientation programmes for refugees
- Providing training to public employees working at job service and training centres



SUPPORTING HOUSING

- Developing a housing programme for refugees
- Organizing crisis support for refugees
- Helping the institutional housing of refugees



PROVIDING TARGETED SUPPORT FOR VULNERABLE GROUPS

- Providing targeted support for refugees who are elderly, disabled, or have another type of vulnerability
- Supporting unaccompanied minors and persons receiving aftercare
- Providing training to professionals hworking with vulnerable refugees



BUILDING A SOCIAL DIALOGUE

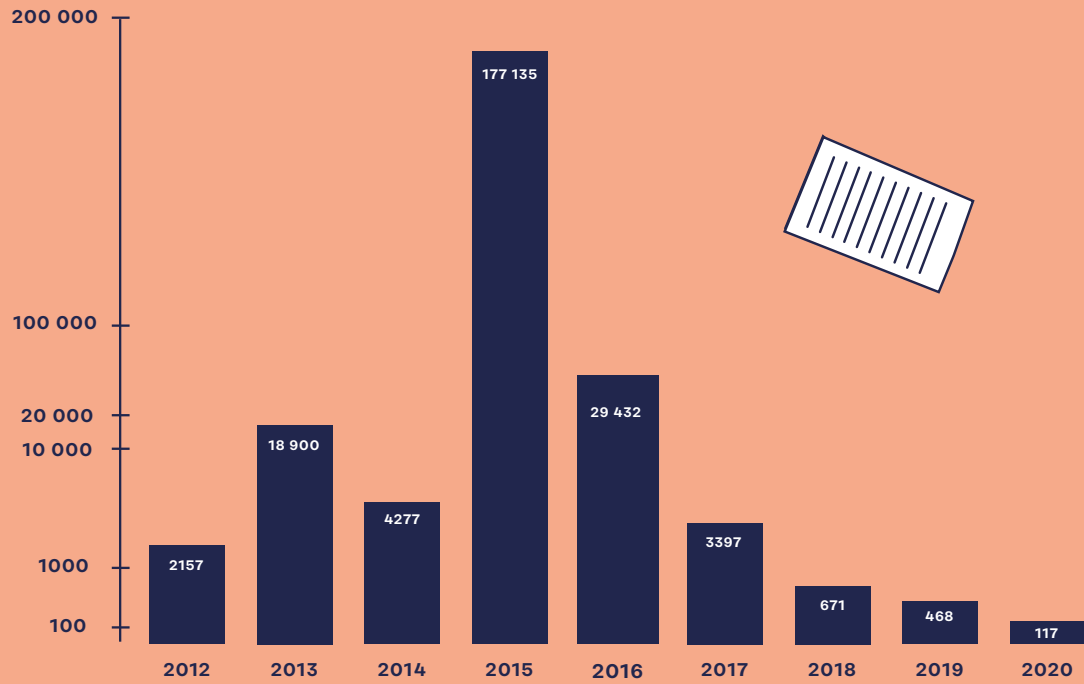
- Fostering refugees' self-organization
- Launching anti-discrimination and inclusion programmes
- Supporting volunteers and organizations that help refugees



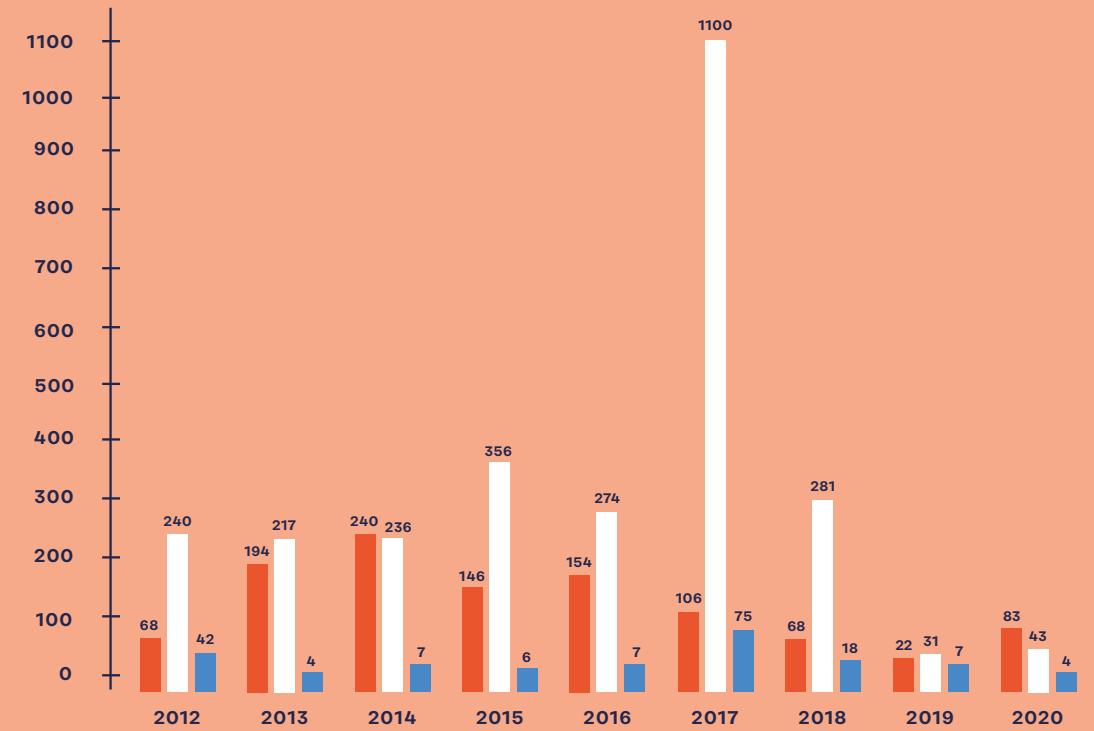
The Migration Strategy lists nine general and forty-one specific objectives concerning all foreigners living in Hungary. This figure focuses on those relevant for beneficiaries of international protection and lists them in a simplified manner.

ASYLUM CLAIMS AND GRANTED STATUS IN HUNGARY

NUMBER OF ASYLUM CLAIMS FILED IN A YEAR



NUMBER OF PROTECTION STATUS GRANTED IN A YEAR

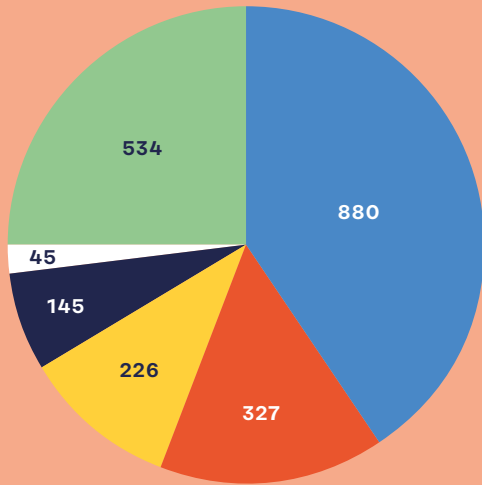


- REFUGEE
- BENEFICIARY OF SUBSIDIARY PROTECTION
- BENEFICIARY OF HUMANITARIAN PROTECTION

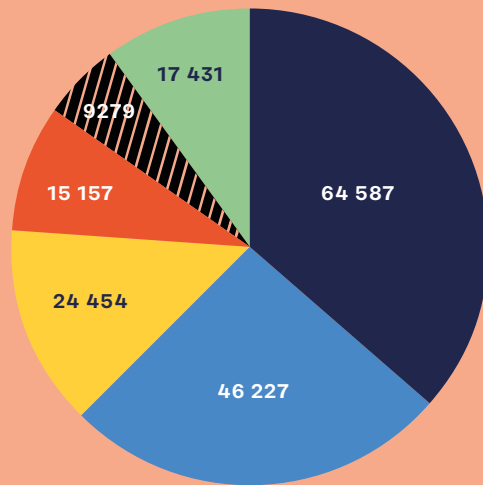
BREAKDOWN OF APPLICANTS BY CITIZENSHIP

- AFGHANISTAN
- PAKISTAN
- KOSOVO
- SYRIA
- IRAN
- ▨ IRAK
- UNKNOWN
- OTHER

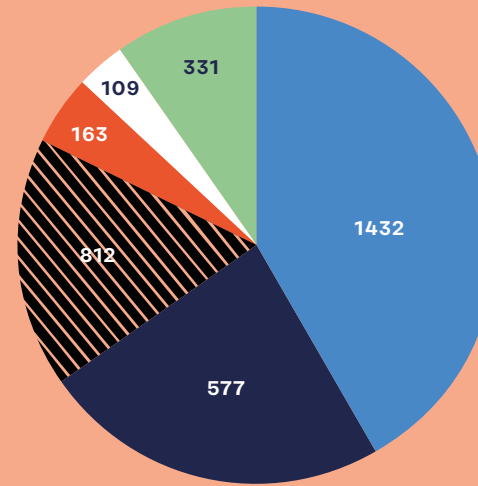
2012
2157 persons



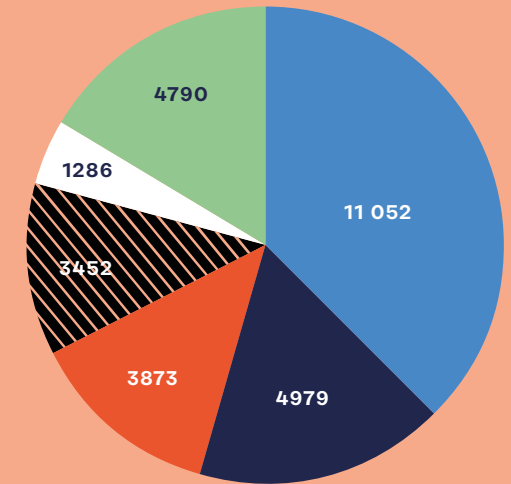
2015
177 135 persons



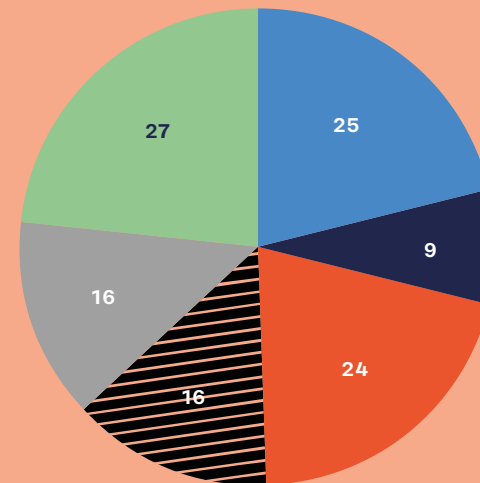
2016
29 432 persons



2017
3424 persons



2020
117 persons

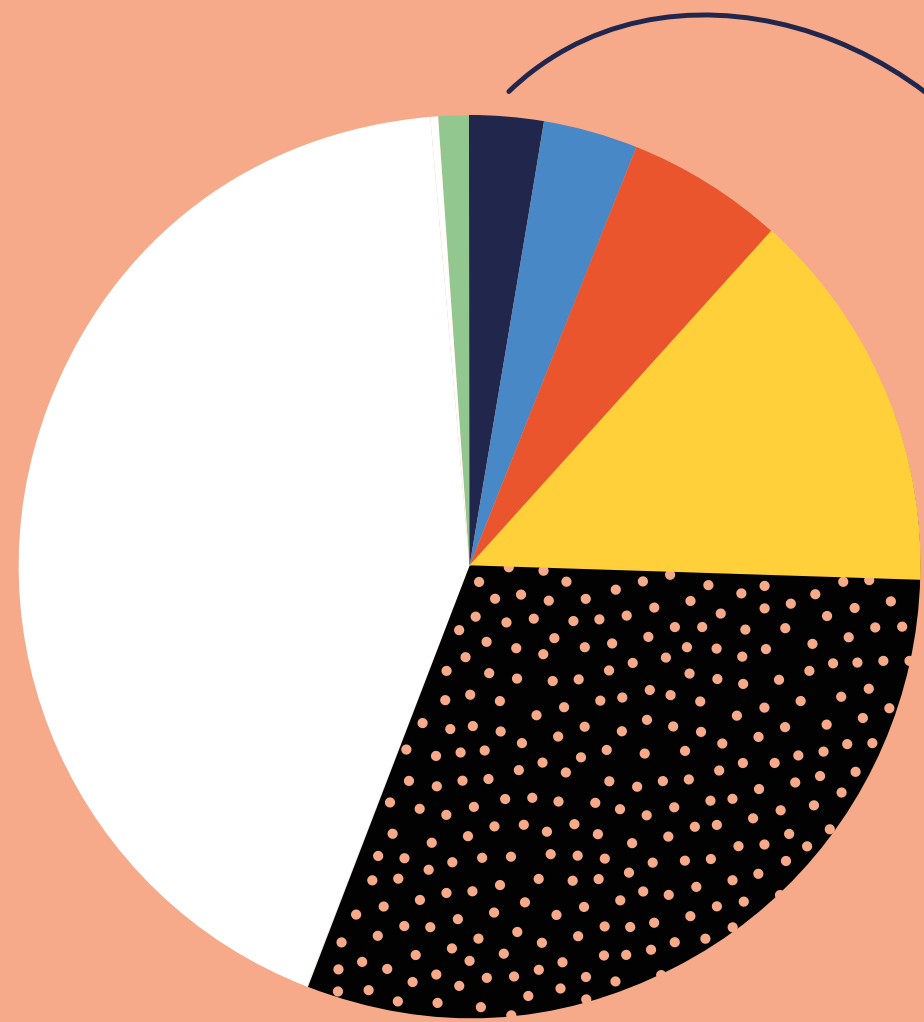
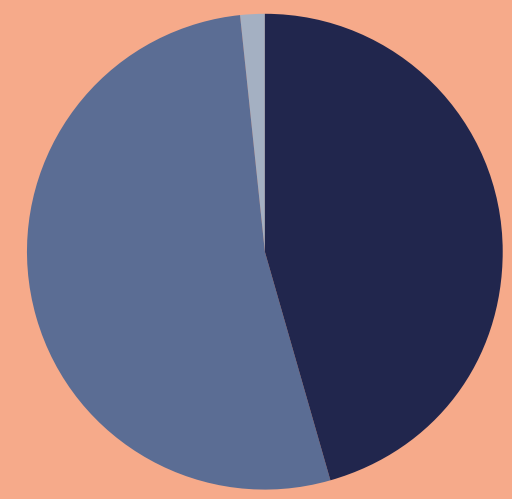


NUMBER OF BENEFICIARIES OF INTERNATIONAL PROTECTION COMPARED TO THE TOTAL NUMBER OF FOREIGNERS LIVING IN HUNGARY








BENEFICIARIES OF INTERNATIONAL PROTECTION, TOTAL:

3302 persons



-  Immigration or permanent residence permit holder (59 481)
-  Residence permit holder (130 214)
-  Beneficiary of international protection (3302)
-  Registration certificate (145 821)
-  Permanent residence card holder (13 589)

-  Third country national family member of Hungarian citizen (4501)
-  Third country national family member of EEA citizen (880)

-  Refugee with Hungarian identity document (1511)
-  Beneficiary of subsidiary protection with Hungarian identity document (1741)
-  Beneficiary of humanitarian protection (50)



Béla Soltész Vivien Vadasi



LEGAL AND POLITICAL FRAMEWORKS OF REFUGEE INTEGRATION IN HUNGARY

1. Introduction

Immigration legislation and policy-making focuses on the conditions of entry and residence in the country on the one hand, and on the platforms of social integration of those already in the country, on the other hand. Both legal and political focus has been on entry and residence regulations in Hungary ever since the change of regime, while the social integration of immigrants has received much less attention from the current government.

“Anti-immigrant” voices have been common in the rhetoric of the Hungarian government since 2015.⁵ One of the main allegations in our analysis is that, despite the above, the Hungarian government is not “anti-immigrant” in general, but has a very differentiated migration policy⁶ hostile to some groups, neutral to others and expressly generous to yet others. To recall the infamous categories of an earlier historical period: forbids, tolerates and supports.

Each group can be defined in relevance to the domestic, EU and international legal distinctions which divide the foreigners who legally reside in Hungary into five well-defined groups:

- EU (or more precisely, EEA) citizens and their family members who are free to reside, work, study etc. in the country. These rights have been granted to the citizens of all EU Member States (and of the European Economic Area and Switzerland) and their family members since the application of EU law in Hungary and the accession of Hungary to the EU.
- Third-country nationals⁷, who are allowed to reside in the country in the possession of residence or permanent residence permits serving various purposes. Their rights are linked to their activity (e.g. employment) or their family relationship with a Hungarian citizen. Their permits are issued by the Hungarian authorities, acting under national competence.⁸

⁵ In connection with the elements of the discourse, see: Bocskor, Ákos (2018): [Anti-Immigration Discourses in Hungary during the ‘Crisis’ Year: The Orbán Government’s ‘National Consultation’ Campaign of 2015](#). *Sociology*, Vol 52, Issue 3, 2018, 551-568.

⁶ Although the word “migration” covers both emigration and immigration, the term “migration policy” is used in our analysis only in relation to those arriving in Hungary, not to those leaving.

⁷ Except for third-country nationals whose right of residence is linked to a family member who is a national of an EEA Member State, as referred to in the previous point.

⁸ However, some of the rules applied under national competence are based on EU regulations.

- Asylum seekers who apply for international protection under international treaties incorporated in international refugee law (the 1951 Geneva Convention and its 1967 Additional Protocol, and the 1950 European Convention on Human Rights) and under the EU law.
- Beneficiaries of international protection who have been granted the refugee, beneficiary of subsidiary protection or admitted status under international and EU law, but as a result of a procedure of the Hungarian authorities.
- In addition, since 2011, foreign-born persons living abroad can acquire Hungarian citizenship through the simplified naturalisation procedure, if they have Hungarian ancestry and some level of Hungarian language skills. It is therefore not uncommon for foreign-born people who do not know Hungary to arrive in the country as Hungarian citizens.⁹

Of the five, Hungarian government policy has become genuinely “hostile” against just one group, the applicants for international protection (asylum seekers). However, the government policy that made their entry more difficult and then de facto prevented it, the strong “anti-immigration” approach manifested since 2015 has not affected the entry and stay of the other foreign nationals already residing in Hungary. A “neutral” attitude¹⁰, has been maintained towards EEA citizens and the majority of those with residence and permanent residence permits, as well as those previously granted international protection, while the Hungarian government is explicitly “generous” with those who have Hungarian ancestry and have obtained citizenship through simplified naturalisation and with some small groups of third-country nationals (residency bond buyers, those studying in the country on Stipendium Hungaricum scholarship, and some people coming from Venezuela, Pakistan and Afghanistan, on the basis of individual government decisions). Although all foreigners need some level of assistance to integrate in the society of a country they do not know, the Hungarian state has completely withdrawn from policies aimed at the social integration of foreigners, in the shadow of the government's regularly negative interpretation of the concept of “immigration”. Therefore, the other main allegation in our analysis is that while Hungarian government policy is “tripartite” in regard

⁹ For a detailed overview, see: Tóth, Judit (2016): *Migration Law in Hungary*. 2nd Edition. Alphen aan den Rijn, NL: Kluwer Law International.

¹⁰ However, there were examples of differentiation: in the context of the Coronavirus pandemic, the government provided for the care and vaccination of Hungarian and foreign citizens differently.

-to the conditions of entry and residence, i.e. it pursues the aforementioned “hostile”, “neutral” or “generous” policies towards different groups, there is no such distinction in integration policy: in Hungary, the state has practically ceased to play a role in the integration of foreigners, and any such activity is now carried out only by non-governmental actors, primarily NGOs.¹¹

The values of the indicators collected in the framework of the NIEM project¹² clearly show that there is no formal political activity for the integration of beneficiaries of international protection in Hungary. In turn, the government does not even support the integration into Hungary of groups whose entry and stay in Hungary otherwise takes a “neutral” or “generous” approach. Their entitlements and social benefits are not linked to their foreign status but to their activity (employment, education etc.) or family relations, which allows them to join any benefit system. The government thus delegates the task and cost of integration on employers, schools, families and NGOs.

The main theme of this volume, the integration of refugees (or more precisely, beneficiaries of international protection) in Hungary is therefore contextualised in this analysis as follows. The history of Hungarian migration policy after the regime change is briefly summarised, outlining how and why the “tripartite” governmental attitude towards certain immigrant groups has evolved, and what characterises “neutral” and “generous” migration policies. Afterwards, we will give a detailed overview of the emergence of ‘hostile’ government policies and the related downsizing of the rudimentary but already functional national institutional system for the integration of refugees (and other foreigners). We will then examine the actors and activities that can be identified in this controversial political arena. Finally, we shall briefly make a proposal for the reconstruction of refugee integration policies, with reference to other chapters in this volume.

Our analysis greatly builds on the analysis “*Country report Hungary: Evaluation 1*” by Vivien Vadasi¹³, , finalised within the framework of the NIEM project, but it expands and elaborates on its conclusions in several points.

¹¹ NIEM Country report Hungary: [Evaluation 1](#) (2021).

¹² NIEM (2021), i. m.

¹³ NIEM (2021), i. m.

2. Development of the “tripartite” Hungarian migration policy

2.1. Alignment with the EU legal framework

During the period of state socialism (1949-1989), emigration and immigration were severely restricted in Hungary. After the regime change, efforts were made to start the development of a standard system which was in line with the democratic framework, did not restrict travel abroad and emigration in any way and regulated immigration in accordance with international and European legal standards. Following the fall of the Iron Curtain, the end of the Romanian dictatorship and the outbreak of the South Slavic war, a significant number of refugees, some of Hungarian ethnicity, arrived in Hungary for longer or shorter periods. In the early 1990s, Hungary had several other visa waiver agreements still in effect from the state socialist era: they were mainly used by Middle Easterners and Chinese until Hungary introduced a visa requirement vis-à-vis their country.¹⁴

The 1990s saw the consolidation of the legal and institutional framework for migration. Among the most important milestones were Act LV of 1993 on Hungarian Citizenship, Act LXXXVI of 1993 on the Entry of Foreigners and Act CXXXIX of 1997 on Asylum, providing for the comprehensive application of the Geneva Convention.¹⁵ The asylum institutional system was also developed, reception centres were set up (e.g. in Békéscsaba, Debrecen, Bicske) and the Office for Immigration and Nationality, the legal predecessor of the present National Directorate-General for Aliens Policing was established in 2000. As the accession of Hungary to the European Union was approaching, there was a need to reform the laws governing migration, both to ensure the free movement of EU citizens and to bring these laws closer to EU legislation for a smooth transition. This was first provided for in Act XXXIX of 2001 on the Entry and Residence of Foreigners, and then, the laws today still in force entered into effect parallel¹⁶ with the accession to the Schengen area: Act I of 2007 on the Entry and Residence of Persons with the Right of Free Movement and Residence; Act II of 2007 on the Entry and Residence of Third-country Nationals; and Act LXXX of 2007 on Asylum.¹⁷

14 Gödri, Irén – Soltész, Béla – Bodacz-Nagy, Boróka (2014): Immigration or emigration country? Migration trends and their socio-economic background in Hungary: A longer-term historical perspective. *Working Papers on Population, Family and Welfare*, No. 19. Budapest: Hungarian Demographic Research Institute, 26-28. o.

15 The geographical limitation of the Geneva Convention to Europe was withdrawn by a decision of the National Assembly in 1997, concurrent with the adoption of the Asylum Act.

16 Hungary joined the Schengen area in December 2007 and the laws entered into force on 1 January 2008.

17 Gödri et al. (2014), quoted, pp 13-17; Nagy, Boldizsár (2012): A magyar menekültjog és menekültügy a rendszerváltástól az Európai Unióba lépésig [Hungarian refugee law and asylum from the regime change to accession to the European Union]. Budapest: Gondolat.

Since the accession to the EU in 2004, the Hungarian migration and asylum institutional system has benefited from EU funds¹⁸. In order to draw down the funds made available by the 2014-2020 Multiannual Financial Framework (MFF) at the Asylum, Migration and Integration Fund (AMIF), the Ministry of Interior prepared the Migration Strategy of Hungary for the 2014-2020 period in 2013, including a chapter earmarking the development of an Integration Strategy. According to this document aligned with the EU policy objectives, programmes to promote the educational integration of refugees studying in public and higher education institutions, programmes and training to support the labour market integration of refugees, housing support, social awareness programmes and other policy instruments to support the integration of refugees should have been elaborated in the period up to 2020, with the involvement of experts and stakeholders. To achieve these objectives, the Strategy allocated HUF 4.5 billion from the Asylum, Migration and Integration Fund (AMIF) of the European Union for the 2014-2020 financing cycle, equal 41% of the total eligible funding for Hungary.¹⁹

An important step was taken through the development of a so-called “integration contract” providing a framework for the technical practice of refugee integration. As of 1 January 2014, the various types of previously accessible support²⁰ were consolidated by the Office of Immigration and Nationality under a standard contract which was signed by the refugee or beneficiary of subsidiary protection concerned and under which the Office provided financial support for two years and rendered social assistance through a family support service or an NGO.²¹ Although this practice had its shortcomings (for example, the designated family support services did not always have the necessary capacity, specialised expertise and language skills), some family support services and NGOs were able to render adequate assistance to refugees and beneficiaries of subsidiary protection; and a professional network began to develop and it could have become the basis for a much more professional integration system if it had not been terminated by the government in 2016.²² However, a systemic approach beyond the integration

18 Some pre-accession funds, such as PHARE, were already available to Hungary before 2004.

19 [Migration Strategy adopted by Government Decision 1698/2013 \(of 04.10.\) and the seven-year strategic plan document based on that and linked to the Asylum and Migration Fund established by the European Union in the 2014-2020 period](#) (hereinafter „Migration Strategy”).

20 These were listed in Article 32 of Act LXXX of 2007 on Asylum and in Chapter V of Government Decree 301/2007 (of 09.11.) on the implementation of the Act.

21 [A sample of the Integration Contract](#)

22 Szabó, Attila (2016): [A Menekültek és oltalmazottak integrációjára vonatkozó nyári jogszabály-változásokról](#) [On summer regulatory changes in the integration of refugees and beneficiaries of subsidiary protection]. *Fundamentum*, Vol 2016/2-4, pp 107-112.

contract was also lacking during this period. Legislation²³, stipulates that refugees are entitled to the rights of (unless otherwise provided by law or government decree), and are subject to the obligations of, Hungarian citizens, and beneficiaries of subsidiary protection are entitled to the rights of refugees. Equal treatment with Hungarian citizens is explicitly enshrined in a number of sectoral regulations²⁴, but there is a lack of a strategic approach to mainstream refugee integration in the policies.

2.2. The trio of “neutral”, “generous” and “hostile” approaches in the 2010s

Thus, Hungary established a migration-oriented legal and institutional framework that was largely in line with the key EU and international legal standards and policy aspirations by the mid-2010s. Overall, however, there was no significant governmental activity to actively shape migration policy over a period of twenty-five years after the regime change, except when related to Hungarians living beyond the borders (in their case, preferential treatment always applied to the resettlement, naturalisation and family reunification procedures). Migration and asylum were generally not in the public spotlight in Hungary, and Hungarian migration policy could be largely described as “neutral”. EEA nationals were free to work and study in Hungary. The asylum system was satisfactory, and there was a rudimentary but evolving refugee integration structure, too. Hungary largely complied with EU regulations on third-country nationals, but it did not actively recruit guest workers.²⁵

The reason for the “neutral” attitude was most probably that the primary perception of both the government and Hungarian society, as well as of foreigners arriving in Hungary, was that Hungary would not be expected to have a large immigrant community due to the low standard of living compared to Western Europe. A significant number of applicants left the country before the asylum procedure was completed, which limited the development of the asylum system.²⁶

The problem, however, was that the preferential treatment of Hungarians living beyond the borders, which had been developed in the 1990s, was limited by Hungary's accession to the EU. Although national visas and permanent residence permits remained

23 Articles 10 and 17 of Act LXXX of 2007 on Asylum.

24 For example, Act IV of 1991 on the Promotion of Employment and Unemployment Benefits, Act CXC of 2011 on National Public Education, Act CCIV of 2011 on National Higher Education, Act CXXII of 2019 on the Persons entitled to Social Security Benefits and the Coverage of These Benefits, etc.

25 Gödri et al. (2014), quoted, pp 26-28

26 NIEM (2021), QUOTED

a national competence, entry and residence conditions for Hungarians from Ukraine, Romania, Serbia and Croatia, as well as for the Hungarian diaspora outside Europe (emigrants) were tightened. Dual citizenship granted to these Hungarians, following the proposal of the World Federation of Hungarians, could have been the solution to the problem, but the 2004 decisive referendum on the issue failed.²⁷ The Hungarian Socialist Party (MSZP) and the Alliance of Free Democrats (SZDSZ) campaigned against the proposal, while the right-wing parties campaigned in favour²⁸; so in 2010, when the Alliance of Young Democrats (Fidesz) and the Christian Democratic People's Party (KDNP) formed the government, one of the first symbolic steps was to amend the 1993 Citizenship Act on the basis of the 2004 proposal and introduce the simplified naturalisation procedure for those not living in Hungary.²⁹

The latter decision marked the beginning of a series of political activities called “generous” migration policy. Although simplified naturalisation did not envisage new Hungarian citizens moving to Hungary, still, from a migration perspective, it can be interpreted as the complete liberalisation of the immigration of the groups concerned. In the eleven years since its introduction, around 1.1 million people have been granted Hungarian citizenship through simplified naturalisation, but their migration movements are difficult to track, as they appear in registers and statistics as Hungarian citizens when entering or residing in Hungary.³⁰

Another “generous” measure was the introduction of the Hungarian Residency Bond, under which the government granted permanent residence permits in Hungary to third-country nationals and their family members who bought at least €250,000 (€300,000 from January 2015) of bonds from selected companies from 2013. The scheme was heavily criticised for its financial and national security opacity, so, the provisions allowing this were repealed in 2018, but the permanent residence permits already issued for around 20,000 people were not withdrawn.³¹

27 Halász, Iván (2004): [A kettős állampolgárság mint a magyar nemzetpolitika eszköze? \[Dual citizenship as the tool of Hungarian national policy?\]](#) *Regio*, Vol 15 (2004) Issue 4, pp 18-35.

28 At the same time, the MSZP-SZDSZ government acknowledged the need for preferential treatment for the naturalisation of Hungarians living beyond the borders of Hungary, and provided this for those with Hungarian ancestors living in Hungary. Act XLVI of 2005 amended Act LV of 1993 on Hungarian Citizenship and Act XXXIX of 2001 on the Entry and Residence of Foreigners. Pursuant to Section 1 (3) of this amending Act, “(...) non-Hungarian citizens who declare themselves to be of Hungarian nationality and who reside in Hungary and whose ancestors were Hungarian citizens may, upon application, be granted preferential naturalisation if certain conditions are met.”

29 Király, András (2010): [Elfogadták a kettős állampolgárságot \[Dual citizenship approved.\]](#) *Index*, 26 May 2010.

30 Domokos, Erika (2021): [Ez a tömeges bevándorlás Magyarországon? \[Is this mass immigration in Hungary?\]](#) *Napi.hu*, 29 July 2021.

31 Herman, Bernadett (2020): [Az állam 121 milliárd forintot fizetett ki bevándorlóknak \[The state paid HUF 121 bn to immigrants.\]](#) *Napi.hu*, 23 December 2020.

Another major measure (and one that, unlike the previous one, was very well received) was the launch and development of the Stipendium Hungaricum scholarship programme in 2013, which funds the higher education studies of around 5,000 third-country students in Hungary every year.³²

So, EEA nationals and residence permit holders in Hungary were subject to an EU-compliant but “neutral” policy at the beginning of 2015, while asylum seekers and refugees were largely covered by an EU-compliant reception and integration system, with the government using EU funds. In addition, the Hungarian government pursued a particularly “generous” policy towards certain priority groups.

Consequently, the “hostile” migration policy that has been unfolding since 2015 and has reached previously unimaginable dimensions had no direct political antecedents, although Hungary was condemned by the European Court of Human Rights in 2011 for its detention of asylum seekers.³³ Migration as priority security-policy risk became prominent in the discourse of the Orbán government in the spring of 2015. The “National Consultation on Immigration and Terrorism” launched at that time was directly preceded by the Charlie Hebdo attack in Paris (7 January 2015), but the topic had not been subject to any public discourse in Hungary until then.³⁴ In August-September 2015, at the height of the refugee crisis, the government was already actively using an anti-migration narrative that pushed immigration, previously treated as an inferior issue, to the top of the political agenda.³⁵

2.3. Subjects of “neutral” migration policy: EEA nationals, residence permit holders, family members

The “tripartite” migration policy has thus become a distinct feature of Hungary since 2015. It remains “neutral” for EEA nationals arriving in Hungary. This group has the right to move and reside freely in the territory of other Member States (under Article 21 of TFEU³⁶), and to study and work freely in the country (unless the job is linked to Hungarian citizenship: see in certain professions related to the exercise of public authority,

³² [Website of Stipendium Hungaricum scholarship programme](#), undated.

³³ ECtHR (2011): [Lokpo and Touré v. Hungary](#), Application No. 10816/10.

³⁴ It must be acknowledged, however, that in 2014 there were already many more asylum seekers arriving in Hungary than in the preceding years, although Kosovo was the main country of origin in those times. But there was a noticeable increase in the number of Syrian and other Middle Eastern applicants from the beginning of 2015, far exceeding any previous figures for Hungary.

³⁵ Bocskor (2018), quoted

³⁶ [Treaty on the Functioning of the European Union](#).

e.g. policeman, soldier, judge, civil servant). They are entitled to basic health care if the legal basis (employment, student status, etc.) exists in a Member State. However, they are not automatically entitled to welfare and social benefits (unemployment benefit, childcare allowance, etc.).³⁷

Third-country nationals may enter Hungary without a visa or subject to visa requirement, but for a stay of more than 90 days they need a residence permit linked to a specific legal title (employment, study, etc.). The number of third-country nationals with a residence permit for employment purposes has increased in recent years, with most workers coming to Hungary mainly from Ukraine and Serbia.³⁸ The employment of citizens from these two countries is subject to a facilitated procedure under several government decrees, allowing them to work without a permit for short periods (up to 90 days) in shortage occupations determined by the Minister responsible for employment, and under facilitated conditions for longer periods.³⁹ After three years of continuous residence, if they have a secure livelihood (“secure livelihood” is not quantified in the legislation) and meet the additional conditions (housing, health insurance, etc.), they can obtain a national permanent residence permit which allows them to reside in Hungary for an unlimited period.⁴⁰

Acquiring Hungarian citizenship (for people with no Hungarian ancestry) is subject to strict rules. To apply for citizenship, you must have lived continuously in Hungary for at least eight years, have a clean criminal record, have a secure livelihood and housing, and pass the rather difficult citizenship test (in Hungarian, in constitutional studies). The period of continuous residence in Hungary only counts the time during which the foreigner has a residence card (registered address)⁴¹: this means that years spent in Hungary with a residence permit do not count in this period. The legislation provides for preferential treatment for the family members of Hungarian citizens, refugees and foreigners born in Hungary or who moved to Hungary as children: they can apply for citizenship after less than eight years (three and five years) of continuous residence in Hungary.⁴²

³⁷ [Directive 2004/38/EC of the European Parliament and of the Council](#) on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States amending Regulation (EEC) No 1612/68 and repealing Directives 64/221/EEC, 68/360/EEC, 72/194/EEC, 73/148/EEC, 75/34/EEC, 75/35/EEC, 90/364/EEC, 90/365/EEC and 93/96/EEC.

³⁸ Eurostat (2021): [First permits by reason, length of validity and citizenship](#).

³⁹ Government decree 113/2016 (of 30.05.); Government decree 407/2021 (of 08.07.)

⁴⁰ National Directorate-General for Aliens Policing (2021): [Nemzeti letelepedési engedély. \[National permanent residence permit.\]](#)

⁴¹ Article 23 of Act LV of 1993. Under this rule, foreigners recognised as stateless do not have access to Hungarian citizenship, as they do not have a registered address but only a registered accommodation.

⁴² European Migration Network (2019): [Pathways to citizenship for third-country nationals in the EU Member States – Hungary](#).

Those who have been married to a Hungarian citizen for a long period of time are entitled to additional benefits: they are exempted from the citizenship test⁴³, and their livelihood and housing are not examined when applying for citizenship.

2.4. Subjects of the “generous” migration policy: foreign citizens of Hungarian nationality and groups selected by individual decisions

Simplified naturalisation as the most important element of “generous” migration policy should be interpreted in relation to the citizenship requirements described above. The measure is aimed at Hungarian communities both living abroad (autochthonous) and earlier emigrated (allochthonous): those who can certify on any document that their ancestor was a citizen of Hungary or its predecessor (Kingdom of Hungary), or who can presume their Hungarian origin and can prove their Hungarian language skills (by taking part in an interview when applying) can be granted Hungarian citizenship even if they do not live in Hungary.⁴⁴ The majority of new citizens are Hungarians beyond the borders who have not moved to Hungary, but a significant proportion of some communities (such as Venezuelan Hungarians) have immigrated to Hungary⁴⁵, while others (such as Hungarians from Vojvodina) find it much easier to migrate to Western Europe with a Hungarian passport.⁴⁶

In addition to simplified naturalisation, “generous” migration policy encourages certain communities to move to Hungary. The UN High Commissioner for Refugees estimates that 5.9 million have fled the crisis in Venezuela.⁴⁷ The Hungarian government helped a few hundred Venezuelan citizens of Hungarian descent to travel to Hungary in 2018 and 2019, and was in support of a church aid organisation, the Hungarian Charity Service of the Order of Malta to organise an integration programme for them, including subsidised housing, Hungarian language teaching and a programme to help them find a job. The government did not disclose these progressive measures to the public

43 Any person who has graduated from a Hungarian-language school, or is a minor, has limited capacity, is incapacitated, has reached the age of 60, or is unable to take the examination for health reasons shall be exempted from the constitutional basics examination (Article 4/A of Act LV of 1993)

44 Or you can apply in Hungary even if you do not live in the country. Most Ukrainian citizens have done so because Ukraine does not recognise dual citizenship.

45 Some Venezuelan Hungarians travelled to Hungary after getting their Hungarian citizenship, while others without citizenship were taken to Hungary by the Hungarian government under a special programme.

46 Hungarian Central Statistical Office (2017): [Új magyar állampolgárok. Változások az egyszerűsített honosítási eljárás bevezetése után. \[New Hungarian citizens. Changes after the introduction of the simplified naturalisation procedure.\]](#)

47 UNHCR (2021): [Venezuela situation.](#)

who learned about them from the press.⁴⁸ The government sought to bridge the contradiction between its “anti-immigration” messages and its support for Venezuelans from refugee backgrounds by considering them not as refugees but as people of Hungarian descent⁴⁹, and by granting them Hungarian citizenship through simplified naturalisation.

The government supported the settlement of Pakistanis, most of whom are Christians and who were selected subject to individual assessment, to Hungary under similar conditions, with the difference that it recognised them as refugees⁵⁰. The government informed the public⁵¹ about helping the Afghans (who helped the Hungarian defence forces and other Hungarian organisations and who intended to escape persecution following the rapid withdrawal of NATO troops in 2021 and the Taliban takeover) escape to Hungary, but it does not consider them refugees⁵². Although there were some dissenting opinions within the government, the Afghans who were helped to flee to Hungary were granted residence permits through an alien policing procedure, and special rules were set on the conditions of their admission (such as health care)⁵³, and plans were presented to grant permanent residence permits to the Afghans staying here.⁵⁴

The above-described elements of the “tripartite” migration policy either comply with EU legal and policy standards or provide preferential treatment for certain groups. The third element, however, is “hostile” migration policy which has become one of the most important toposes of Hungarian domestic politics, alongside government measures to securitise the issue, the fear-mongering and stigmatising political communication, and the complete obstruction to submit asylum applications. The rest of the analysis will discuss these political actions and measures and their impact on the social integration of refugees.

48 Földes, András (2019): [Több száz venezuelait fogadott be titokban a kormány, de nem fizet bevándorlási különadót. \[The government secretly received hundreds of Venezuelans without paying special immigration tax.\]](#) Index, 21 February 2019

49 [„We are talking about Hungarians, we do not consider Hungarians to be refugees.”](#) Minister of the Prime Minister’s Office Gergely Gulyás, 21 February 2021.

50 Kerényi, György (2020): [„Magyarország az üldözötteknek ígéretet tett” – keresztény menekültek nyomában \[“Hungary made a promise to the persecuted” – in the footsteps of Christian refugees\].](#) Szabad Európa, 23 September 2020.

51 Kormány.hu (2021): [Újabb 240 afgán kimenekített Magyarországon. \[Yet another 240 rescued Afghans in Hungary.\]](#) 25 August 2021.

52 Shenouda, Nóra (2021): [Nem menekülteként kezelik a hatóságok a Magyarországra evakuált afgánokat. \[Authorities do not handle the Afghans evacuated to Hungary as refugees.\]](#) Euronews, 27 August 2021.

53 Government decree 533/2021 (of 14.09.) amending government decree 114/2007 (of 24.05.).

54 Medvegy, Gábor – Barsi, Fanni (2021): [Rendeződhet a Magyarországra menekített afgánok helyzete. \[Chance to settle the conditions of Afghans fled to Hungary.\]](#) RTL Klub, 20 December 2021.

3. The development and consequences of a “hostile” policy towards refugees

3.1. The refugee crisis and Hungarian domestic policy

The refugee crisis in Europe in 2015 was driven by a number of root causes. These include the crises in Syria and other Middle Eastern countries in the wake of the Arab Spring, Turkey's political pressure on the EU, and insufficient border control in countries along the Western Balkan migration route. In addition, the scarce coordination of asylum procedures in EU Member States may also have suggested to asylum seekers wishing to reach Western Europe that it was worth making the journey.⁵⁵

The Hungarian asylum system was virtually paralysed by the huge number of arrivals. Authorities registered 177,135 asylum applications in 2015, mostly from Afghan, Syrian, Pakistani, Iraqi and Iranian applicants. Of these, only 154 were granted refugee status, 271 were granted the status of beneficiary of subsidiary protection and 7 received the status of admitted, giving Hungary a total of 432 beneficiaries of international protection in 2015 and 2,917 decisions rejecting the applications, for a total of 3,349 effective decisions. This year, the number of applicants was in orders of magnitude higher than ever before (18,900 asylum applications in 2013 and 3,397 in 2017, for comparison), but the vast majority of applicants continued their journey towards Western Europe and did not wait for the procedure to be completed.⁵⁶

The most visible (for the public) component of the 2015 crisis was the presence of refugees in the centre of Budapest in the summer of 2015, followed by the conflict scenes between the Hungarian Police and the people gathering in front of the fence built on the Hungarian-Serbian border by 15 September 2015. The self-organisation of NGOs helping refugees, as well as assistance based on citizens' donations and voluntary work played a more important role in caring for those in need than the activities of state agencies in this period. The number of refugees began to decline steadily when, on 18 March 2016, the EU and Turkey agreed that Turkey would essentially take on the responsibility to hold back refugees on their route to Europe, in return for substantial financial aid.

55 Hungarian Academy of Sciences (2015): [Az Európába irányuló és 2015-től felgyorsult migráció tényezői, irányai és kilátásai. A Magyar Tudományos Akadémia Migrációs Munkacsoportjának elemzése. \[Factors, trends and prospects for migration to Europe, accelerating from 2015. Analysis of the Migration Working Group of the Hungarian Academy of Sciences.\]](#) p 85.

56 NIEM (2021), quoted

Accordingly, illegal border crossings and transit migration to Western Europe did not cease with the construction of the border fence, but the scale of these actions and the number of people involved has, since late 2015, remained at a level that the Police are able to control with the available resources and means. Despite this, the special legal order (mass immigration crisis declared in autumn 2015 in the two counties along the southern border and in 2016 throughout the country, following the amendment of Act LXXX of 2007 on Asylum⁵⁷) has been in effect since, and was extended ten times until 2021, although the statutory criteria⁵⁸ have never been met.⁵⁹

The Orbán government turned the real state of emergency⁶⁰, lasting a few months in 2015, into a political resource successfully exploited over many years. To this end, it used the “securitisation rhetoric” that had not been applied in Hungary before, but had long been present in the discourse of far-right parties in Western Europe, and it made migration a central element of its political communication, using it as a synonym for terrorism, violence and the breakdown of public order, intending to instil fear in the domestic population, while using sovereignty rhetoric against the plans for common European crisis management.⁶¹

The elements of the latter rhetoric can mainly be interpreted in terms of political communication, as the actual relevance of EU recommendations was negligible in regard to the practice of Hungarian border protection and the conduct of procedures.⁶²

On 2 October 2016, a referendum initiated and politically campaigned by the government would have decided whether the European Union could impose the compulsory

57 Act CXLII of 2015 Amending Certain Acts Related to the More Effective Protection of the State Border of Hungary and the Management of Mass Immigration

58 According to Article 80/A of Act LXXX of 2007, crisis caused by mass immigration shall apply:

- when the number of applicants for recognition in Hungary exceeds
 - 500 persons a day, averaged over a month; or
 - 750 persons a day, averaged over two consecutive weeks; or
 - 800 persons a day, averaged over a week;
- when the number of persons staying in the transit zone in Hungary, excluding persons assisting in the care of foreigners, exceeds
 - 1000 persons a day, averaged over a month; or
 - 1500 persons a day, averaged over two consecutive weeks; or
 - 2000 persons a day, averaged over a week;
- and, in addition, upon the development of any circumstance related to the migration situation and directly threatening the public security of a settlement.

59 [Most recently extended in government decree 509 /2021](#) (of 03.09.).

60 Nagy, Boldizsár (2016): [Hungarian Asylum Law and Policy in 2015–2016: Securitization instead of Loyal Cooperation](#). *German Law Journal*, Vol. 17, No. 6 (2016), p. 1033-1081.

61 Czina, Veronika (2021): [Hungary as a Norm Entrepreneur in Migration Policy](#). *Intersections*, Vol. 7 No. 1 (2021), pp 22-39.

62 Goździak, Elżbieta M. (2019): [Using Fear of the “Other,” Orbán Reshapes Migration Policy in a Hungary Built on Cultural Diversity](#). *Migration Policy Institute*, 10 October 2019.

“settlement” of non-Hungarian citizens in Hungary without the consent of the National Assembly. According to the original plans of the European Commission, Hungary would have had to accept a total of 1,294 applicants from Greece and Italy, following some preliminary agreements, under the ad hoc rules adopted in response to the 2015 situation⁶³. This referendum (the so-called quota referendum) was invalid. However, the coordinated transfer of asylum seekers within the EU was even so achieved to a very small extent only, because the Commission's legislative proposals for the development of a general transfer system were not adopted by the EU legislators, due to opposition from Member States.

So, large groups of asylum seekers arriving in Hungary, either in the form of illegal border crossings or on a redistributive basis, was no more a reality by the end of 2016, still, government communication continued to keep the issue at the forefront. The topos of “stopping” or “rejecting” migration was linked to the conspiracy theory known as the “Soros Plan”⁶⁴ and to criticism of the European Union institutions in the campaign leading up to the April 2018 parliamentary elections. Fidesz-KDNP won the election, and the topic of migration was then slightly pushed back, though remaining a priority in its communication.⁶⁵

It is important to note that a significant part of Hungarian society was receptive to the fear-mongering political communication on migration. TÁRKI data show that even before 2015, the proportion of xenophobic views in Hungarian population was extremely high for a variety of reasons ranging from fear of the unknown to welfare chauvinism (see Ádám Németh's analysis of the evolution of social attitudes in this volume). So, the Orbán government clearly understood that the “securitisation” of migration, presenting it as a threat, can be turned into political capital. The “National Consultation on Immigration and Terrorism” of May 2015 was held before the large number of asylum seekers reached Hungary in the summer of that year, which indicates this awareness. The additional survey conducted by TÁRKI in autumn 2015 showed that the actual arrival of asylum seekers led to a marked decrease in their rejection, which suggests the possible reasons behind the social attitudes (fear of the unknown). Although this cannot be concluded from the data, it could also be so because the sight of people and families

63 Council decisions 2015/1523 and 2015/1601.

64 “Soros Plan” is a conspiracy theory, alleging that Hungarian-born American billionaire George Soros is secretly funding a network of NGOs and international organisations to flood Hungary and the rest of Europe with Muslim (in other cases “African”) immigrants.

65 NIEM (2021), quoted

in need created a feeling of compassion among the Hungarian population, as shown by the civil, self-organised aid actions. After the departure of asylum seekers (who were staying in public spaces) to Western Europe and the continuation of hostile government communication, the xenophobia of the population increased again.⁶⁶

Overall, the conclusion to make is that, based on the negative attitudes that anyway existed in Hungarian society and the situation that became really critical for a few months in summer 2015, the Orbán government, using Western European far-right communication panels, built up the “hostile” migration narrative, making it its central message. This, as shown in this paper, did not mean an actual stop to immigration, as many other groups of foreigners continued to arrive in Hungary unhindered. However, the “hostile” migration policy successfully dismantled the asylum system and made the institution of international protection essentially unavailable to those arriving in Hungary.⁶⁷

3.2. Exhaustion of the asylum system

The amendment of the asylum and state border acts led to the creation of transit zones in 2015, which became the designated place of residence for asylum seekers subject to asylum procedures from 2017 on, after the closure of most of the reception centres that had been operating until then, such as the camps in Debrecen and Bicske. From then on, new asylum applications could only be lodged in transit zones (except for foreigners legally residing or detained in Hungary, who could also lodge their application in their current place of residence) and the entire term of application assessment had to be spent in the transit zone. All foreigners illegally staying in the country, including all potential asylum seekers who were apprehended in Hungary (initially within an eight-kilometre radius of the border and then anywhere in the country) were “escorted”, in Police terminology, through the border fence gate. Thus, the law effectively stipulated that asylum seekers were not permitted to enter the territory of the Hungarian state, only the transit zone. There were two transit zones on the Hungarian-Serbian border, in Tompa and Röszke between 2017 and 2020. Applications were processed extremely slowly: when the transit zones were established, up to 100 new applicants per day were allowed to enter the transit zone, in 2016 five new applicants per day could enter, then in 2018 this number was reduced to 1 per transit zone, and in 2019 and 2020 several

66 Simonovits, B. – Szeitl, B. (2019): [Attitudes towards migration and migration policies in Hungary and Europe](#) (2014-18). In: *Hungarian social report*, 2019. Budapest: TÁRKI, pp 295-313.

67 Bíró-Nagy, András (2021): Orbán's political jackpot: migration and the Hungarian electorate. *Journal of Ethnic and Migration Studies*, online publication, 9 February 2021.

months passed without anyone being allowed to enter the transit zones. The conditions in the transit zones were particularly harsh and care was inadequate.⁶⁸

Another amendment to the asylum legislation in July 2018 stipulated that asylum applications of persons who are proven to have arrived via Serbia are considered inadmissible (and can be rejected without any effective assessment), as there are no obstacles to lodging an asylum application in Serbia. The legislation thus created a hybrid of the concepts of “safe third country” and “first country of asylum”, using the asylum directives of the European Union, including in particular Articles 38 and 35 of Directive 2013/32/EU (Asylum Procedures Directive), though contradicting the spirit and substance of the latter, since the Hungarian legislation was aimed at preventing anyone arriving from Serbia from lodging an asylum application in Hungary. The transit zones were open to Serbia, but if someone gave up waiting and left the container camp, he lost his right to participate in the asylum procedure. In addition, Serbia did not “take back”, did not consider those who crossed the gate of the transit zone as legally entering its territory, and has a similar position regarding foreigners forced through the border fence by the Hungarian police. The Hungarian asylum system thus continued to function formally, but essentially rejected everyone, resulting in a “refugee-free asylum system” from 2018 onwards.⁶⁹

Yet another amendment to the Asylum Act in December 2018 stipulated that foreigners could only have one residence title in Hungary. This meant that if a beneficiary of international protection applied for any kind of residence permit, his refugee or beneficiary of subsidiary protection status would be withdrawn ex officio at the same time as the permit was granted. This provision is contrary to Directive 2011/51/EU amending Directive 2003/109/EC on long-term residence. A further practical problem, predating the amendment, is that travel documents issued by the Hungarian asylum authority for refugees and beneficiaries of subsidiary protection arriving without valid travel documents were not accepted by the alien policing authority as valid travel documents when assessing the applications for permanent residence permits. Following the above amendment, the procedure aimed at withdrawing the status of a refugee or beneficiary of subsidiary protection applying for a permanent residence permit was in certain cases initiated before the application for a permanent residence permit was subject to assessment. These practices further restricted effective access to asylum and

⁶⁸ NIEM (2021), quoted

⁶⁹ NIEM (2021), quoted

long-term protection.⁷⁰ Furthermore, in 2018, on the proposal of the re-elected Orbán government, the National Assembly adopted the “Stop Soros” law package which introduced a new criminal offence in the Criminal Code called “facilitation of illegal immigration”. This criminalised activities such as assisting asylum seekers to apply for asylum, carrying out border surveillance, or publishing or distributing information material on the asylum procedure. The amendments also introduced a 25 percent “immigration surcharge” that could have been levied on NGO supporters if the activities of the supported organisation qualified as “acts in support of immigration” under the law. In practice, however, the measures were not enforced; for example, the surcharge was not collected from organisations that did not pay on time.⁷¹

In its judgment of 14 May 2020, the Court of Justice of the European Union ruled that the operation of the transit zones constituted illegal detention⁷², in response to which the Hungarian government closed the facilities in Tompa and Röszke, although this was not required by the judgment. The government further restricted the submission of asylum applications, citing the emergency situation caused by the coronavirus. According to Act LVIII of 2020 on the State of Danger and the government decrees implementing it, letters of intent to submit an asylum application can only be submitted in embassies in non-EU countries neighbouring Hungary, i.e. the embassies in Belgrade and Kiev.⁷³

In principle, if the decision is positive, the applicant can travel to Hungary to submit the application and await the decision in a reception institution. In practice, however, there was little precedent for this, so overall, with this further tightening, it became de facto impossible to apply for asylum in Hungary.⁷⁴

The asylum institutional system continues to exist in its most minimal form. The former Office of Immigration and Nationality, then the Immigration and Asylum Office became a police authority in 2019, and its name was changed to the National Directorate-General for Aliens Policing (NDAP), indicating that the government sees migration as an alien policing issue.⁷⁵ According to NDAP data, a total of 60 people were granted international protection in 2019 and 130 in 2020. According to the latest available stock

⁷⁰ NIEM (2021), quoted

⁷¹ NIEM (2021), quoted

⁷² [Press Release No 60/20 of the Court of Justice of the European Union](#), Luxembourg, 14 May 2020.

⁷³ Act LVIII of 2020 on Transitional Rules Related to the Termination of the State of Danger and on Epidemiological Preparedness

⁷⁴ Hungarian Helsinki Committee (2020): [A menedékkérelem benyújtásának új szabályai \[New rules of submitting asylum applications\]](#).

⁷⁵ [Minister Gergely Gulyás in „government info”](#) on 25 October 2018.

data from NDAP, the number of beneficiaries of international protection with a valid residence permit issued by Hungary was 3,302 on 31 December 2020, including 1,511 refugees, 1,741 beneficiaries of subsidiary protection and 50 admitted persons.⁷⁶

3.3. Dismantling of the integration institutional system

The number of refugees, beneficiaries of subsidiary protection and admitted persons was not high before 2015, either, and this worked against the development of a robust integration institution, even though the political context was not yet hostile at the time. The policy pushed the beneficiaries of international protection towards the mainstream care system, as their small number did not justify the maintenance of separate institutions. During these years, the social integration of beneficiaries of international protection followed the method already described in subsection 2.1, i.e. largely funded by the AMIF, with the involvement of NGOs and church organisations in implementation. The NGOs typically tried to support the social integration of those contacting them by providing Hungarian language training, labour market counselling, community programmes and individual social assistance.⁷⁷

However, from 2015 onwards, “hostile” migration policy put the AMIF national managing authority, the Ministry of Interior in an increasingly controversial position, as it tendered and disbursed funds for activities increasingly stigmatised in government communication. Still, Hungarian NGOs and church organisations implemented a number of integration projects with AMIF funds until 2018, so, although government funds were withdrawn from the field of refugee integration and the integration contract was terminated in summer 2016, the political tasks defined in the Migration Strategy were still to some extent fulfilled.⁷⁸ This type of “informal agreement” between the operational level of the Ministry of Interior and the NGOs and churches implementing the projects lasted until January 2018, when the Ministry withdrew all AMIF tenders and stopped funding ongoing projects in July that year. This decision put the NGOs and churches that were active in this field (such as Menedék – Hungarian Association for Migrants, Artemisszió Foundation, Cordelia Foundation, Subjective Values Foundation, Kalunba Non-profit Ltd, Jesuit Refugee Service, Evangelical Diaconate, etc.) difficult situation.⁷⁹

⁷⁶ National Directorate-General for Aliens Policing (2021): [2020 booklet](#).

⁷⁷ NIEM (2021), quoted

⁷⁸ NIEM (2021), quoted

⁷⁹ Mizsur, András – Fődi, Kitti (2018): [Biztos hajléktalanságra ítéli a kormány a menekülteket \[Government condemning refugees to guaranteed homelessness\]](#), *Abcúg.hu*, 31 January 2018.

4. Integration of refugees and migrants without state integration policy

In addition to the de facto dismantling of the Hungarian asylum system described above, the policy, which has been degraded to an alien policing matter, is based on the implicit assumption that if refugees have rights nearly equal to those of Hungarian citizens, no further action is necessary. Equal rights, however, following a principle of social policy, does not mean equal opportunities.⁸⁰

In relation to beneficiaries of international protection in Hungary, Act LXXX of 2007 on Asylum establishes the following categories of, and entitlements to, international protection. Refugees are granted international protection under the Geneva Convention and Section XIV of the Fundamental Law. As defined in the Geneva Convention, the Fundamental Law grants the right of asylum to those “who are persecuted in their country of origin or habitual residence founded on race, ethnicity, membership in a particular social group, religion or political opinion, or on the grounds of a well-founded fear of being persecuted directly”, but excludes those “who entered the territory of Hungary through a country where they were not subject to persecution or to an imminent threat of persecution”, thus narrowing the group of potential applicants compared to the Geneva Convention. Refugees are entitled to the rights and obligations of Hungarian citizens, except the right to vote (in national elections), and they are not allowed to work in jobs that require Hungarian citizenship⁸¹. Beneficiaries of subsidiary protection cannot be recognised as refugees, but as they are at risk of serious harm if they return home, they need protection. They enjoy similar rights to refugees, but are not entitled, for example, to family reunification or naturalisation on preferential terms. Admitted persons are those who do not qualify for international protection but who would be at risk of persecution or torture, cruel punishment or the death penalty if they were to return, and therefore Hungary offers them protection.⁸²

Refugee and beneficiary of subsidiary protection statuses are for an indefinite term, but in practice, the beneficiary of subsidiary protection status is subject to review every five years. The review was extended to refugees and reduced to every three years

⁸⁰ NIEM (2021), quoted

⁸¹ Article 10 of Act LXXX of 2007 on Asylum

⁸² Act LXXX of 2007 on Asylum

for both refugees and beneficiaries of subsidiary protection from 2016 on⁸³. Admitted status is reviewed annually by the asylum authority. The frequent reviews and resulting uncertainty can make it difficult for those concerned to integrate into society, as they are not in a position to make long-term decisions.

Once they have been granted refugee or beneficiary of subsidiary protection status, they can stay in the reception centre for up to 30 days and are entitled to health care for another six months. But the short list of benefits ends here. As the state no longer provides integration assistance to beneficiaries of international protection since the abolition of the Integration Treaty in 2016, many of them are placed in homeless care institutions after obtaining the status. Refugees and beneficiaries of subsidiary protection do not benefit from language training or integration programmes funded from state or municipal budget or EU subsidies, either, and social work or legal assistance is provided only by the NGOs and church organisations listed above.⁸⁴

Since the withdrawal of the AMIF indirectly managed tenders, i.e. those managed by the Hungarian Ministry of Interior, integration projects are being implemented by NGOs and churches using other, significantly more modest resources than those available before 2018. For example, the NIEM project, under which this collection of studies was published, is run by another AMIF project independent of the Hungarian government. There are also some Erasmus+ funds available for education and training projects that may be relevant to refugee integration. The support of the United Nations High Commissioner for Refugees (UNHCR) towards certain NGOs plays an important role in Hungary, and the International Organisation for Migration (IOM) is also a partner for NGOs active in this field. The embassies of the United States and some Western European countries in Budapest also provide small grants, and donations are also received from companies, individuals and, in the case of church organisations, from other organisations of the same denomination. In summary, it is a very limited, very under-resourced structure of NGOs and church organisations still capable of providing some basic services that, largely funded by international donors, provides integration services to the most vulnerable refugees and beneficiaries of subsidiary protection.⁸⁵

In principle, it would be possible for local governments to play a greater role than at present, but government measures taken after the outbreak of the coronavirus pan-

demic (such as the halving of business tax and the ban on raising local taxes) have also greatly reduced the financial scope of local governments whose powers had already been severely curtailed in previous years, so expecting local government funding for refugee integration projects is unrealistic at present. Nevertheless, municipalities can partner with civil society initiatives by providing infrastructure and technical support, or by other means independent of resources.⁸⁶

Some institutions (e.g. primary and secondary schools) may have their own good practices and inclusion strategies (see Katalin Bognár's and Kata Hetzer's analysis in this volume). Dedicated organisations and individuals can help mentor refugee students, train them in Hungarian and offer them preparatory courses. Similarly, individual success stories can be mentioned in labour market integration or in solving housing problems (see Boglárka Budai's, Zsuzsanna Pósfai's and Linda Szabó's analyses in this volume), but systemic solutions to the many problems cannot be granted either by NGOs and churches running on limited budgets, or by well-meaning teachers and employers, or by individual helpers, volunteers, friends and family members. The cost of meeting integration needs is typically borne by employers for employees, schools for students and families for family members. These persons do not use the services they are entitled to (such as family support and child welfare services) because they are unaware of their existence, due to lack of information or for communication problems, which also aggravates the vulnerability of this group.

This applies not only to beneficiaries of international protection, i.e. the subjects of the Hungarian government's "hostile" migration policy. Due to the complete absence of state integration policy, all foreigners living in Hungary face some level of difficulty in finding their way in the labour market, the education system, the housing market, the health care system, etc. Apart from Hungarian speakers, it would be important for all foreigners to have state-subsidised Hungarian language teaching, and for Hungarian as a foreign language to be integrated into the school, job etc. training curricula. These tasks have been part of political discourse for long, and were already set as an objective in the 2013 Migration Strategy.⁸⁷

The "hostile" policy towards refugees is therefore not only inhuman and harmful in itself, but also hinders the social integration of all other foreigners living in Hungary and

83 Section 7/A (1), Section 14 (1) of Act LXXX of 2007 on Asylum

84 NIEM (2021), quoted

85 NIEM (2021), quoted

86 Portfolió.hu (2021): [Megjött a kormány döntése: ismét odacsap az összes magyar önkormányzatnak. \[Government decision adopted: hitting all Hungarian local governments again\]](#), 26 November 2021.

87 Migration Strategy, quoted

thus the development of Hungary. Instead of ad hoc, non-transparent aid operations (where the beneficiaries are the aforementioned Venezuelans, Pakistanis and Afghans), what is needed is a uniform, transparent and fair system for the integration of foreigners who arrived here either through the asylum system or with a residence permit (even including EEA citizens and Hungarian citizens obtaining their citizenship through simplified naturalisation) into Hungarian society. This requires not only targeted support but also a more inclusive attitude in the majority society than is currently the case, and of course, government discourse should not securitise the complex phenomenon of migration and stigmatise those who live in a country other than their country of birth. Therefore the Migration Strategy, which expired at the end of 2020 (and had been exhausted before), should be renewed and an Integration Strategy should be created in real social dialogue, adapted to the AMIF resources accessible during the 2021-2027 EU funding cycle, integrated into a less “hostile” asylum policy than the current one and an approach to asylum that is “neutral” and “generous” towards migration policies.

5. Summary

The NIEM project studies have identified a process in Hungary wherein the statutory rights of beneficiaries of international protection (i.e. equality of rights) have been partially granted, but the creation of policies has become increasingly sporadic and they are virtually not applied any more. In our analysis, we have enumerated the political frameworks and policy objectives of the dismantling of the refugee integration system, and we have also found that this process has also undermined the integration chances of foreigners whose immigration is not otherwise “hostile” but “neutral” or even “generous” to the Hungarian government.

In this volume, several political analyses cover the main areas of refugee integration. The common point of the analyses is that the over-politicised asylum system, treated as a security risk by the government, does not help integration at the systemic level, still, building on the dedicated work and good practices of individuals, organisations and institutions, there is some kind of integration work in Hungary that can help beneficiaries of international protection.

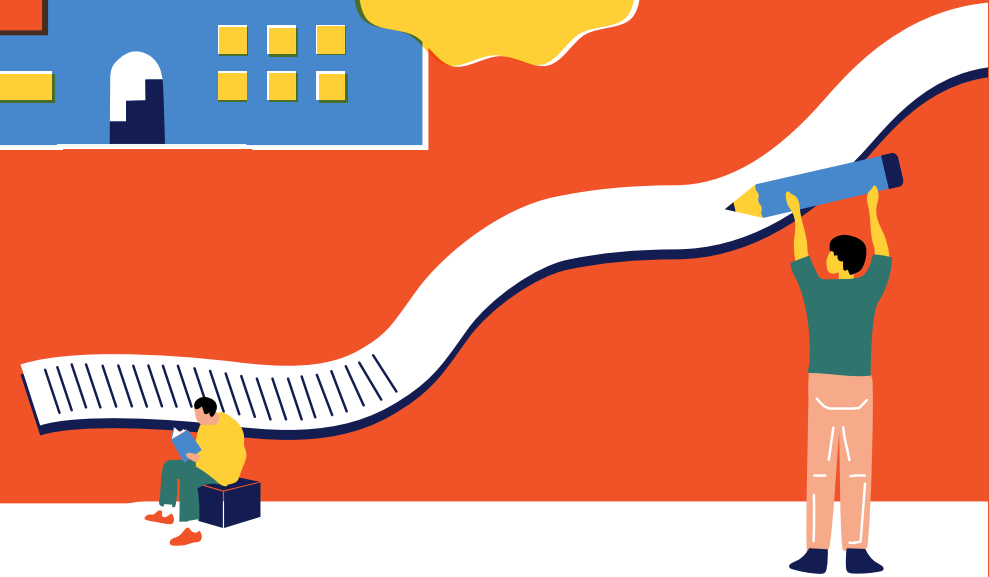
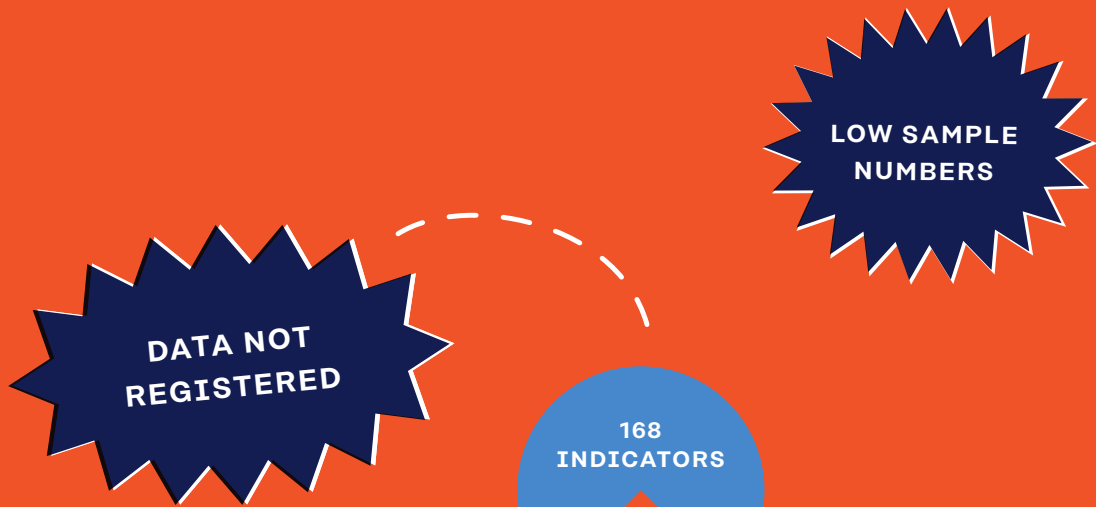
The European Union and the United Nations also play an important role. By setting legal standards, providing policy examples and knowledge-sharing, and by funding projects,

they help the NGOs and church organisations to continually carry out integration work to a high professional standard in the absence of, or even against, state involvement.

Integration policies and institutions could be rebuilt on the grounds of these existing and functioning mechanisms. If the current “tripartite” migration policy of the government were to become “bipartite” and if the explicit “hostile” field were to be removed, transferring asylum to at least the “neutral” field, an Integration Strategy could be created, building on the expertise of the competent actors, and EU funds could actually be used to finance the achievement of the relevant objectives.

As a matter of fact, integration failures are detrimental to the development of Hungary. If a foreigner living in Hungary cannot learn Hungarian or cannot get his qualifications (obtained in his country of origin) recognised, and therefore does not work in a job that matches his qualifications, it is a loss for the country. If a beneficiary of international protection suffers from mental or physical illness due to permanent insecurity or inadequate medical care, and is consequently unable to study or work, this is also a loss for the country. And if a foreigner who is already integrated to some extent into Hungarian society continues to migrate due to hopelessness under the local conditions, that is also a loss for the country. These losses can be prevented by rebuilding integration policies and institutions.

DATA GAPS



Ádám Németh*



CAUSES OF AND WAYS TO ADDRESS THE DATA GAP RELATED TO THE INTEGRATION OF BENEFICIARIES OF INTERNATIONAL PROTECTION IN HUNGARY

1. Issue raised: debates and a common denominator

In recent decades, but especially in the wake of the 2015 „refugee crisis”, research on international migration, refugees and cultural diversity has attracted ever-growing attention. It is a highly politicised area that gives rise to much emotion across Europe, including Hungary. Factors that influence how a person or a political entity relates to the issue include, among others, moral principles, ideological beliefs, party policy interests, economic considerations, and perceived or real impacts on society. Still, mention must be made of facts that, by all logical calculations, are equally important for all stakeholders, regardless of their opinion on the matter.

(1) Fact-finding and analytical work in the field of social science research is indispensable for tackling properly such a complex social, demographic, economic and political challenge. An objective mechanism to inform decision-making helps greatly those countries (for example, Hungary) which have decided to admit some asylum seekers in the process of the adoption of more efficient, fact-based policy measures.

(2) Successful integration is a common interest. Even if refugees fail to extend their refugee status after a certain period of time, the fact that they have acquired language skills and knowledge of the country in question, to cite but one example, will certainly help mitigate potential ethnic, religious and cultural tensions and strengthen social cohesion, and the positive effects of integration on the host society, including alleviating labour needs. This holds particularly true for those whom Hungary granted the opportunity to settle permanently and even acquire citizenship.

This study is intended to outline the main gaps in and problems relating to the data sets on beneficiaries of international protection, relying partly on the indicators of the NIEM project, on existing databases, secondary sources and expert interviews, to look for typical patterns, and then briefly take stock of the possibilities and chances of overcoming the data gap.

The problems include seemingly simple “technical” issues (such as the fact that currently available knowledge on qualifications or employment is highly incomplete). At the same time, information gaps are also detected around some “softer” issues which are relatively difficult to quantify, such as the assessment of housing conditions or opportunities for foreign language learning.

The study also relied on two expert interviews. Two sociologists with a thorough knowledge of international migration statistics also shared their experiences on the data gaps related to beneficiaries of international protection. What do we know about beneficiaries of subsidiary protection and refugees in Hungary in early 2022? Do data gaps pose a serious problem? Is it possible to reduce the number of those data sources where information is missing or incomplete? Understanding the reasons for data gaps and putting experiences in a domestic and international context help with insights that, in the long run, contribute to the social integration of beneficiaries of international protection in Hungary.

2. The issue of integration

To date, there is no single, universally accepted definition, theory or model of integration in the literature.⁸⁸ Instead, there are many interpretations that focus on different aspects of the phenomenon. Berry, for example, starts from the concept of acculturation, which refers to the process whereby individual communities become integrated into a dominant culture that is new to them.⁸⁹ Basically, four acculturation strategies can be distinguished based on the maintenance of the original identity, the degree of integration and the strength of the links between groups: assimilation, marginalisation, integration and separation, the latter also being understood as a rejection of acculturation.⁹⁰ In this context, assimilation, segregation and integration policies and normative multiculturalism provide different responses to the desirable fate of immigrants.⁹¹

In the case of integration, there is a two-way interaction, where integration is achieved by maintaining the immigrants' original cultural identity and deepening inter-group relations. It is a multidimensional process, where immigrants, the host society and the institutions have their roles to play. Penninx and Garcés-Masareñas see integration as

the process whereby the individual "becomes an accepted member of society".⁹² Their model identifies three dimensions (legal-political, socio-economic, cultural-religious), two parties (immigrants and host society) and three levels (individuals, organisations and institutions). Ager and Strang visualise the factors of successful integration in the form of an inverted pyramid. At the bottom, there are rights and citizenship, in the middle, language skills and culture, security, stability and social relations, and on top employment, housing, education, etc. These factors can also be seen as markers of integration.⁹³ Among the factors that slow down or hinder integration, the authors highlight the lack of an effective integration policy, feelings of fear and insecurity, racist incidents and negative attitudes towards immigrants in general.

Although it would be beyond the scope of this paper to discuss the pros and cons in detail, it is worth mentioning the view that the concept of integration is outdated and reflects a kind of neo-colonial thinking.⁹⁴ This idea is also linked to the discourse on multiculturalism, which has at its core, among other things, the question of whether there is a subordinate-superior relationship between cultures. Is it legitimate to demand that immigrants or refugees conform as quickly and as closely as possible to the 'ideal' standard of living of the majority society? From this perspective, multiculturalism as state ideology and integration strategy follow different logic.⁹⁵ As most European countries have integration policies at their core and the NIEM project itself evaluates these mechanisms, the concept of integration is inescapable when examining the social integration of beneficiaries of international protection.

Although most of the literature focuses on immigrants, integration is also becoming increasingly important in the context of refugees. The European Union, for example, has developed an integration strategy to promote the integration of refugees, mobilising significant financial resources to facilitate, inter alia, the development of inter-group relations.⁹⁶ According to the Qualification Directive, beneficiaries of international

88 Castles, S., Korac, M., Vasta, E., & Vertovec, S. 2001: *Integration: Mapping the Field, Report of a project carried out by the Centre for Migration and Policy Research and Refugee Studies Centre*. University of Oxford. 12.

89 Phillimore, J. 2011: Refugees, acculturation strategies, stress and integration. *Journal of Social Policy*, 40. (3): 575–593.

90 Berry, J. W. 1997: Immigration, acculturation, and adaptation. *Applied psychology*, 46. (1): 5–34

91 "At the level of public policy, multiculturalism affirms that diversity must not only be tolerated but promoted" and that to do so, "the common culture controlled by the state, the main public discourses and political institutions must be shaped in such a way that they recognise and reflect the pluralism of values, the differences that exist and the right to be different." (Feischmidt, M. 1997: *Multikulturalizmus*. Osiris Kiadó, Budapest, p. 9, 27).

92 Penninx, R., & Garcés-Masareñas, B. 2016: *The concept of integration as an analytical tool and as a policy concept*. In Penninx, R., & Garcés-Masareñas, B. (szerk.) *Integration processes and policies in Europe*. pp. 11–29. Springer, Cham.

93 Ager, A., & Strang, A. 2008: Understanding integration: A conceptual framework. *Journal of refugee studies*, 21. (2): pp. 166–191

94 Schinkel, W. 2018: Against 'immigrant integration': For an end to neocolonial knowledge production. *Comparative migration studies*, 6. (1): pp. 1–17.

95 Both seek "to bring minorities into the mainstream. Their differences are reflected in the extent to which they embrace diversity. Multiculturalism opts for a mosaic of plurality, while integration is more like a melting pot, bringing diversity into unity to create a new unity." (Fleras, A. és Elliot, J. L. 1997: *A multikulturalizmus Kanadában: a sokféleség felmagasztalása*. In: Feischmidt, M. 1997: *Multikulturalizmus*. Osiris Kiadó, Budapest, pp. 29–38).

96 Schinkel, W. 2018: Against 'immigrant integration': For an end to neocolonial knowledge production. *Comparative migration studies*, 6. (1): p. 30.

protection must have access to, among other things, employment and education, on an equal basis with nationals.⁹⁷

3. Evaluation of migration and integration policies

But how can we identify which issues are relevant for promoting the integration of beneficiaries of international protection? To answer this question, it is worth first reviewing the indicators used internationally to describe the main directions of migration policies and to measure the effectiveness of integration policies. Solano and Huddleston identified a total of 67 comprehensive migration policy indices worldwide.⁹⁸ Generally speaking, they tend to reflect on challenges related to immigration, are highly Europe-centred (on average, three out of four of the countries covered by these indices are European) and provide a mainly cross-sectional approach; longitudinal studies are particularly rare.

Experience has shown that policymakers and the public tend to frame migration policies along a liberal-restrictive axis, even though in reality the distinction is not so clear-cut. It is more common for a country's migration policies to be permissive in some areas and restrictive in others, and these are constantly changing over time. Haas argues, however, that it is more useful to interpret these changes from the perspective of selectionism. In fact, attitudes towards groups considered "desirable" and "undesirable" from the point of view of the host country influence policy decisions.⁹⁹ Although this distinction applies to beneficiaries of international protection to a lesser extent, a somewhat similar idea may underlie the fact that Hungarian refugee policy towards Ukrainian refugees arriving in Hungary in early 2022 has a very different – more positive – attitude than before.

97 Directive 2011/95/EU of the European Parliament and the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or persons eligible for subsidiary protection, and for the content of the protection granted. The main objective of the Directive is to ensure that the same criteria are applied in all Member States for the identification of persons in need of international protection and to facilitate their access to a minimum level of services in all Member States. „With respect to the treatment of persons falling within the scope of this Directive, Member States are bound by obligations under instruments of international law to which they are party, including in particular those that prohibit discrimination (Point 17).“

98 Solano, G. & Huddleston, T. 2021: [Beyond immigration: Moving from Western to Global Indexes of Migration Policy](#). *Global Policy*, 12. (3): pp. 327-337. For more details see: Scipioni, M. & Urso, G. 2018: *Migration Policy Indexes*, JRC Technical Report, Ispra: European Commission, JRC109400.

99 de Haas, H, Natter, K. & Vezzoli, S. 2016: [Growing Restrictiveness or Changing Selection? The Nature and Evolution of Migration Policies](#), *International Migration Review*, Fall 2016, pp. 1-44.

In relation to immigration, the literature usually distinguishes between 'admission policies', 'integration policies' and 'settlement policies',¹⁰⁰ the former focuses on the terms and conditions of entry (e.g. family reunification procedures, asylum) and the latter refers to equal rights, residence and citizenship acquisition policies, or expulsion and return policies. The logical unit between the two is the integration policy itself, which in general terms, aims to promote the social integration of immigrants, refugees and beneficiaries of subsidiary protection in the labour market, education, health care, etc. (see chapter 6.2 for more details).

The most common themes that appear in the policy indicators measuring integration are, in reverse order of importance, labour market integration, social inclusion and education.¹⁰¹ This topic is specifically addressed by the Migrant Integration Policy Index (MIPEX), which is one of the broadest such indicators in space and time. After collecting data on permanent housing, access to citizenship, labour market mobility, family reunification, education, political participation, health care and anti-discrimination measures, MIPEX has classified countries around the world into ten categories. Hungary's integration policy received the 8th "Equality on paper (Halfway unfavourable)" rating.¹⁰²

4. General information on data gaps

When researchers address the issue of international migration, they soon realise that while there are nearly complete statistical databases on the autochthonous population and a relatively large amount of information is available on the immigrant population, data on beneficiaries of international protection is very incomplete. This is a global phenomenon which has several potential technical reasons, including the fact that the population in question is much smaller than that of regular migrants or the high degree of data uncertainty (for example, many asylum seekers, refugees and beneficiaries of subsidiary protection are unable to present an official document proving their identity). Nevertheless, it is to be noted that such data gaps are detected only on public interfaces (e.g. the websites of national statistical offices or ministries).

100 Rayp, G., Ruyssen, I. & Standaert, S. 2017: Measuring and Explaining Cross-country Immigration Policies, *World Development*, 95, pp. 141-163.

101 Solano, G. & Huddleston, T. 2021: Beyond immigration: Moving from Western to Global Indexes of Migration Policy. *Global Policy*, 12. (3): pp. 327-337.

102 Solano, G. & Huddleston, T. 2020: [Migrant Integration Policy Index 2020](#). Barcelona/ Brussels: CIDOB and MPG.

In fact, large quantities of information accumulate on refugees arriving in Europe, but recording is performed with different approaches. Such data are also received, for example, by the European Border and Coast Guard Agency (Frontex), the European Asylum Support Office (EASO) and the competent institutions of each Member State (in Hungary, the National Directorate-General for Aliens Policing).¹⁰³ Given that in practice, a single European asylum system capable of constructing a single database does not exist (or exists only at a legislative level)¹⁰⁴, the dataset on beneficiaries of international protection is highly fragmented and only a fraction is available, for example, on the Eurostat webpage. The expert interviews, which served as a basis for this study, shed light on the fact that EU member states, while meeting their minimum obligations on reporting to Brussels, are basically reluctant to share their detailed databases. This is because the primary purpose of such registers does not concern informing the public or contributing to research. Most countries consider information on asylum as a security policy issue.

Nevertheless, this practice (preferred by public administrations for possibly understandable reasons and seemingly useful in the short run) may prove to be counterproductive over time, given that the objective, fact-based planning work of researchers is indispensable for efficient asylum and integration policy measures.

5. Changes in the source of refugee data in Hungary

Let us start with a brief summary of the sources of publicly available information on beneficiaries of international protection. In general, the development of the organisational system of Hungary's immigration policy is characterised by an ever-increasing centralisation of powers and competences. The first act on immigration procedures dates back to 1903 and was amended by Act XXVIII of 1930. In the era of state socia-

¹⁰³ [Frontex](#) is responsible, among others, for the evaluation of risks to the EU's external borders. For that purpose, data provided by member states are used, along with intelligence from external borders. Frontex then shares these data with the competent national authorities, Europol and other European agencies. [EASO](#) collects asylum statistical data from all EU member states, Switzerland and Norway on a monthly basis. It also operates an Early Warning and Preparedness System on asylum on the basis of various EPS indicators. Efforts are being made to develop this system into a more flexible reporting system that is capable of predicting events and responding to them immediately, rather than simply monitoring them. For details, see: Ferenc, Urbán: [Az európai menekültügyi statisztikai adatgyűjtés összefüggései \(Correlations in European statistical data collection on asylum\)](#) *Statisztikai Szemle*, 2016, Vol. 94, No. 5.

¹⁰⁴ The legal basis for the obligation to collect asylum (and migration) data in Europe is provided by Article 4 of Regulation (EC) 862/2007/EC. "The regulation allows an opportunity for the regular quality and EU-level comparability of the statistical data collected on asylum. It allows for making reference to relevant legislation in the course of data collection, and serves as a basis for the definition of the variables included in the collection of statistical data on asylum and in the breakdown of such variables." (ibid.).

lism, the National Central Office for the Control of Foreigners (Hungarian: Külföldiek Ellenőrző Országos Központi Hivatal, KEOKH) operated under the State Protection Authority (Államvédelmi Hatóság, ÁVH) and then under the Ministry of the Interior. Act LXXXVI of 1993 and its implementing regulations followed the European model. In the late 1990s, upon the entry into force of the Asylum Act, the processing of the applications was devolved to the public administration offices of the counties and Budapest, while appeals were examined by the Office of Asylum and Migration (Menekültügyi és Migrációs Hivatal). In 2000, the Office of Immigration and Citizenship (Bevándorlási és Állampolgársági Hivatal, BÁH) of the Ministry of the Interior was set up to take over immigration tasks. *egenrendészeti feladatok*.¹⁰⁵ In 2017, the Immigration and Asylum Office (Bevándorlási és Menekültügyi Hivatal, BMH) was set up as a legal successor of BÁH, and then renamed National Directorate-General for Aliens Policing (Országos Idegenrendészeti Főigazgatóság, OIF) in 2019.

This means that the registration beneficiaries of international protection was performed first by BÁH and then BMH, and currently falls into the competence of OIF. Data on refugees who are in the official register of persons and addresses are provided by the Deputy State Secretariat for Registers' Management (Nyilvántartások Vezetéséért Felelős Helyettes Államtitkárság) to the Hungarian Central Statistical Office (Központi Statisztikai Hivatal, KSH) and Eurostat. The data are transferred as per OSAP No. 2196,¹⁰⁶ and as a cooperation agreement. One possible plausible explanation for the lack or difficult availability of time-series data would be the strong turbulence in public administration, given that legislative amendments were coupled with changes in the immigration and asylum agencies. This hypothesis, however, was refuted during the interview. An expert on data flow mechanism says that during "institutional exchanges", files and data are transferred automatically. Possibly, some minor disruptions may have occurred in data transfers in the 1990s, but, most probably, they were not significant. BÁH and OIF are required to have "all important information retrospectively", which is logical given that when examining the possibility of the extension of a person's refugee status, all previous information is needed on the person in question.

¹⁰⁵ Wetzl, Tamás: [A magyar migrációs jog története](#), *Iustum Aequum Salutare* V. 2009/2. 205–217.

¹⁰⁶ [OSAP: National Statistical Data Collection Programme](#). The data scope of register number 2196: "Demographic characteristics of foreign citizens residing in Hungary (gender, age, marital status, nationality, country of birth, place of residence, education) and data related to the different types of permits (date of entry, type of permit, validity, purpose of stay) based on alien policing registers".

6. The organisation of missing data

The NIEM indicator list of 168 items compiled by the Migration Policy Group can provide an optimal basis for deciding which issues are relevant for promoting the integration of beneficiaries of international protection. The indicators are grouped into 13 modules, each covering an integration area. Table 1 gives a brief insight into the type of indicators included in each block.

It is to be highlighted that a significant part of these indicators pertain to the existence of some legislation and most of them are available in Hungary as well. By contrast, data on implementation and statistics on beneficiaries of international protection are extremely incomplete. It is revealing that no information whatsoever is available on one-quarter of the indicators (42 indicators, see Figure 1), and a value of 0 was recorded in the table for almost the same number of indicators. A 0 indicates that it is not possible to interpret the issue in the Hungarian context. For example, a total of 15 indicators pertain to the parameters of state-funded foreign language and integration courses, but in Hungary, no such courses are offered free of charge. At this point, let us discuss the areas where we are completely in the dark and let us identify distinctive features (if any) of data gaps.

6.1 Data gaps by integration area

A possible method of the characterisation of missing data is to break them down by integration area. As shown in Figure 1, the problem of data gaps affects each topic to some extent, although the differences are relatively large.

Studying *general data* immediately sheds light on an anomaly. The number of asylum seekers and beneficiaries granted international protection by Hungary is known (stock and flow data being both available), but the same data broken down by age, gender, place of residence or vulnerable groups are not available. Formerly, BMH used to publish its statistical brochures every two or three months. However, after 2018, the publicly accessible OIF database was not updated for a while. (The missing reports were delivered in 2021 and 2022, so for the moment the 2021 statistics are the most up-to-date.)¹⁰⁷ The online interface of Eurostat contains some of the data

¹⁰⁷ www.bmbah.hu/index.php?option=com_k2&view=item&layout=item&id=177&Itemid=1232&lang=hu

Table 1.

Grouping of the main NIEM indicators by the integration areas identified

BASELINE – Basic data by age, sex, vulnerability (single parent, disabled, unaccompanied minor, victim of torture, etc.); duration of asylum procedure; duration of the identification of vulnerability.

MAINSTREAMING – Integration strategy for beneficiaries of international protection

STAY – Residence permit types; options for residence permit renewal; conditions for issuing residence permits; facilitated conditions for individuals belonging to vulnerable groups; administrative barriers and costs; the rate of favourable decisions; main grounds for refusal, etc.

FAMILIES AND FAMILY REUNIFICATION – Range and status of family members; the preconditions for family reunification applications; the time frame of preferential applications; providing evidence on family affiliation; duration and cost of the family reunification procedure; rate of favourable decisions; main grounds for refusal, etc.

NATIONALITY – Potential facilitated conditions for refugees or beneficiaries of subsidiary protection status; determination of length of stay; conditions for the acquisition of citizenship; documents from the country of origin; the duration and cost of the naturalisation process; rate of favourable decisions; main grounds for refusal, etc.

HOUSING – Free movement within the country; access to housing; acquisition of real estate property; consultation and representation; availability, duration and amount of targeted housing benefits (e.g. for vulnerable groups); assessment of the quality of housing: how many persons stay with friends, in rented accommodation, in their own property, etc.

EMPLOYMENT – Statistics: qualification; overqualification; the number of unemployed persons, employed persons and self-employed persons; access to the labour market and administrative barriers to such access; the recognition of diplomas and qualifications; state support for job search; coordination with regional/local authorities, etc.

VOCATIONAL TRAINING – Statistics: how many persons (and in what status) participate in vocational training; access to vocational training and the administrative barriers to such access; targeted state support to facilitate access; coordination with regional local authorities, etc.

HEALTHCARE – Identification of vulnerable groups (minors, pregnant women, disabled persons, elderly persons); their access to healthcare and the administrative barriers to such access; inclusion in health insurance; informing health care providers and raising their social awareness; targeted state aid to facilitate access; coordination with regional/local authorities, etc.

SOCIAL INSURANCE AND SOCIAL SECURITY – Conditions for access; rights; information; administrative barriers; informing the social care system and service providers, raising their social awareness; coordination with regional/local authorities; rate of refugees living below the poverty line, etc.

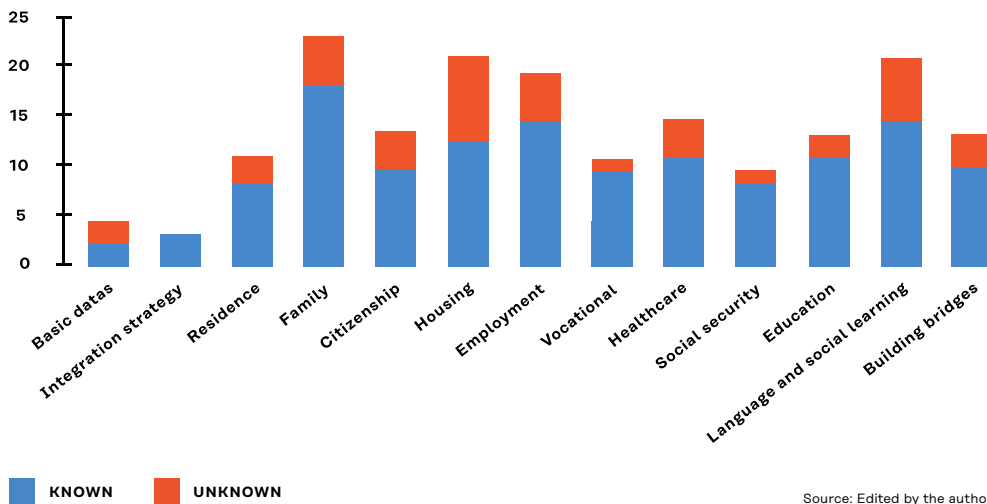
EDUCATION – Statistics on individuals under 25 who have accessed education (by level of institution); conditions of and administrative barriers to such access; the assessment of former studies; the availability of language learning support and targeted educational support; the number of beneficiaries; informing professionals, raising their social awareness; coordination with regional/local authorities, etc.

LANGUAGE TEACHING, INTEGRATION PROGRAMMES – Statistics: the number of individuals participating in Hungarian as a foreign language courses and integration courses; access to services and administrative barriers to such access; the availability and amount of state support; the quality and duration of courses; language proficiency level of participants (A1-C2), etc.

BRIDGING – Existence of state-funded awareness-raising measures; coordination with regional/local authorities; supporting voluntary initiatives; number of refugees receiving individual mentoring; the number of guardians assigned to unaccompanied minors; participation of refugees in political/social/voluntary activities; number of NGOs led by refugees, etc.

Source: Edited by the author

Figure 1.
Data gap on beneficiaries of international protection in Hungary according to known and unknown NIEM indicators



Source: Edited by the author

in question, such as detailed data broken down by gender and age.¹⁰⁸ A potential reason for this fact is that according to the provisions of Regulation (EC) 862/2007, EU member states are obligated to provide data to the European Commission and Eurostat, but no obligations are specified as to the frequency or details of publishing the same data in the Hungarian language.

According to the National Directorate-General for Aliens Policing (OIF), the average duration of asylum procedures was 465 days in 2019, 159 days in 2020 and 143 days in 2021. This improving trend is probably due to the fall in the number of registered asylum seekers: compared to 2018 (671), the number of asylum applications fell to 500 in the following years, 117 in 2021 and only 40 in 2021. However, it is important to note that in May 2020, the asylum procedure has become even more complicated than before. In Hungary, a person can only be granted refugee status if he or she submits a preliminary asylum application to the Hungarian embassy in Belgrade or Kiev. After approval by the OIF, the embassy can issue a travel document for the person concerned to travel to Hungary, and then, after the border police refer him/her to the OIF, he/she can formally lodge his/her asylum application.

No information gaps have been identified with regard to the *integration strategy* given the well-known fact that as of yet no specific integration strategy has been introduced for immigrants or beneficiaries of international protection, and no ministry or other public administration entity has been appointed for its development. Although the Migration Strategy and the seven-year strategic planning document related to the Asylum and Migration Fund (to be established by the EU in the period from 2014 to 2020) based on the Strategy do mention an integration strategy, no progress has been made in this field. Moreover, the planning document expired at the end of 2020 and has not been renewed, so there is now no comprehensive integration policy in government documents.

Settlement. It is not known how many refugees have applied for residence or how many applications have been accepted or rejected, and on what grounds. (Since January 2019, refugees or beneficiaries of subsidiary protection have not been granted residence permits because the authority only recognises a “reason for housing”. If refugees or beneficiaries decide to apply for a residence permit, they must renounce their status). However, the number and percentage of decisions taken by the asylum authority are available in the OIF's annual publication booklets (Table 2). The expert interview shed

¹⁰⁸ www.ec.europa.eu/eurostat/web/asylum-and-managed-migration/data/database

light on the problem that the number of beneficiaries of international protection who habitually reside in Hungary is not known. According to the data provided by the Operational Services Unit of the Department of Personal Data and Address Registration and Administration (Személyi Nyilvántartási és Igazgatási Főosztály Operatív Szolgáltatási Osztály) within the Ministry of the Interior, as of 31 December 2021, 1, 435 persons had ID cards as refugees and 1,521 as beneficiaries of subsidiary protection, but it is possible that a significant majority of them are currently residing somewhere in Western Europe. Although officially they are not allowed to stay in another EU Member State for a longer period of time, their movement within the Schengen area is difficult to monitor, because the identity of persons crossing borders and the dates of such crossings are not known.

Table 2.
Number of decisions taken by the asylum authority in Hungary

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Recognised as refugee	173	240	146	154	106	68	22	83	21
Recognised as beneficiary of subsidiary protection	183	236	356	271	1,110	281	31	43	17
Humanitarian protection status	4	27	6	7	75	18	7	4	2
Rejected	4 185	4 553	2 917	4 675	2 880	595	650	346	19
Termination of procedure	11 339	23 406	15 226	49 479	2 049	160	50	47	28

Source: [OIF annual statistics booklets](#)

As far as *family reunification* is concerned, the average length of the procedure is not known, and no information is available as to the existence of any experience in family tracing. For example, while in 2016, 130 applications for family reunification were submitted and 79 of these received positive decisions, in 2020, 27 out of 73 applications were granted.¹⁰⁹ During the interview, it was confirmed that such data (similarly to former data sets) are certainly available in the OIF files.

Available knowledge of the circumstances of the acquisition of *citizenship* is relatively extensive. Given that the relevant legislation does not specify a maximum processing

¹⁰⁹ NIEM Hungary Evaluation report 2.

time for naturalisation, and the average duration is not known. According to information provided by NGOs assisting foreigners, in practice it is not clear how long each procedure will take, ranging from six months to two years. The procedure itself is free of charge, but it entails several additional costs such as those of the naturalisation exam or translation. Again, no specific information is available on the number of refugees who acquired Hungarian citizenship,¹¹⁰ on the rate of failed naturalisation procedures, nor on the reasons for rejection. During the interview, mention was made of the Citizenship and Registry Department of the Government Office of Budapest (Budapest Főváros Kormányhivatalának Állampolgársági és Anyakönyvi Főosztálya) as a potential data source, given that the vast majority (according to estimations, three quarters) of refugees in Hungary reside in Budapest.

Most of the missing points pertain to *housing* conditions. At this point, it is to be highlighted that in the area of housing (similarly to all areas of integration) state support was withdrawn after 2016. Accordingly, any indicator that pertains to this issue is non-applicable to the Hungarian context. (A positive, but rather unique example is Budapest's District VIII, which launched a consultation on the regulation of municipally-owned housing in June 2021, involving an NGO working on the integration of foreigners.) Given that in Hungary only less than 2% of the housing stock serves the purpose of public accommodation¹¹¹, the lack of data on refugees living in this type of accommodation is not surprising. Unlike Austria or Germany, public accommodation in Hungary is far from being a typical solution. Once their refugee status is recognised, they can spend 30 days in a reception centre (60 days until June 2016), during which time they must sort out their housing, in addition to obtaining the necessary documents. There is still no data on how many of the refugees are homeless, how many live in households with friends or family and how many live in rented or owned accommodation. As far as the housing conditions are concerned, the scope of available information is limited to accounts given during focus group interviews, where respondents usually reported poorly equipped and overcrowded living environments. A favourable development that has occurred since 2016 in the acquisition of real estate property is that the same rules apply to Hungarian citizens, refugees and beneficiaries of subsidiary protection.

Another particularly striking example is the data gaps related to the *employment* of beneficiaries of international protection. In the facilitation of the integration process, the

¹¹⁰ Citizenship statistics of asylum seekers are available in the database of Hungary's Central Statistical Office. [See, for example,](#)

¹¹¹ www.gki.hu/wp-content/uploads/gki/Szocialis_berlakas.pdf

availability of data on the highest completed level of education and training would be essential, along with information on the number of refugees and beneficiaries of subsidiary protection who are present in the labour market either part-time or full-time, or who have launched a private business. However, even the basic data are missing. Although no concrete figures are available, the experience of recent years has shown a fundamentally favourable change, which is a consequence of the serious shortage of specialists in Budapest and large towns. However, the Covid-19 crisis, similarly to international trends (see for example OECD 2020), has reversed this positive trend.¹¹² As immigrants and refugees typically work in sectors that have been severely affected by lockdowns and the economic downturn (e.g. hospitality, tourism), many of them lost their jobs in 2020. However, they were gradually able to re-enter the labour market in parallel with the lifting of the restrictions: it is estimated that 55-65% of beneficiaries of international protection were back in the labour market in 2021.¹¹³

In that regard, it is to be mentioned that no data are available on the rate of acceptance/rejection of qualification documents or on overqualification. A possible explanation of the latter is that, in general, the phenomenon of “*brain waste*” is under-researched in migration research literature.¹¹⁴ However, focus group and stakeholder interviews revealed that more than a third (37%) of refugees residing in Hungary may be overqualified for their current jobs. In theory, beneficiaries of international protection can participate in the labour market and the public works scheme in the same way as Hungarian nationals, although certain jobs in the public sector require Hungarian nationality.

Presumably, a reason for the incompleteness of such data is that asylum seekers typically arrive without documents; the documents are either destroyed or, in some cases, those concerned keep them secret to ensure a more favourable decision during the procedure. In terms of labour market participation, the expert cited the example of Germany. As shown by the data of the Institute for Employment Research (*Institut für Arbeitsmarkt und Berufsforschung*, IAB), by 2019 about 40% of refugees aged 15–64 took up employment, half of them in jobs that require special qualifications.¹¹⁵ This

¹¹² For details, see the analysis by Boglárka Budai in this volume.

¹¹³ NIEM Hungary Evaluation report 2.

¹¹⁴ The term refers to the fact that, due to the lack of language skills or the incompatibility of qualification certificates, some immigrants take jobs of a lower status than they are qualified for. From the national economy point of view, this is a particularly harmful phenomenon. It is harmful to the host country (human resources are wasted), to the country of origin (brain drain, whereby skilled young people leave the country) and to the individual concerned (who perceives a deterioration of subjective well-being).

¹¹⁵ www.dw.com/en/germany-refugees-integrated-into-labor-market-quicker-than-expected/a-49908960

indicator exceeds expectations. Still, another five or six years may be needed until all refugees who arrived in Germany in 2015–2016 enter the German labour market. In Hungary, the number of refugees is orders of magnitude lower, but the difficulty of learning the Hungarian language may hinder the process.

No information is available on the official procedure of the identification of asylum seekers who belong to a vulnerable group due to their *health status* (e.g., pregnant women, disabled or unaccompanied minors) or the duration of such procedures. Similarly, there are no specific data on central budget allocations for the health care of asylum seekers and refugees. Another sensitive issue is the problem of unmet needs. As relevant legislation ensures that recognised refugees are entitled to the same benefits as Hungarian citizens (albeit, naturally, some practical problems were identified during the focus group interview), this problem affected, above all, asylum seekers who were staying in transit zones indefinitely.¹¹⁶ From May 2021, foreign nationals and beneficiaries of international protection could also receive Covid-19 vaccinations, as registration no longer required a social security number.

Exact data are available on the conditions under which they are entitled to *social* support, unemployment benefits, benefits related to health status, disability benefits, family and child benefits or old-age benefits, and the related administrative procedures and obstacles. (These subsidies are difficult to access at first, as they require a prior social insurance period.) By contrast, numerical indicators on social security (e.g. the percentage of beneficiaries of international protection living below the poverty line) are not known. Based on Menedék’s clientele, this rate is estimated at 36%. 60% of refugees living below the poverty line are working and 80% receive support from an independent NGO or church. However, the length of time since the granting of refugee status is a decisive factor: those who have lived in Hungary for a relatively long time tend to have more stable livelihoods.

The available statistical data on *education* is incomplete, and the accessibility of data charts varies: for example, such data sets are available for the academic year of 2020/2021 (when the numbers of asylum seekers or recognised refugees¹¹⁷ attending

¹¹⁶ The relevant NIEM indicator reflects the approximate rate (percentage) of asylum seekers and beneficiaries of international protection who reported that while accessing healthcare (including psychological support) they had encountered or had been unable to overcome an obstacle. Almost all asylum seekers who stayed in the transit zone, and the majority of refugees or beneficiaries of subsidiary protection fall into this category according to a 2019 estimate. Based on interviews with the Menedék Association conducted in 2021, this figure is estimated at 10%. As for the latter group, most people report delays in healthcare: healthcare institutions often refer them to other institutions several times. The transit zones were finally closed in May 2020.

¹¹⁷ NIEM Hungary Evaluation report 2.

kindergarten, primary school, secondary school and university were 29, 66, 8 and 6, respectively), but not for 2016. (In theory, the Public Education Information System [köznevelés információs rendszere, KIR] of the Education Authority [Oktatási Hivatal] contains public information.) The number of children receiving targeted state education support, and educators working with them is zero, given that language and integration support is unavailable in this field as well. At the time of online education, the chance to settle into a new school was practically non-existent, and the necessary electronic equipment was often lacking.

As discussed above, currently there are no state-funded free language courses or *integration programmes*; therefore, no information is available on the number of participants or those who pass a language exam, their satisfaction with the quality of the course or the usefulness of the knowledge acquired etc. Experts also mention that until 2015 courses were funded by the Asylum Welfare Department (Menekültügyi Ellátási Osztály) of BÁH, but afterwards that source of funding dried up.

Negative answers are given to questions on the availability of information on publicly funded social awareness-raising measures, government coordination with regional/local authorities, support for voluntary initiatives, participation of refugees in national or local political consultations, etc. In the chapter on *bridging*, most data gaps are observed in the context of the number of guardians assigned to unaccompanied minors, refugees engaged in political or social activities or volunteering, or NGOs led by refugees. It is important to note that, in general, the closures due to the pandemic have further complicated the process of bridge-building and social inclusion.

6.2. Data gaps broken down by probable reason

Characterisation may also be performed based on the probable causes of data gaps. It must be emphasised again that, in most cases, data gaps appear in the fields of implementation and the numerical data on beneficiaries of international protection. Based on the experience gained during the NIEM project and on the expert interviews, four factors are outlined that, in part or in full, explain the lack or the difficult availability of a given data type.

6.2.1. Non-existence of data

Obviously, it can be presumed that most of the listed indicators are missing because no such data have been generated in Hungary. For instance, it is difficult to imagine a database that would register the political, social or volunteering activities of refugees or a set of objective criteria that would measure the effectiveness of language and integration programmes. At the same time, it is likely that data gaps mostly derive from the fact that some data are generated but not published. The following section discusses the potential underlying factors.

6.2.2 Low number of samples

Apart from the refugee crisis of 2015–2016, the number of asylum seekers and recognised refugees arriving in Hungary is typically much lower than that of those arriving in Western European EU member states. Before that, the publication of available data in detail would have been of relevance, but at the time no special attention had been attributed to the subject. Since 2017, the number of individuals had been so low that, in theory, data would allow for personal identification (for example, if in a given quarter only three Pakistani women over 65 years of age are granted refugee status). (To ensure protection against such disclosure, statistical offices often use symbols in statistical tables to represent numbers of persons lower than a specified number, such as 5 or 10.) This is a common practice in Hungary, where the Central Statistical Office does not provide exact data for less than three people.) Before 2015, most opinion polls analysed attitudes towards immigrants, and hardly contained questions about refugees. In addition, many respondents did not distinguish the two categories, as previously refugees had been mostly of European origin, typically arriving from the Western Balkan region, or before that, from Transylvania. This means that the issue of samples that are too small is a real “problem”, but – given that the Central Statistical Office publishes all incoming data – the fragmentation of the data sets can be attributed only partially to data protection considerations.

6.2.3 Disappearance of data

Mention must be made of the fact that most of the information in question (including sensitive data) does not even reach the Central Statistical Office. The publicly available CSO data tables contain only the basic data of those persons who were granted inter-

national protection (refugees or beneficiaries of subsidiary protection), were entered in the address register and received an identity card. Other data, the nature of which is unknown are preserved by the National Directorate-General for Aliens Policing.

Most probably, the specific, quantifiable parts of data gaps suggest existing data sets that were recorded during legal procedures but then started to “float” in the subsystems of public administration without being processed and/or published. The expert opines that missing demographic data (including the number of individuals in vulnerable groups), the acceptance rate of applications for family reunification, citizenship or residence, and data on employment and education certainly fall into the category of “disappeared data”. Moreover, data come from multiple locations, but the process itself is uncoordinated. Most probably, partly due to the small number of samples, there is no interest in investing time and energy in the harmonisation and publication of data recorded by various authorities. There is a high number of data managers involved in the process. Data on beneficiaries of international protection are registered mainly by the National Directorate-General for Aliens Policing, the Education Authority (see: Public Education Information System), the National Tax and Customs Administration (Nemzeti Adóhivatal) and the National Health Insurance Fund (Országos Egészségbiztosítási Pénztár).

6.2.4 Current political environment

It has been mentioned above but must be reiterated that governments seem to regard asylum primarily as a security policy issue. This is not an approach specific to Hungary. For example, Regulation (EC) No 862/2007¹¹⁸ has recently been amended to increase the frequency of reporting on asylum seekers, beneficiaries of international protection and persons subjected to coercive measures, in particular individuals belonging to a vulnerable group (e.g. unaccompanied minors). Several countries protested against such an increase in frequency.

The background of party politics is a sensitive issue, but cannot be neglected. This paper does not include it in the list as a tangible reason for data gaps, rather, discusses it as a general attitude of asylum authorities. Sometimes there is a reluctance to ask

questions even in completely value-neutral situations, for example, in the case of a simple request for basic demographic data. A possible example of this is the data on beneficiaries of international protection broken down by age and gender, which are available on the Eurostat website but missing from Hungarian databases. This means that the minimum obligation of reporting to Eurostat is met, but, unless regulated otherwise by a specific decree, there is a reluctance to respond to data requests. In theory, data of public interest or data public on grounds of public interest can be requested on an individual basis, but the definition of “public interest” is quite fluid.

7. Summary and policy recommendations

The vast majority of studies and policy guidelines interpret the processes in question from the perspective of host societies, while the immigrants themselves, and what is more, beneficiaries of international protection receive much less attention. Yet more information on the phenomenon would assist countries that have decided to admit and integrate such individuals in adopting more effective, fact-based policies. However, current experience suggests that the knowledge of researchers on asylum seekers and beneficiaries of international protection, and on the circumstances and results of submitting and assessing asylum applications is not sufficient.

The list of indicators compiled by NIEM provides a useful reference point for the assessment of which data would, theoretically, be a prerequisite for rapid and efficient policy work. Yet, as evidenced by the research, at least one-fourth of such data (especially quantitative data) are missing. The expert interviews also suggest that some types of data are more likely to be available to the public and researchers than others. The following grouping can provide a basis for efforts to address part of the data gap.

Some types of data will probably never be collected regularly and systematically. These include, above all, “soft” indicators such as the engagement of refugees in civic life, the number of non-profit organisations they run, or the way they perceive their own housing conditions. Although such indicators would be of interest to researchers, data collection in practice is performed on the basis of a different (administrative) system of criteria.

The second category consists of indicators that could be explored in the framework of specific research projects, with the involvement of the local government. For ex-

¹¹⁸ Regulation (EC) No 862/2007 of the European Parliament and the Council of 11 July 2007 regulates Community statistics on migration and international protection and on repealing Council Regulation (EEC) No 311/76 on the compilation of statistics on foreign workers. “It specifies EU rules on migration, international protection, legal or illegal migration, and returns by EU and EFTA countries.” For details, see: www.eur-lex.europa.eu/legal-content/hu/LSU/?uri=CELEX:32007R0862

ample, each local government of Budapest (for instance, District 8, where a relatively high number of beneficiaries of international protection reside) should individually be contacted by researchers who seek information on the number of admitted refugees who are homeless, live with friends or family, or in their own or leased properties. Recommendation: the local governments concerned should initiate or, where necessary, actively support research on beneficiaries of international protection (e.g. on their housing and labour market conditions).

The third category is that of data types which, in all probability, already exist, but which are difficult to extract from the system. Most of them are information which, from the perspective of the public administration, qualify as “not of public interest”. Examples include the grounds for the rejection of applications for asylum or citizenship. A sociologist who participated in the interview opines that a summary of such statements would contribute greatly to the elimination of data gaps. Such a summary would not contain specific justifications that include the names of the persons concerned (the disclosure of which would infringe personality rights), but it would be important to see the number and proportion of rejections within broader categories.

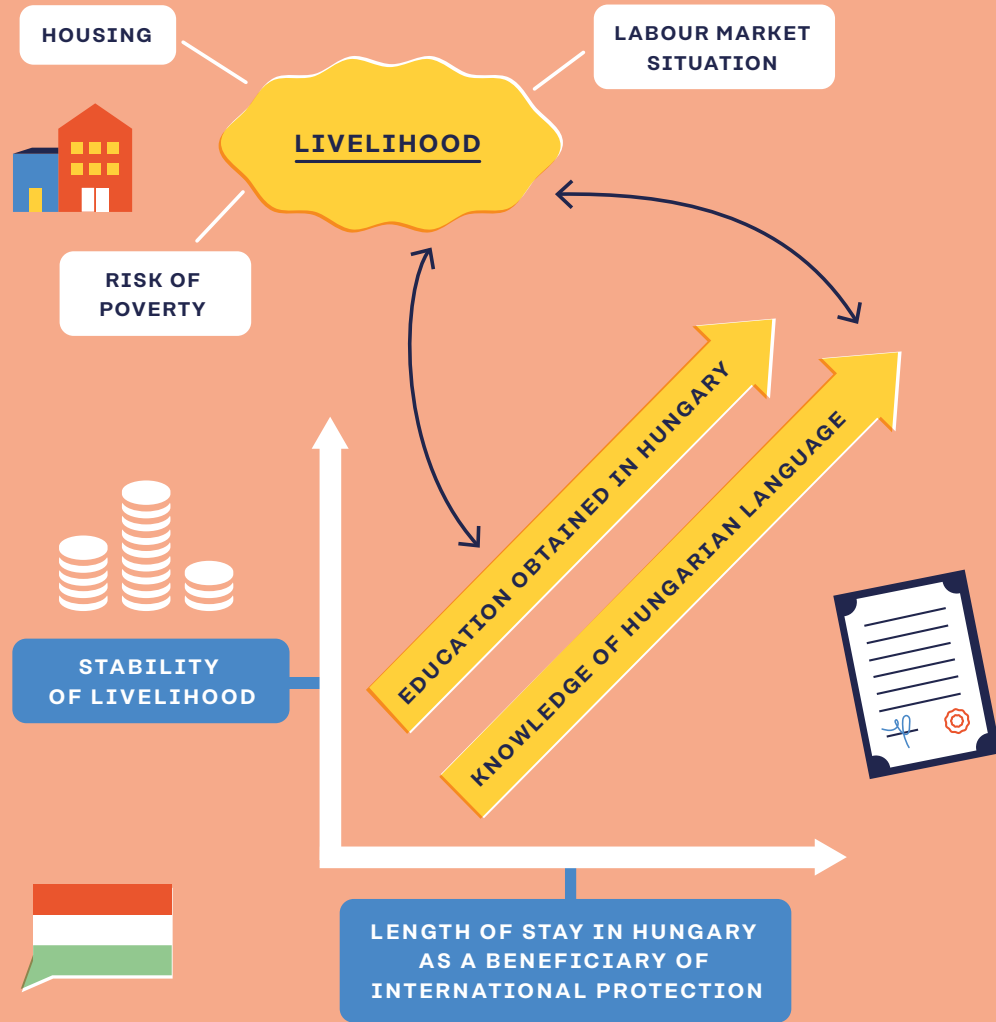
The fourth category consists of data sets that exist in various public administration subsystems and their disclosure is not prohibited by law, but currently there is no capacity to “process the documents”. Basic demographic data, the acceptance/rejection rates of applications submitted, the average duration of the procedure and most of the missing data on employment, vocational training and education are likely to fall into this category. With regard to integration, it is of particular importance to know more about individuals belonging to vulnerable groups. Given that the registration of such data is required by law, such data certainly exist, albeit most probably only in a paper-based form. Recommendations (1) It is recommended to regularly publish OIF statistical booklets in a more detailed breakdown than is currently available, including quick and easy access to relevant data series held by the HCSO. (2) An apparatus should be set up with the explicit objective of collecting and harmonising fragments of data on beneficiaries of international protection and promoting social research and boosting the effectiveness of policy measures through ensuring data availability. Given the relatively small size of the database, this would hardly require significant workforce capacity. The optimum level of the granularity and availability of data would include a breakdown by gender, age, citizenship, marital status, the highest completed level of education, place of residence (at least reflecting if it is the capital, a county seat, a town or a village).

A population register can offer a partial solution to all of the issues above. In that regard, the expert interview outlined an encouraging vision for the future: similarly to almost all national statistical offices, Hungary’s National Statistical Office is considering the option of setting up a population register for statistical purposes. In an optimistic scenario, such a system may become operational in 5 to 6 years. In some countries in Western Europe and, above all, in Northern Europe such registers are already in operation with much success, allowing for the simpler and faster processing of census data. The system links the data of various registers, such as housing and business registers, social security, education or tax registers, etc. Given that in such a population register the data of each person who has an official address are interlinked (obviously, anonymously and in strict compliance with relevant data protection policies, based on temporarily generated codes), it may become theoretically possible to get more information on, for example, the qualification or employment indicators of beneficiaries of international protection. For the time being, this is only a plan, but marks a robust development direction envisaged by the Central Statistical Office. Recommendation: in the course of setting up a population register, account should be taken of aspects of research. It would be absolutely necessary to include a filter mechanism that allows for the sorting of certain social groups (including beneficiaries of international protection) and then for the aggregation of data. The preparation of a technical description would be indispensable to ensure that migration researchers can start working independently.

* External expert. Research Fellow at the University of Pécs and OeAD Postdoctoral Researcher at the Austrian Academy of Sciences. The analysis will not be necessarily considered as reflecting the views of Menedék – Hungarian Association for Migrants or other NIEM partners. The author, with a de-politicised approach and observing the principle of scientific objectivity, explores the problem of data gaps related to beneficiaries of international protection.

LIVELIHOOD SECURITY AMONG MENEDÉK ASSOCIATION'S CLIENTS

Observed population: beneficiaries of international protection attended by Menedék Association in 2020



This selection criterion cannot be assessed based on the database

LEAVING HUNGARY



STABILITY OF LIVELIHOOD

WOMEN ♀

- 82% live in a family, 18% do not have a dependent relative
- 72% have stable housing conditions
- 40% work
- Poverty is a general feature (48%)

VULNERABILITY (one third of all women)

- single parents
- mental health problems
- domestic violence

MEN ♂

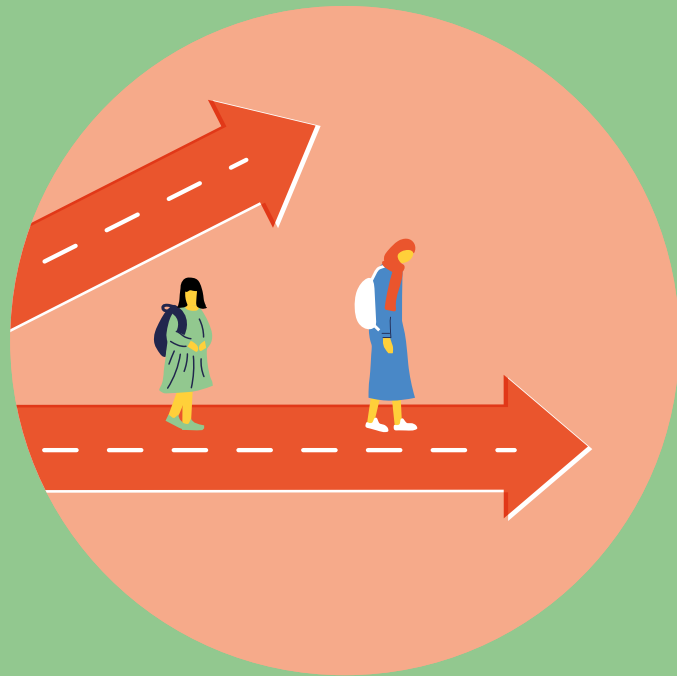
- 31% live in a family, 69% do not have a dependent relative
- 64% have stable housing conditions
- 75% work
- Poverty is not a general feature

VULNERABILITY (one fifth of all men)

- disadvantages due to sexual orientation
- lack of status
- unaccompanied minors



Zsombor Lakatos



EXISTENTIAL STABILITY AMONG BENEFICIARIES OF INTERNATIONAL PROTECTION IN HUNGARY – AN ANALYSIS BASED ON THE NIEM INDICATORS WITHIN THE MENEDÉK ASSOCIATION'S CLIENTELE

1. Introduction

The NIEM international research seeks to examine the integration of beneficiaries of international protection in the participating countries based on several indicators. A detailed analysis by Ádám Németh in the previous chapter shows that comprehensive data on most of the indicators examined by the NIEM research are not available in Hungary. Due to the lack of representative data, we searched for alternative sources that would allow us to investigate the integration processes of beneficiaries of international protection in Hungary, their trends and correlations.

In Hungary, if we exclude public bodies, Menedék Association has the largest number of clients in the field of social care for beneficiaries of international protection. The Association has a comprehensive database of clients, with their consent and agreement, in accordance with GDPR. The database contains data that can be primarily verified by official documents: age, gender, length of time spent in Hungary under international protection, country of origin, place of residence, education in Hungary, names and ages of relatives (parents, children, spouse, siblings). Additional characteristics were also recorded for each client during the data collection for the NIEM survey. These included data on vulnerability, language skills, labour market situation, housing, number of dependants in the household, and whether the household had income below or above the poverty line. For each of the latter data, the Association's social workers provided information on clients based on their experience of working with them.

Thus, the following study covers individuals who came into contact with the Menedék Association as clients in 2020, are over 18 years old and are beneficiaries of international protection. Their number in 2020 was 239 in total, of which 68 were women and 171 men.

It is important to emphasise that this database – and the results obtained from its analysis – are not representative of the full range of people granted protection in Hungary. Due to the scope of the Association's activities, less integrated, less socially embedded and more vulnerable beneficiaries are likely to be over-represented in the database and there may also be some who are not reached by the association precisely because of their vulnerable situation. Even with these limitations, the analysis of the clients and the identified trends provided a starting point for further targeted and more comprehensive studies.

The NIEM research's extensive set of indicators also illustrates that integration is a complex, multi-factorial and multi-faceted process. Based on the available data, only one aspect

of the integration process, namely existential stability and its related factors will be discussed in this chapter.

As a starting point, the variables that can be measured in the available client database were collected, which can represent the various dimensions of a stable existential situation, and the interrelationships of these indicators were investigated. In the second step, factors were identified that might be related to the degree of existential stability. Within these, variables were collected separately for which there was measurable data available in the database and their correlations with the indicators defined as indicators for existential stability were analysed.

Correlations between variables were analysed using cross-tabulation and mean tests due to the nominal and ordinal nature of the variables.¹¹⁹

Table 1.
Beneficiaries of international protection over 18 years of age among the clients of Menedék (2020)

Legal status	Main
Refugee	133
Beneficiary of subsidiary protection	94
Tolerated status	3
Status withdrawn	1
Stateless	2
Asylum seeker	5
Statelessness applicant	1

Source: own editing based on the Menedék Association's database of clients

¹¹⁹ In the cross-tabulation analyses, we performed chi-square tests and considered the correlations to be significant at the 0.05% margin of error, and in determining the strength of the correlations, we distinguished weak ($0.2 > x$), medium ($0.5 > x > 0.2$), and strong ($x > 0.5$) correlations based on Cramer's V index. In the case of the mean test, the significance of the correlation was measured using an F-test, and in this case, too, the correlations were considered significant at an error margin of 0.05%. In this case, the strength of the correlations was measured by the eta measure and the explained proportion by the eta squared indicator.

2. Existential stability among the clients of the Menedék Association

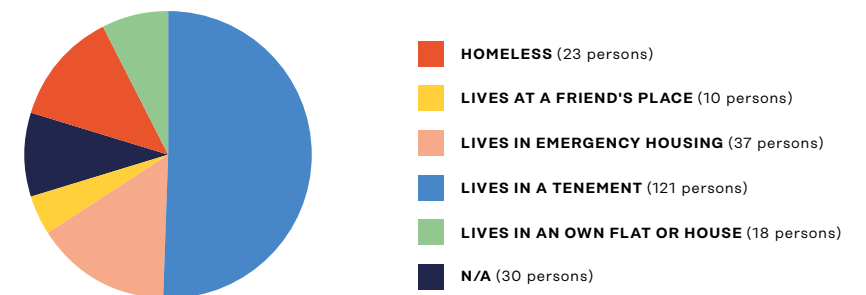
2.1. Indicators of existential stability

To measure existential stability, we were able to gather information on three areas from the available database: housing, labour market situation and household income.

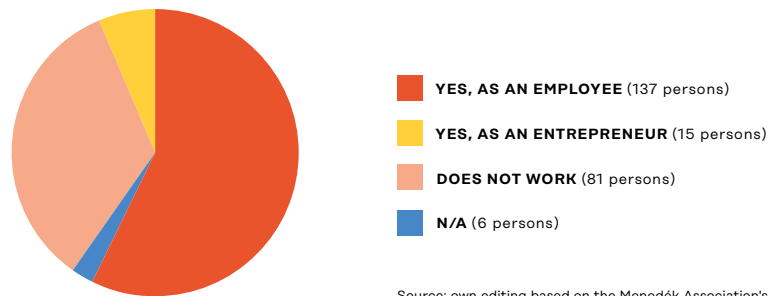
For housing, categories are based on who covers housing costs in a given household. Households where housing costs are covered by an external source are classified as unstable. This includes people who are housed out of courtesy by friends or acquaintances, people in shelters, typically offered by a church or NGO, and homeless people who either have nowhere to live or are living in a temporary family home or homeless shelter in the public care system. The housing situation was considered stable if the person is able to provide for his/her own housing, either by paying for rental costs or by owning a property (unfortunately, there is a high proportion of clients (12.6% – 30 people) for whom social workers had no information concerning their housing.)

Figure 1.
Housing and labour market situation

HOUSING (239 persons)



LABOUR MARKET SITUATION (239 persons)



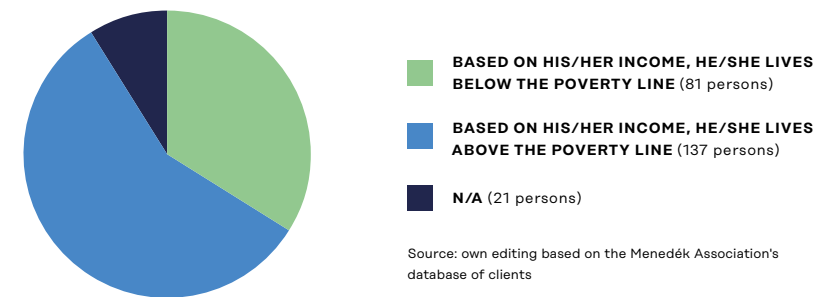
Source: own editing based on the Menedék Association's database of clients

Three categories of **labour market situation** are distinguished: self-employed, employees and those who are not working. As shown in the figure, the number of self-employed is very low and, although in many cases it is clearly separated from the other two categories in the analyses (usually forming the most stable category), in some cases the low number of items forced us to treat this variable together with the employee category, thus creating a dichotomous variable based on the distinction working/non-working. In relation to the labour market situation, it is also important to note that we have linked work to money-earning activity. Thus, housework could not be included in this variable, for which we did not have data. Furthermore, the available information on the employment conditions of those in employment was not sufficiently comprehensive, so we were not able to include the dimension of declared and undeclared work in the analysis.

The last variable on existential stability showed whether **the household was living above or below the poverty line based on its monthly income**.¹²⁰ The social workers had approximate information on this, based on the labour market situation of the family members, the nature of their work, family size, and the vulnerability experienced in the course of the work with affected people.

¹²⁰ **Poverty threshold:** 60% of the median (equivalent) income per consumption unit, expressed in purchasing power parity, in euro and national currency. The last time the HCSO published data on the poverty threshold was in 2019, when the poverty threshold was HUF 119,752 for a single-person household. This value was used as a basis for the analysis.

Figure 2.
Overview of the revenue situation



Source: own editing based on the Menedék Association's database of clients

For each of the three indicators, around one-third of people are in an unstable situation, i.e. either not providing for their own housing, not working or not having the minimum income needed to support their household.

The following section shows a comparison of the degree of correlation between the three indicators.

First, a three-dimensional cross-tabulation was used to see how labour market situation correlates with vulnerability to poverty.

Table 2.
Labour market situation and poverty by gender (persons)

Gender	Labour market situation	Living below the poverty line (%)	Living above the poverty line (%)	Total (persons)
Female	working	36%	64%	25
	not working	56%	44%	36
	total	48%	52%	61
Male	working	22%**	78%**	117
	not working	71%**	29%**	34
	total	33%	67%	151
Total	working	25%**	75%**	142
	not working	63%**	37%**	70
	total	37%	63%	212

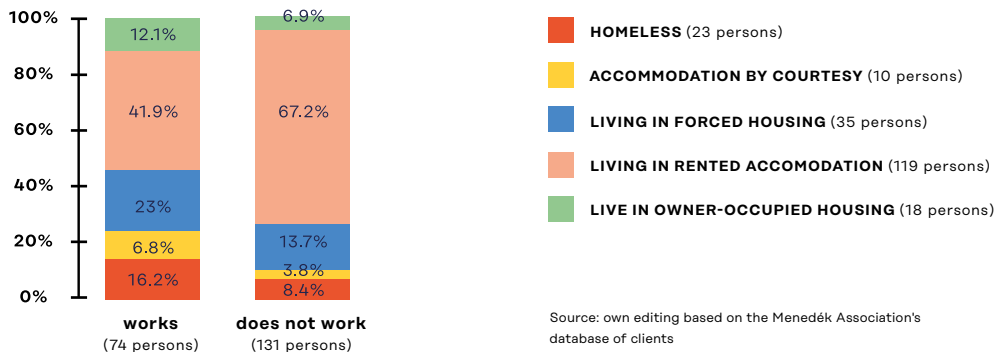
Source: own editing based on the Menedék Association's database of clients, ** there is a significant correlation of medium strength between the variables

As the table shows, the labour market situation strongly correlates with poverty, but there is not a complete overlap between the two variables. Two typical examples of the difference between the two variables are when the family's income does not come solely from the work of family members, and when the income from work does not bring the household above the poverty line. The breakdown by gender also shows clearly that, while for men, labour market status is a key determinant of poverty risk, for women this relationship is not significant (probably due to their role in the household, this is more dependent on the total income of the household). The breakdown by gender will be discussed in more detail later.

As expected, both the labour market situation and housing significantly and strongly correlate with the poverty line. Three-quarters of those living in unstable housing live below the poverty line, while the opposite is true for those living in rented accommodation: three-quarters live above the poverty line, compared to 94% of those who live in a property they own. 73% of employees live above the poverty line, while the corresponding figure for self-employed people is 100%. Only 37% of non-working clients live above the poverty line.

We also found a significant, but only medium-strength correlation between housing and labour market status. The graph below shows that more than half of those not working live in precarious housing conditions. However, in this group, the proportion of those who own their home is twice as high as of those who work (as discussed later, a large proportion of these are women within the household).

Figure 3.
Housing by labour market status



2.2. Existential stability in the light of background variables

Existential stability can be influenced by several different factors. From the data available in the database, we had insight into the following variables for each client:

- *how long the person has been a beneficiary of international protection in Hungary.* The data indicate the year when the person was granted protection. In this study, they are grouped into four categories; according to whether the person arrived recently (after 01.01.2020), or after/before the termination of integration contracts in 2016, or whether they arrived before 2010.
- *age* – coded by year of birth.
- *gender* – as binary variables.
- *the number of dependants living in the same household as the client* – the number of dependants (persons), including all dependent relatives living in the household, including the client himself/herself if he/she has no gainful employment. However, comprehensive data on support sent to or received from relatives, relatives and acquaintances abroad are not available, thus, these are not included in this variable.
- *the highest level of education,* – divided into four categories according to the Hungarian system: less than 8 years of primary school education, 8 years of primary education, secondary education and tertiary education. The classification was based on the self-declaration of beneficiaries of international protection, as they usually do not have any credible documentary evidence of this.
- *the level of education attained in Hungary* – in addition to the most common category of "not acquired", we have distinguished between primary, secondary and higher education, based on the level of education completed.
- *level of English and Hungarian language skills* – social workers ranked each client on a five-point scale based on their conversations and experience. There is, however, systematic distortion of information regarding the level of English skills, as there is limited information on the level of English language proficiency of clients with a high level of Hungarian language proficiency due to their exclusive use of Hungarian.
- *can any vulnerability be identified for the individual?* – We adapted the UNHCR vulnerability classification system and drew on the experience of social workers.

As can be seen from the analysis, some of these variables showed no correlation with existential stability at all, or only for certain measures. However, several other factors may have an impact on existential stability – such as financial background in the country of origin, network of contacts in Hungary or internationally – but this information was not available and thus was not included in the analysis.

2.3. Time spent as a beneficiary of international protection and existential stability

Most variables - not only measures of existential stability but also some background variables – are strongly correlated with the time spent in international protection in Hungary.

Half of the recent arrivals are protected from homelessness by being placed in forced shared housing. forced shared housing as an alternative for longer stays is becoming less common, but for beneficiaries of international protection for more than a year, the risk of homelessness is also increasing. In the longer term, the data show that the risk of homelessness decreases and the housing situation stabilises in line with the increase in the length of time spent in Hungary, which may be due to labour market stability, a widening circle of acquaintances or even the emigration of those who have been less successful. Homeownership has gradually increased among those who have been in protection for more than 5 years. The break line in this respect coincides with the end of integration contracts, but for those who arrived after 2016, it is more likely driven by the gradually widening gap between house prices and earnings since 2010, which became increasingly unbridgeable by the end of the 2010.

Furthermore, a significant, medium-strength correlation is that the longer a person has had a status, the more stable their livelihood becomes. Also, a significant but weak correlation is identified concerning the labour market situation, namely, it becomes more stable over time for most people (the proportion of self-employed increases over time).

In these trends, the progress is gradual and the impact of targeted aid before 2016 is not dominant, but as already been mentioned in relation to the database, those more socially embedded and in a more stable situation are likely to be under-represented in the Association’s client base. Another important selection criterion, emigration, cannot be measured from the information available in the database.

Figure 4.
Housing as a function of the length of international protection

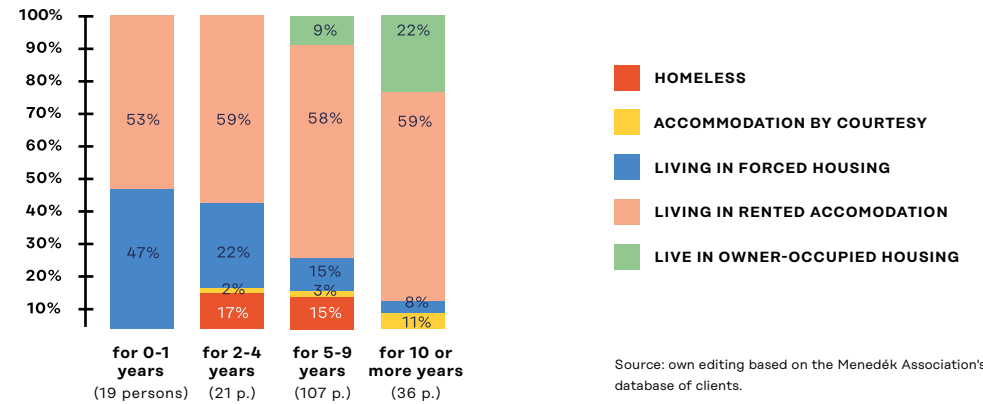
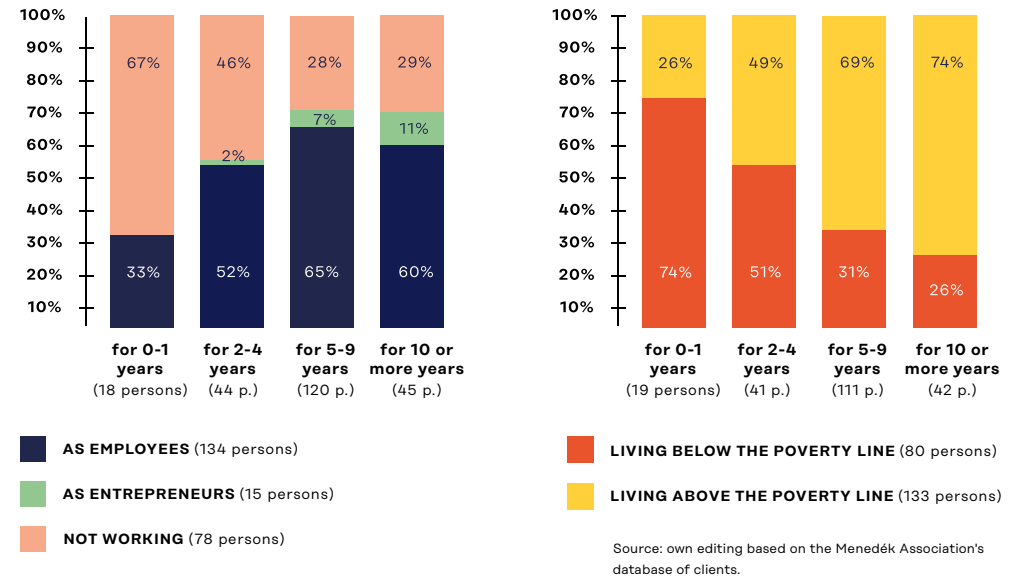


Figure 5.
Length of international protection and income and labour market situation



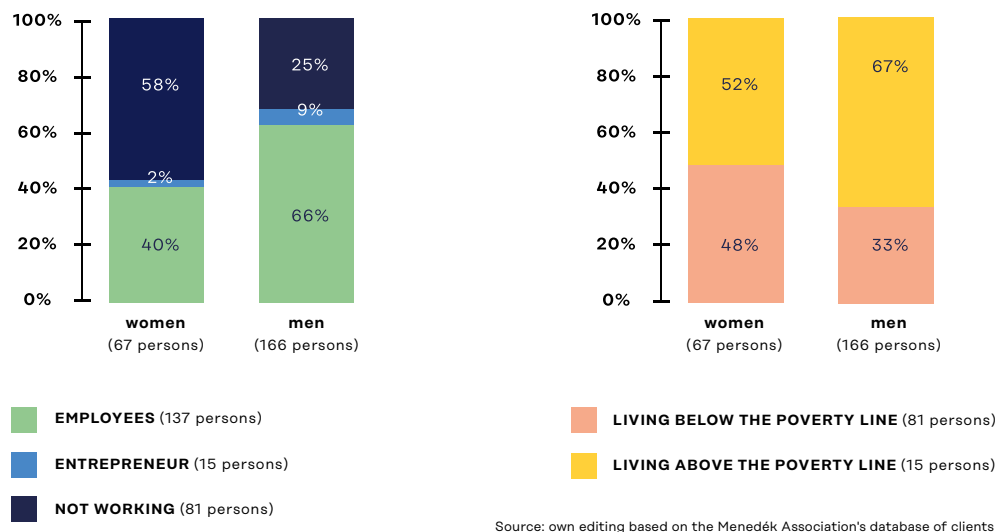
As discussed above, the length of time of international protection also strongly correlates with the level of Hungarian language skills and the level of education gained in Hungary, which, as we will see, have a strong impact on existential stability. However, there is no correlation between the age and gender of the clients and the length of international

protection. The measures of existential status also show no correlation with age, but there are significant and divergent correlations with gender in this area.

2.4. Existential situation by gender

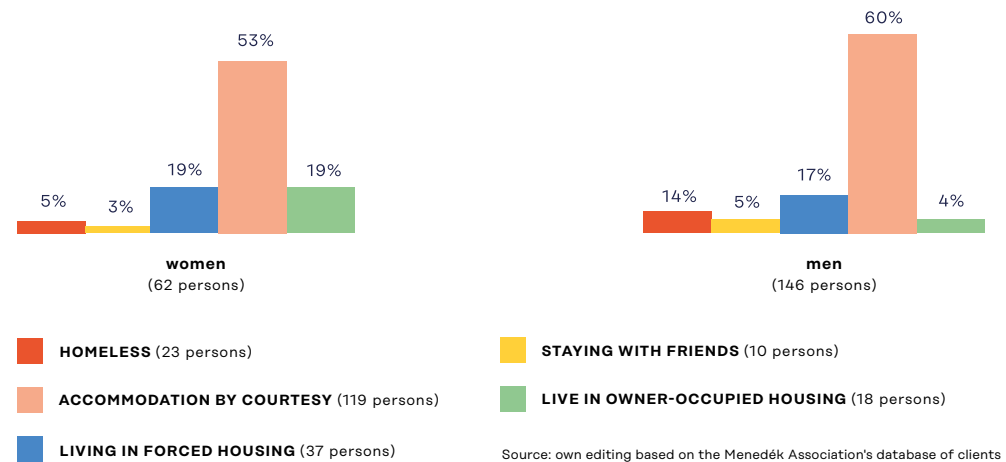
The gender gap in employment is significant with medium strength. The share of men not working is 25%, while for women it is close to 60%. This is not simply because men are more successful in finding employment, as in more traditional family models, women's employment is not only not expected but often not even supported. This also explains the higher proportion of self-employed men. The lower employment rate may also have an impact on the significantly higher proportion of women living below the poverty line, although, as we will see later, family size also plays an important role in this.

Figure 6.
Labour market situation and poverty by gender



In terms of existential stability, however, the housing situation of women shows the opposite trend, with women typically having more secure housing than men. 19% of women live in their own housing compared to only 4% of men. At the same time, insecure housing affects 36% of men but only 27% of women. As with the poverty line, the typical family size of the family in which women and men live is partly responsible for the correlation.

Figure 7.
Housing by gender



2.5. Relationship between the number of dependants and the existential situation

Family size in the present study was characterised by the number of dependants¹²¹, and again there were significant and strong differences between the situations of women and men, in which traditional gender roles play a key part. In traditional families, men are significantly more autonomous than women and thus more likely to migrate individually, while women in host countries also tend to stay within the family until they start their own family. In our database, 69% of men live independently compared to only 18% of women, while 53% of women live in families of 4 or more compared to 15% of men.

Among the dimensions of existential status, family size has no impact on labour market status for men, but women living in large families are significantly less likely to work than women with fewer than three dependents in the household, which is likely to be explained by their role in the household. The number of dependents shows a moderately strong correlation with the poverty threshold. The next figure also shows that the significant difference is that people living alone are less vulnerable in this respect than those with a family. However, the increase in family size no longer has a significant effect.

¹²¹ Unfortunately, we do not have data on the number of earners within the household in the database, so we are not able to take this factor into account in the analysis.

Figure 8.
Number of dependants in the household by gender

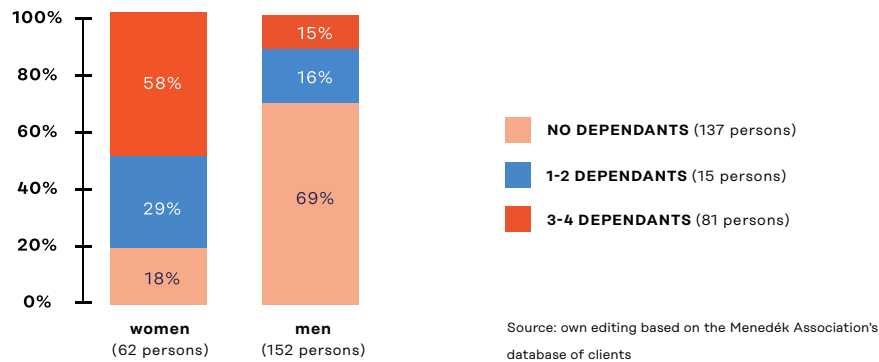
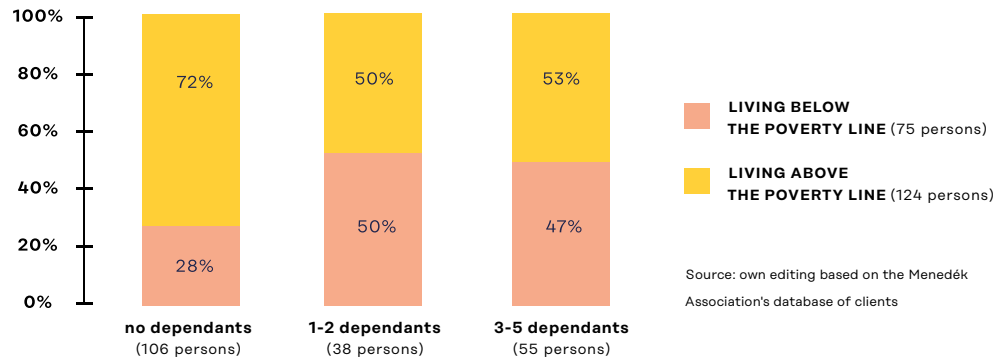


Figure 9.
Poverty by number of dependants

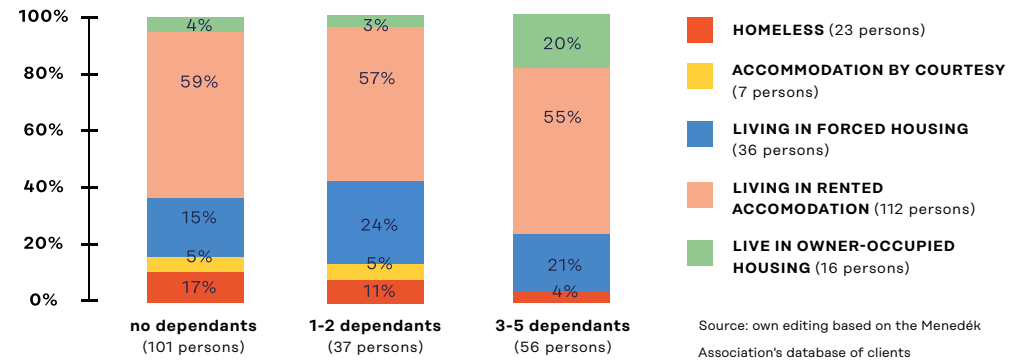


In contrast, the housing situation shows that large families have the highest proportion of people living in their own property, with a weak but significant correlation. When looking at stable housing conditions, the significant difference is between large families and those living alone or in a small family, where, as we have seen earlier, women are over-represented.

So here we have two seemingly contradictory claims, namely, that an increase in the number of dependents correlates with a higher share of poverty, while it also seems that home ownership is more prevalent among large families. The apparent contradic-

tion is resolved by the length-of-international-protection dimension. Figure 4 shows that only those who have been beneficiaries of international protection for at least 5 years own their property, and Figure 5 also shows that poverty is more prevalent among recent arrivals. Looking at the three variables (poverty, number of dependants, length of international protection) in a three-dimensional cross-tabulation, it can be seen that while poverty is more prevalent than average initially, this is reversed for those who have been here for more than 10 years, and poverty is less prevalent than average among large families.¹²²

Figure 10.
Number of dependants and housing



2.6. Relationships between educational attainment and existential degree measures

In the database of clients, the impact of education on the existential situation could be examined based on two variables. One variable contained data on educational attainment in general, and the other variable contained data specifically on the level of education gained in Hungary. In both cases, a four-grade scale was used, ranging from 'no education' to 'higher education'. For both variables, it was found that there was no significant correlation between gender and number of dependants.

¹²² It is important to note, however, that the number of cases at this level of detail is so low that the significance of the association cannot be meaningfully tested.

Two dimensions of existential status – poverty and housing – show a medium-strong significant correlation, both overall and with educational attainment in Hungary. For both existential dimensions, it is observed that education attainment in Hungary has a more positive impact.

In general, the proportion of people with some level of education living below the poverty line is significantly lower than that of people without education. However, the figure also shows that the dividing line in terms of poverty in the analysed dataset is at the level of primary education. The data are likely to be distorted in that those with more than primary education are less likely to be living below the poverty line than those with primary education. People with a higher level of education and better livelihoods are more autonomous, more self-reliant in managing their own affairs and thus less likely to contact an association providing primarily social assistance. Thus, the general trend for less integrated, more unstable individuals to be over-represented in the Menedék database may be amplified in this stratum.

A similar trend can be seen in the relationship between educational attainment and housing. Again, the dividing line is the presence or absence of primary education.

Figure 11.
Educational attainment and poverty

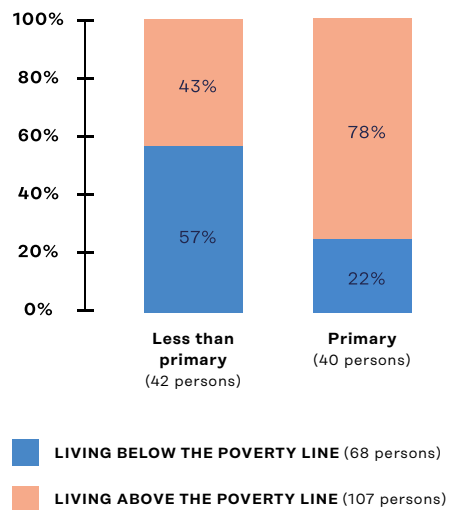


Figure 12.
Educational attainment in Hungary and poverty

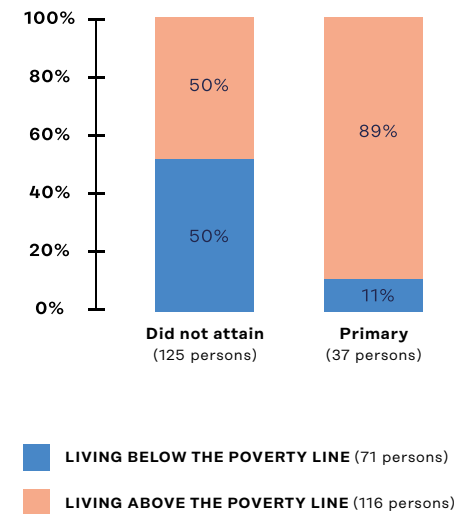
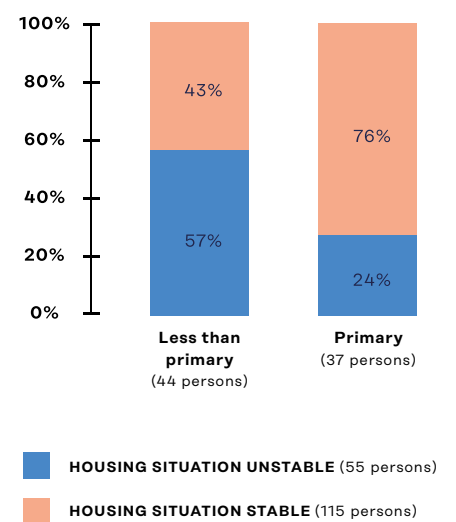
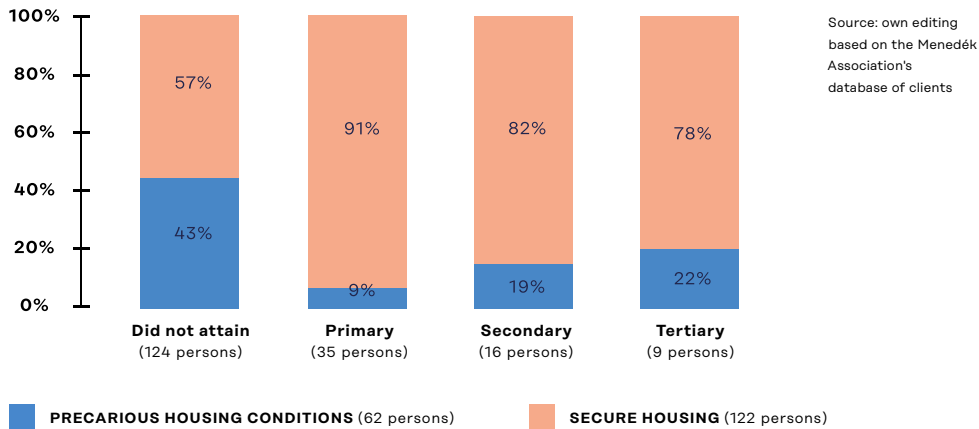


Figure 13.
Educational attainment and housing



Compared to the previous two existential dimensions, the trend for labour market status is different in that it only correlates significantly with educational attainment in Hungary, but not to the level of education in general.

Figure 14.
Hungarian educational attainment and housing



Compared to the previous two existential dimensions, the trend for labour market status is different in that it only correlates significantly with educational attainment in Hungary, but not to the level of education in general.

The lack of correlation shows that those with no education have similar chances of finding a job to those with tertiary education. This demonstrates that it is difficult for beneficiaries of international protection to make use of the education they have gained abroad in the Hungarian labour market.

This is partly due to the difficulties of converting knowledge acquired in a culture other than European (bureaucratic difficulties in this area are regularly experienced by social workers), and in connection with this, but to a greater extent, to the Hungarian language-centric nature of the Hungarian labour market. Consequently, in addition to the trauma they experienced in their country of origin and on their journey to Europe, highly skilled refugees arriving in Hungary also have to face a lower status in employment, sometimes resulting in a loss of motivation.

Figure 15.
Educational attainment and labour market situation

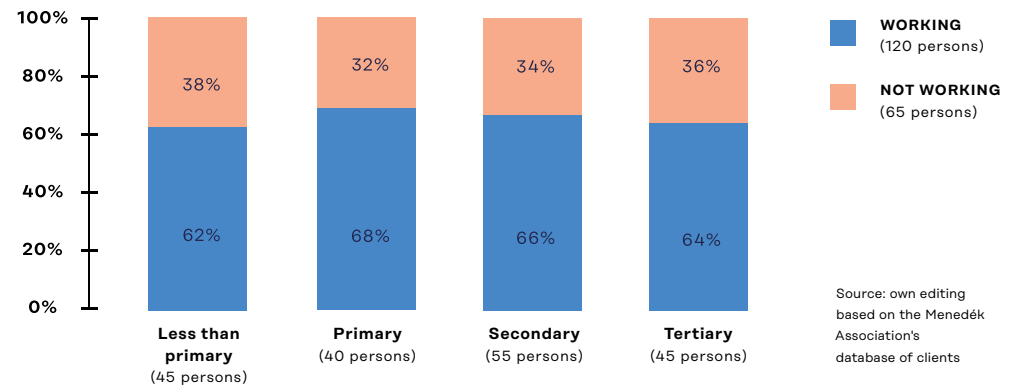
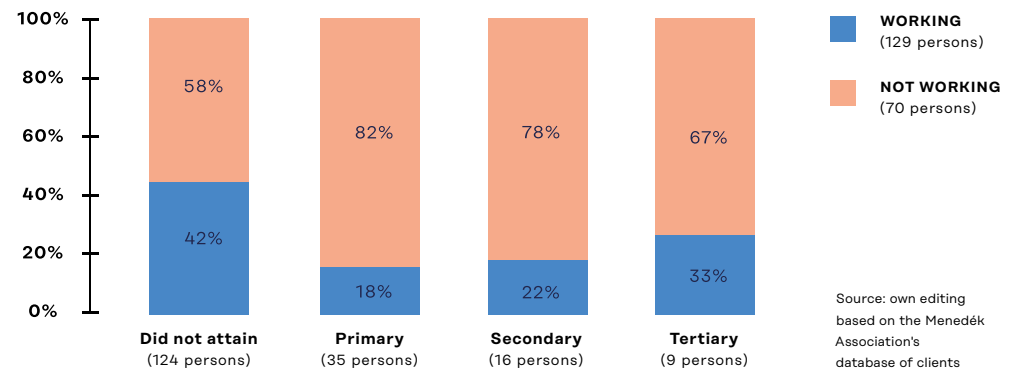


Figure 16.
Hungarian educational attainment and labour market situation



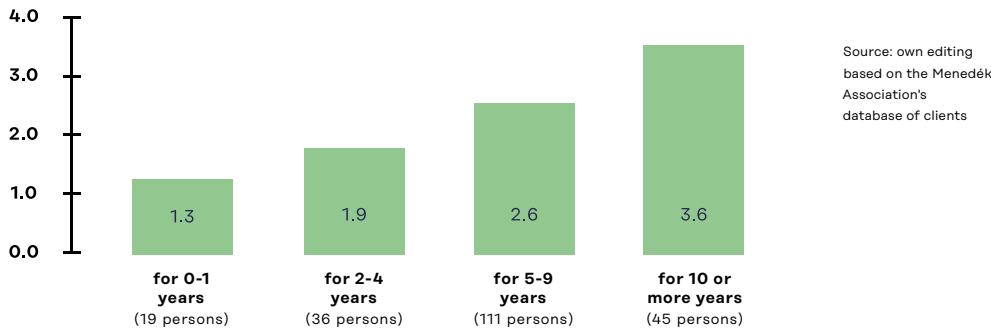
There is a significant difference in labour market outcomes for those with a Hungarian qualification, with a higher share of those with qualifications in the labour market than those without. However, it is also striking that the most decisive factor in this is primary education. When broken down by gender, it appears that the employment rate increases linearly with the level of education for women, but no such linearity is found for men. Among those with primary education, the employment rate is the highest, but the correlation is not significant.

2.7. Language skills

The database contained information on the clients' level of Hungarian and English language skills. This information came from the clients' social workers, who were asked to rate their level of language proficiency on a five-point scale, based on their own experience. A systematic bias was identified in the data collection, which was due to the fact that for clients with a high level of Hungarian, the social workers often did not have information on the level of English, as this was not needed in their communication. Despite this systematic lack of data, the data on language proficiency show a significant and strong correlation (Pearson correlation coefficient of 0.279), i.e. typically, people who speak one language at a high level also speak the other language well.

There is no correlation with age in either English or Hungarian language proficiency in the population. However, as expected, Hungarian language proficiency correlates strongly with the length of international protection in Hungary. The results of the average tests also show a steady increase in the four categories (no sharp difference between periods before and after the integration contract).

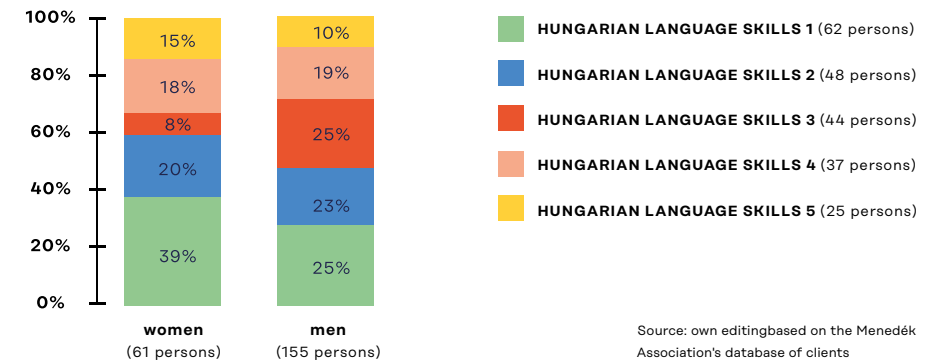
Figure 17.
Knowledge of Hungarian and the length of international protection



In the gender breakdown, both Hungarian and English language skills show a significant, weak correlation. English proficiency is significantly more common and at a higher level among men than women. The correlation is less clear for Hungarian language skills; the proportion of Hungarian speakers is generally higher among men (almost 40% of women have no Hungarian language skills, which is probably due to their role in the family), however, when it comes to high levels of Hungarian language

skills the proportions are more evenly balanced and even higher for women. sebb körben és magasabb szinten elterjedt a férfiak körében, mint a nőknél. A magyar nyelvtudásnál már nem ennyire egyértelmű az összefüggés. Ebben az esetben az látszik, hogy a magyarul beszélők aránya általánosságban a férfiak körében magasabb (a nőknél közel 40%-os a magyar nyelvtudás hiánya, ami valószínűsíthetően a nők háztartáson belüli szerepéből adódik), ugyanakkor a magas szintű magyar nyelvtudás esetében az arányok kiegyenlítődnek, sőt, meg is fordulnak a nők javára.

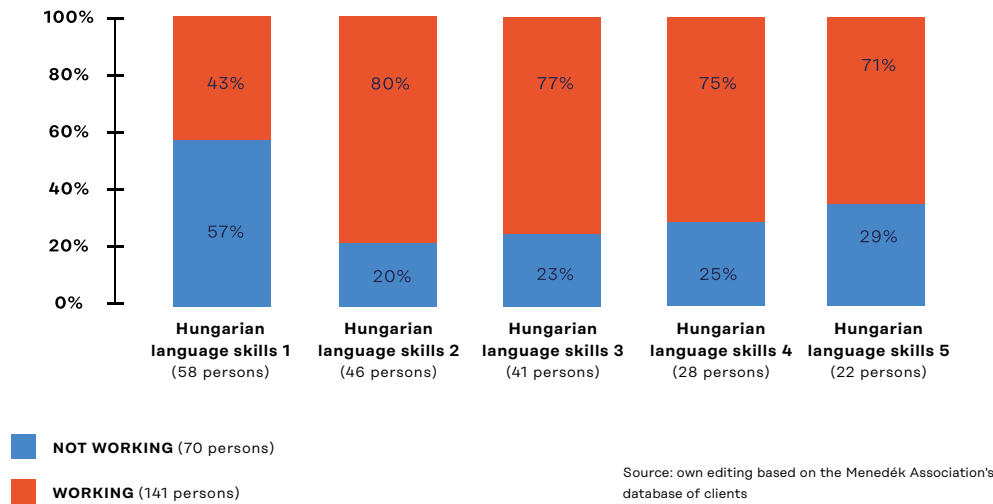
Figure 18.
Hungarian language skills by gender



Educational attainment is generally correlated with language proficiency, which is logical as language skills improve in schools, both through learning the study material and through the social interactions that are formed in the school environment. This implies that, while in general, the level of education significantly – and strongly – correlates only with English, the level of education gained in Hungary significantly correlates to both Hungarian and English language proficiency (although the difference is that the relationship is strong for Hungarian and only moderately strong for English). When this relationship is broken down by gender, it can also be seen that a higher level of Hungarian education in the population under study is linked with a higher level of Hungarian language proficiency among women than among men.

When looking at the correlation of language proficiency with existential stability, it can be seen that Hungarian language proficiency shows a significant and moderately strong correlation with all three measures.

Figure 19.
Labour market situation and level of Hungarian language



HOUSING AND LEVEL OF HUNGARIAN LANGUAGE SKILLS

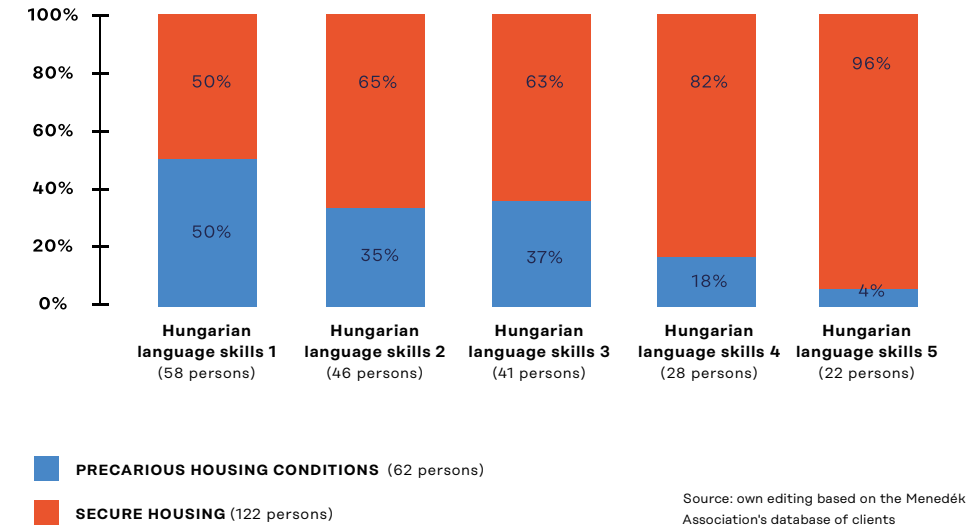
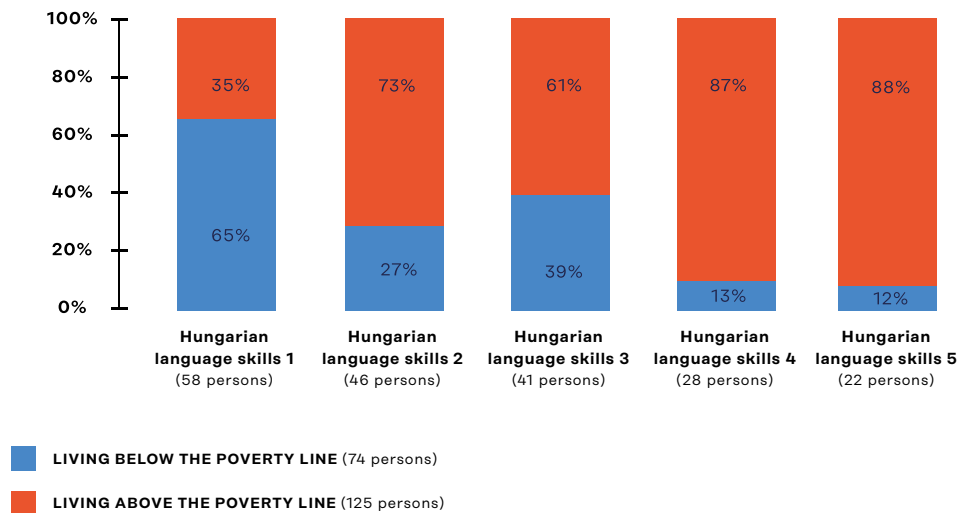


Figure 20.
Poverty, housing and level of Hungarian language skills

POVERTY AND LEVEL OF HUNGARIAN LANGUAGE SKILLS



It can be seen that, while there is a sharp jump towards stability in the labour market between complete lack of language skills and basic language skills, the impact is much balanced and more linear in the field of housing. Due to the gender differences outlined above, the correlations by gender were also examined and it was found that only half of women with a high level of Hungarian (level 4-5) were employed, while for men it was above 80%. This further strengthens the hypothesis that, in addition to individual skills, family roles are a key determinant of labour market outcomes for women.

When examining English language skills, the systematic lack of data described at the beginning of this chapter makes it difficult to draw reliable conclusions concerning the clients. Of the measures of existential stability, only the labour market situation shows a significant, medium-strong correlation with English language skills.

2.8. Vulnerability

Regarding our clients, the vulnerability factors identified by social workers were grouped into 9 categories of vulnerability. For a quarter of the group, 58 clients in total, social workers identified a category of vulnerability. The proportion of vulnerability is higher among women (34%) and one-fifth of men (20%) are in a category of vulnerability. For women, single parenthood, mental health problems and problems within the

family are the most common vulnerability categories. For men, serious illness (including a small number of people with disabilities), being an unaccompanied minor, and sexual orientation are the most common vulnerability factors. The categories of vulnerability are summarised in the following table, broken down by gender:

Table 3.
Vulnerability categories by gender

VULNERABILITY CATEGORY	FEMALE (68 persons in total)	MALE (171 persons in total)
mental health problems	7	4
single parent	7	2
family problems (divorce, violence, child custody)	5	2
seriously ill/physically or mentally disabled	1	6
unaccompanied minor	0	6
vulnerable due to sexual orientation	1	5
no legal status (no legal stay and thus lack of related entitlements)	1	4
victim of torture/rape	1	3
elderly	0	3
Total	23	35

Source: own editing based on the Menedék Association's database of clients

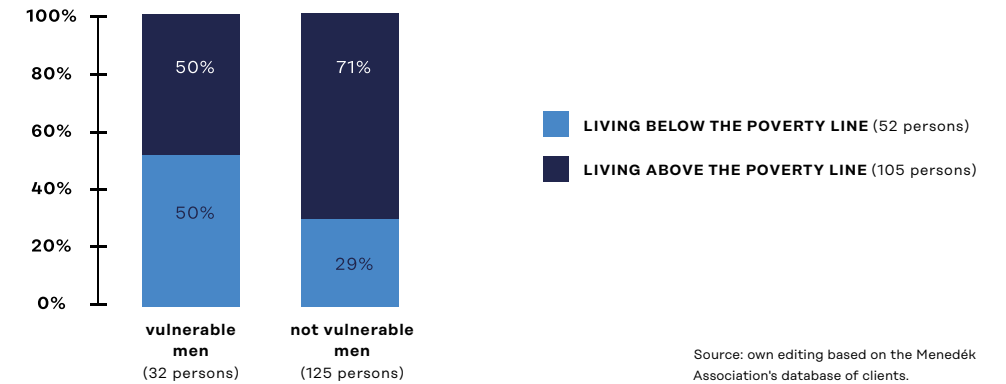
Apart from gender, vulnerability does not correlate with any other background variables – such as education, language skills, number of dependants – and vulnerability does not decrease over time spent in Hungary, which is due to the fact that the categories examined are not affected by these factors. There was no correlation between housing and vulnerability as measures of existential stability.

For the other two variables – labour market status and poverty – there was correlation, but because of the correlation of vulnerability with gender, these were examined by gender.

For women, vulnerability does not significantly correlate with the labour market situation, only with poverty, with medium-strong correlation.

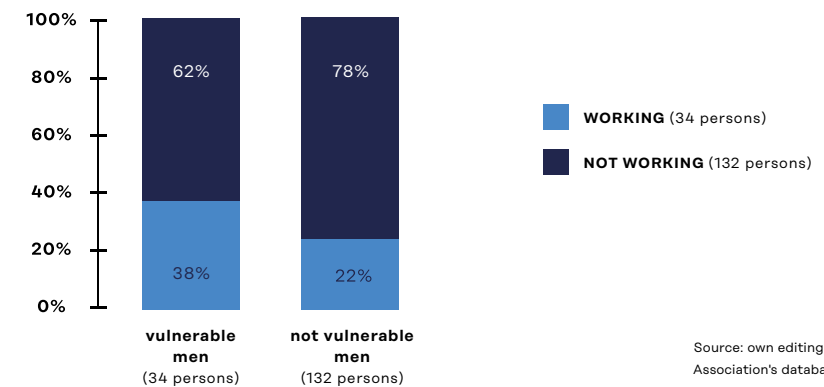
Figure 21.
Vulnerability and poverty and vulnerability and labour market status among men

VULNERABILITY AND POVERTY AMONG MEN



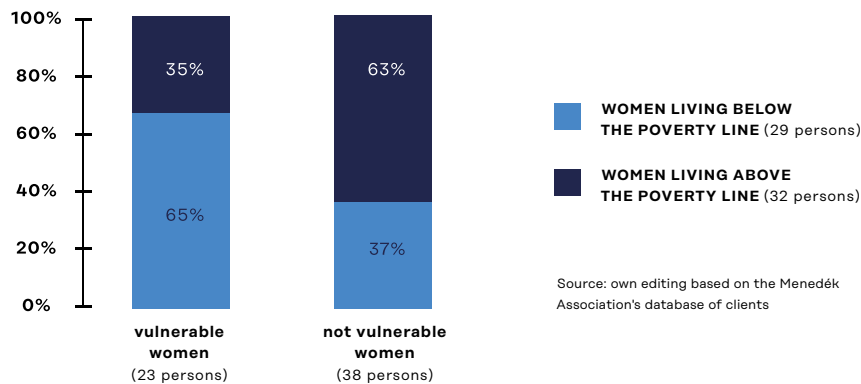
Source: own editing based on the Menedék Association's database of clients.

VULNERABILITY AND LABOUR MARKET SITUATION AMONG MEN



Source: own editing based on the Menedék Association's database of clients.

Figure 22.
Vulnerability and poverty among women



3. Summary

The three measures of existential stability that were examined, often show different distributions along various background variables, they do not always function as the same measure, so it would have obscured the correlations if they were analysed as a combined measure of existential stability.

Looking at the length of international protection, all three dimensions show a trend towards stability over time. In the long term, this is marked in the case of housing by home ownership, and in the case of employment by starting a business, i.e. becoming self-employed. Although in the categorisation of length of international protection, an attempt was made to separate the various phases of refugee integration programmes, the impact of neither the EU programmes nor the policy changes was evident. This analysis would require more comprehensive, detailed and time-series data than is currently available. The emerging trend of increasing existential stability in proportion to the length of time in international protection is somewhat shaken by the high proportion of beneficiaries of international protection leaving Hungary.

The most striking differences between the three measures of existential stability were found in the gender breakdown. This is where it is most obvious that our indicators of existential stability do not apply in the same way to different social groups. In the present case, the cultural determinants of women's and men's roles showed that while these ex-

istential dimensions were measurable at the level of individuals in the male population of the examined group, among women they were often dependent on their family relationships. This was due to the fact that the majority of men in the examined group were independent individuals in gainful employment, who used their earnings to support themselves and, to a lesser extent, their families, whereas women tended to live in families and only a minority of them were employed. In this context, if labour market integration is not an objective for certain groups, it is not appropriate to examine the factors that facilitate or hinder it. The analysis of this variable shows that men are almost twice as likely to be in the labour market as women, while their housing situation is proportionally more unstable than that of women. Meanwhile, it is also clear that for the majority of women surveyed, existential stability is provided by the family around them.

In terms of educational attainment, it is striking that only education obtained in Hungary has a significant effect on labour market outcomes, and that the education itself, and not its level is the determinant. Basic Hungarian language skills play an important role here. Educational attainment gained abroad does not show a significant correlation with the labour market situation. However, the data show that higher educational attainment correlates with more stable housing, and poverty is less frequent among the more highly educated. However, since educational attainment is generally not correlated with labour market outcomes, the question remains how knowledge acquired abroad – or any other resource gained in the country of origin – can be converted into existential stability in Hungary.

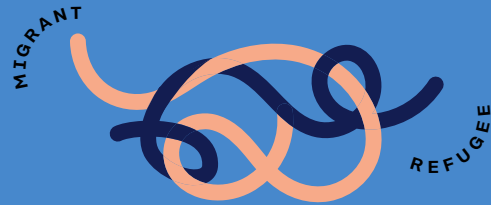
An indirect conclusion can be drawn that education abroad means a higher level of English language proficiency, which has a significant positive effect on employment in Hungary. It is also evident that the level of English language skills correlates with the level of Hungarian language skills, which may also imply that those who have already learned a foreign language find it easier to learn Hungarian. This has a role to play both in terms of employment and studies in Hungary.

To clarify the previous statement a little, Hungarian language skills play a key role in all areas. It can be stated that it has a stabilising effect across the board, as is the case with the length of international protection on all the examined measures of existential stability. However, it is also important to note in this context, too that the proportion of women with no Hungarian language skills is significantly higher, which may be due to their role in their family. However, in the long term, this preserves their dependence on the family, their vulnerability within the host society and the barriers to their integration into the mainstream society.

Women have a higher rate of vulnerability, which is only indirectly related to their lower level of integration, based on the categories we have analysed, and is also directly related to their dependent role within the family. In half of the cases, women's vulnerability is also due to their position in the family, either because of problems within the family or because of the loss of the family's protective and existential function (single-parent families). In many cases, this is where the presence or absence of language skills becomes particularly important. In contrast, for the vast majority of men, vulnerability is related to their own person and their own situation.

At the end of this summary, it is important to note again that the results reported here are based on the analysis of the Menedék 2020 client database. They are not representative of the full range of beneficiaries of international protection in Hungary and are likely to include data from a less-integrated, more-vulnerable stratum of this group. On the other hand, factors that cannot be measured from the data available to us may also play an important role in the evolution of existential stability. In this context, it is important to note that the vast majority of refugees arriving in Hungary (and many of those granted international protection) continue their journey to the West. This process is a complex selection mechanism that would require much more extensive data to analyse, but may also mask groups with more unsuccessful integration paths, as leaving the country is an alternative to avoiding failure. With more comprehensive data on asylum seekers and beneficiaries of international protection leaving Hungary, it would be possible to examine patterns between those staying and those moving on, the factors that keep them here and those that drive them onwards, and the factors that influence their decisions. However, in the absence of comprehensive data, this is not yet possible.

ATTITUDES



INTEGRATION



CONFUSION OF THE TERMS
„REFUGEE“ AND „MIGRANT“



REDUCING
EXISTENTIAL
FEARS

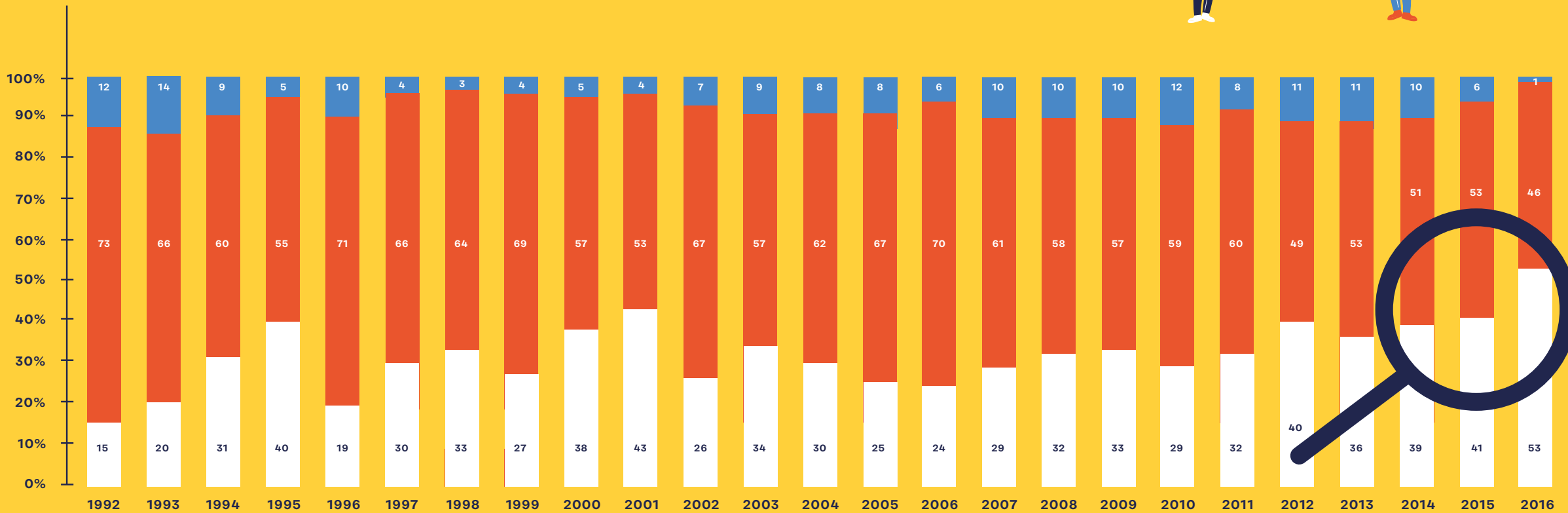
CAREFUL
ANALYSIS OF
THE REASONS OF
REJECTION

STRONG
NEGATIVE
ATTITUDE

ATTITUDES
ARE NOT SHAPED
BY REAL
EXPERIENCE



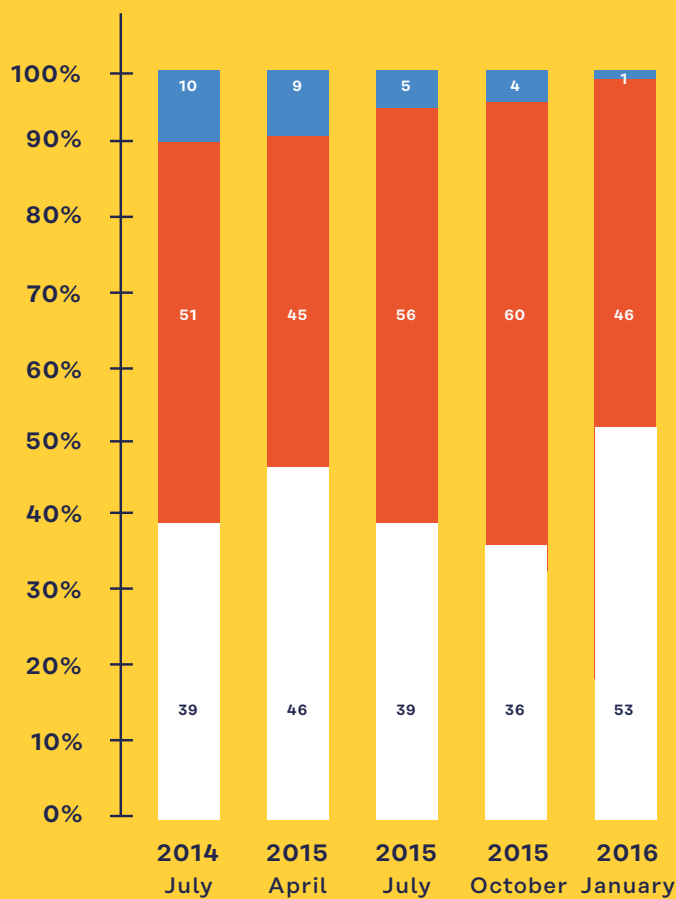
THE ATTITUDES OF HUNGARIAN SOCIETY TOWARDS REFUGEES



XENOPHOBES
 "THINKERS"
 XENOPHILES

According to TÁRKI's surveys, the share of xenophobes (i.e. those who would not allow the entry of refugees to Hungary at all) had been growing prior to the refugee crisis of 2015, but when refugees actually arrived to the country in large numbers, it decreased temporarily.

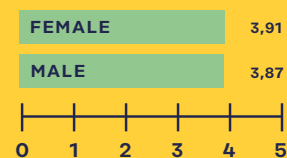
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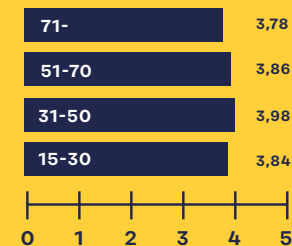
XENOPHOBS
 "THINKERS"
 XENOPHILES



GENDER



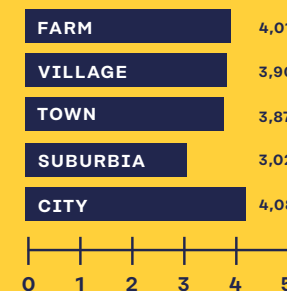
AGE



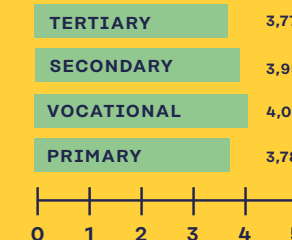
EMPLOYMENT STATUS



SETTLEMENT TYPE



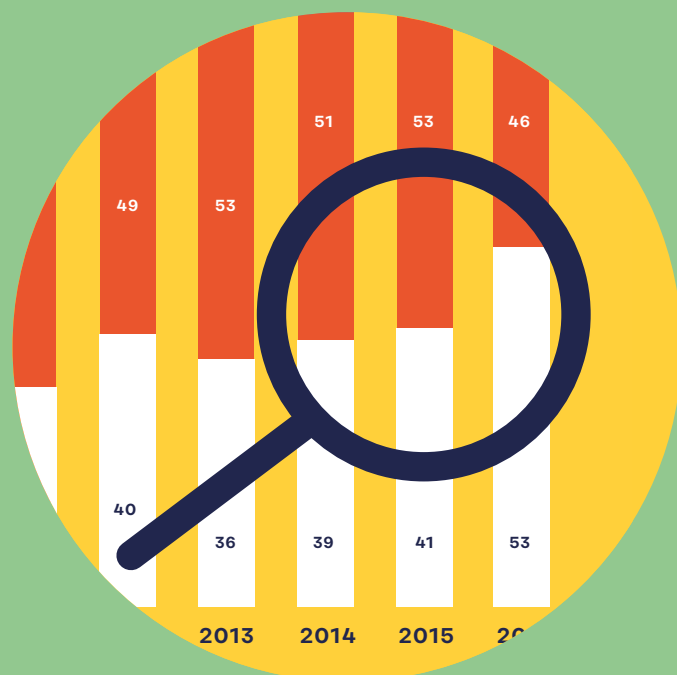
EDUCATIONAL ATTAINMENT



According to European Social Survey data from 2016, the rejection of Hungarian respondents towards refugees was usually between 3 and 4 on a scale where 0 meant absolute acceptance and 5 meant absolute rejection. There were, however, important differences related to the employment status of the respondents or the type of settlement where they were living.



Ádám Németh*



CHANGING SOCIAL ATTITUDES TOWARDS BENEFICIARIES OF INTERNATIONAL PROTECTION IN HUNGARY, WITH A EUROPEAN PERSPECTIVE

1. Introduction

Although it may seem to the lay observer that attitudes towards immigrants and refugees are a one-way nexus (the opinion of the majority society about newcomers), they are in fact an indicator of a more complex phenomenon. The theory of social cohesion has become popular in social science research since the late 1990s.¹²³ In the simplest and shortest terms, it is a cementing material that holds societies together and is also an important precondition for social and economic prosperity.¹²⁴ According to Jenson, the strength of social relations, which includes interpersonal and intergroup contacts, as well as attitudes towards 'others' such as immigrants or refugees, is, in fact, an important pillar of social cohesion.¹²⁵

Moreover, integration itself is a two-way process that requires efforts from both the individual and the host society. After all, it is useless for a person to be ready to integrate if the host environment does not support him or her in this process. Monitoring social attitudes is therefore as essential for the successful integration of immigrants and refugees as assessing the housing, education, health or labour market situation. The list of indicators, compiled by the Migration Policy Group and consisting of a total of 168 items, was intended to assess and make comparable the integration of beneficiaries of international protection in Europe. Although the indicators developed by the National Integration Evaluation Mechanism (NIEM) project cover 13 integration areas, no information is collected on the views of the host society.

It is therefore worth reviewing recent international and Hungarian surveys examining attitudes towards refugees, what questions they used, and finally, what conclusions they reached. When comparing the Hungarian and European data series and their changes over time, in particular the situation before and after the refugee crisis, and then the differences are analysed according to the main social groups, we can get closer to answering how social attitudes towards refugees have developed in Hungary.

¹²³ For a review of the literature, see for example: Schiefer, D. and van der Noll, J. 2017: The Essentials of Social Cohesion: A Literature Review, *Social Indicators Research*, 132. évf. 2. sz. pp. 579–603.

¹²⁴ See for example: Dragolov, Georgi et al. 2013: [Social Cohesion Radar: Measuring common ground. An International comparison of social cohesion](#); Gutersloh: Bertelsmann Foundation. Fermin, Alfons - Kjellstrand, Sara 2005: [Study on immigration, integration and social cohesion](#). Final Report. European Commission, Employment and Social Affairs DG, 157 p.

¹²⁵ Jenson, J. 2010: *Defining and measuring social cohesion*. United Nations Research Institute for Social Development and Commonwealth Secretariat, London.

2. Theoretical background

2.1. Social cohesion

Although its roots go back to the classical theories of Durkheim and Tönnies, social cohesion – in its current interpretation – is a relatively new social science concept.¹²⁶ It is a multidimensional concept that researchers often try to capture as accurately as possible with a wide range of indicators.¹²⁷ However, in correlation studies, the approach is somewhat different: the strength of cohesion is defined as a single dependent variable. Sometimes social capital, sometimes generalised or localised trust is considered to be the key indicator of cohesion.¹²⁸

Social cohesion is often analysed in the context of migration and ethnic and cultural diversity. Several theories are linked to the interaction of these components. There is ample evidence that people fundamentally trust those they perceive as similar to themselves more, as easier communication and smaller cultural differences increase the predictability of other individuals' behaviour - a phenomenon known in the literature as "in-group favouritism".¹²⁹ Related to this is the conflict theory, according to which there is competition over scarce resources (e.g. property, labour) in a given geographical space, and ethnic groups may see each other as threatening or rival.¹³⁰ From a status politics perspective, this latent struggle is primarily for the social status

and cultural hegemony of the dominant majority.¹³¹ Conflict theory suggests that in a culturally diverse community, mutual trust is more difficult to develop, while attitudes towards each other remain negative and social cohesion remains weak.¹³² Conflict theory is referred to in numerous studies on refugees.¹³³

However, according to contact theory, most of these studies do not take into account two important factors: intergroup relations and spatial segregation.¹³⁴ According to a comprehensive meta-analysis, the negative effect of diversity mostly disappears when taking into account the existence of intergroup relationships.¹³⁵ According to the contact hypothesis, interactions between ethnic groups reduce prejudices and mistrust and strengthen cohesion in the long run, while individuals reconsider their place in their own group and the other community (the "us" vs "them" become a joint "US").¹³⁶ In addition to intergroup friendships, the role of ethnically mixed workplaces can be of particular importance.¹³⁷ It is important to know, however, that this relationship is asymmetric: interactions with negative experiences are much more likely to worsen trust than positive ones are to improve it.¹³⁸ Another serious obstacle to the contact hypothesis may be spatial segregation, which reduces the likelihood of inter-group interactions, has a negative impact on attitudes towards other groups and indirectly on social cohesion.¹³⁹ Although these hypotheses have mostly been tested in relation to immigrants, the positive role of personal con-

126 Chan, J. To, H. P. and Chan, E. 2006: Reconsidering social cohesion: Developing a definition and analytical framework for empirical research. *Social Indicators Research*, 75. (2): pp. 273–302.; Dickes, P. and Valentova, M. 2013: Construction, validation and application of the measurement of social cohesion in 47 European countries and regions. *Social Indicators Research*, 113. (3): pp. 827–846.; Schaeffer, M. 2013: Can competing diversity indices inform us about why ethnic diversity erodes social cohesion? A test of five diversity indices in Germany. *Social Science Research*, 42. (3): pp. 755–774.; Dragolov, G. Ignác, Zs. Lorenz, J. Delhey, J. Boehnke, K. and Unzicker, K. 2016: *Social cohesion in the western world: What holds societies together: Insights from the social cohesion radar*. Springer

127 Schiefer, D. and Van der Noll, J. 2017: The Essentials of Social Cohesion: A literature review. *Social Indicators Research*, 132. (2): pp. 579–603.

128 Kawachi, I., Kennedy, B. P. Lochner, K. and Prothrow-Stith, D. 1997: Social capital, income inequality, and mortality. *American Journal of Public Health*, 87. (9): pp. 1491–1498.; Letki, N. 2008: Does diversity erode social cohesion? Social capital and race in British neighbourhoods. *Political Studies*, 56. évf. 1. sz. pp. 99–126.; Alesina, A. and La Ferrara, E. 2002: Who trusts others?. *Journal of Public Economics*, 85. (2): pp. 207–234.; Hooghe, M. Reeskens, T. Stolle, D. and Trappers, A. 2009: Ethnic diversity and generalized trust in Europe: A cross-national multilevel study. *Comparative Political Studies*, 42. (2): pp. 198–223.; Sümeghy, D. and Németh, Á. 2022: A kulturális sokszínűség hatása a bizalomra Västra Götaland svédországi megyében, 2014 és 2018 között. *Területi Statisztika*, 62. (1): pp. 81–112.

129 Alesina, A. and La Ferrara, E. 2005: Ethnic diversity and economic performance. *Journal of Economic Literature*, 43. (3): pp. 762–800.; Dinesen, P. T. and Sønderkov, K. M. 2012: Trust in a time of increasing diversity: On the relationship between ethnic heterogeneity and social trust in Denmark from 1979 until today. *Scandinavian Political Studies*, 35. (4): pp. 273–294

130 Blalock, H. M. 1967: *Toward a theory of minority-group relations*. New York: Wiley.; Quillian, L. 1995: Prejudice as a response to perceived group threat: Population composition and anti-immigrant and racial prejudice in Europe. *American Sociological Review*, 60. (4): pp. 586–611.; Esses, V. M. Jackson, L. M. and Armstrong, T. L. 1998: Intergroup competition and attitudes toward immigrants and immigration: An instrumental model of group conflict. *Journal of Social Issues*, 54. (4): pp. 699–724.; McPherson, M., Smith-Lovin, L., and Cook, J. M. 2001: Birds of a feather: Homophily in social networks. *Annual Review of Sociology*, 27. (1): pp. 415–444.

131 Hofstadter, R. (1954). The Pseudo-Conservative Revolt. *The American Scholar*, 24. (1): pp. 9–27.

132 Alesina, A. and La Ferrara, E. 2002: Who trusts others?. *Journal of Public Economics*, 85. (2): pp. 207–234.; Putnam, R. D. 2007: E Pluribus Unum: Diversity and Community in the Twenty-first Century. *Scandinavian Political Studies*, 30. (2): pp. 134–174.

133 Keleş, S. Ç., Aral, T., Yıldırım, M., Kurtoğlu, E., & Sunata, U. 2016: Attitudes of Turkish youth toward Syrian refugees in respect to youths' gender, income, education, and city: A Scale Development Study. *Turkish migration 2016 selected papers*, pp. 155–163.; Schweitzer, R., Perkoulidis, S., Krome, S., Ludlow, C. and Ryan, M. 2005: Attitudes towards refugees: The dark side of prejudice in Australia. *Australian Journal of Psychology*, 57. (3): pp. 170–179.

134 Hewstone, M. (2009) [Living apart, living together? The role of intergroup contact in social integration](#). MMG Working Paper 09-12,

135 Pettigrew, T. F., & Tropp, L. R. 2006: A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, 90. (5): pp. 751–783.

136 Allport, G. W. 1954: *The Nature of Prejudice*. Cambridge/Reading, MA: Addison-Wesley

137 Stolle, D., Soroka, S. & Johnston, R. 2008: When does diversity erode trust? Neighborhood diversity, interpersonal trust and the mediating effect of social interactions. *Political Studies*, 56. (1): pp. 57–75.; Stolle, D. and Harell, A. 2013: Social capital and ethno-racial diversity: Learning to trust in an immigrant society. *Political Studies*, 61. (1): pp. 42–66.; Kokkonen, A., Esaïsson, P. and Gilljam, M. 2014: Migration-based ethnic diversity and social trust: A multilevel analysis of how country, neighbourhood and workplace diversity affects social trust in 22 countries. *Scandinavian Political Studies*, 37. (3): pp. 263–300

138 Laurence, J. and Bentley, L. 2018: Countervailing contact: Community ethnic diversity, anti-immigrant attitudes and mediating pathways of positive and negative inter-ethnic contact in European societies. *Social Science Research*, 69. pp. 83–110.

139 Semyonov, M., & Glikman, A. 2009: Ethnic residential segregation, social contacts, and anti-minority attitudes in European societies. *European Sociological Review*, 25. (6): pp. 693–708. Stolle, D., Soroka, S., & Johnston, R. 2008: When does diversity erode trust? Neighborhood diversity, interpersonal trust and the mediating effect of social interactions. *Political Studies*, 56. (1): pp. 57–75.

tact has also been confirmed for refugees.¹⁴⁰ According to the so-called extended contact hypothesis, to a certain extent it may be enough for an individual to experience that a person of a different ethnic group behaves in a friendly way towards a relative or friend of the individual in order to reduce prejudice and increase trust.¹⁴¹ In fact, even positive intergroup relations in media and books can reduce the prejudices of the viewer or reader.¹⁴²

2.2. Measuring attitudes

Although at first glance it seems to be a rather subjective and difficult concept to grasp, attitude surveys have a history spanning decades, with solid methodological foundations.¹⁴³ With representative sampling and standardised questionnaires, data from various countries become comparable and trends can be tracked both spatially and over time. However, there is no consensus on the role of attitudes as a manifestation of personal preferences in the study of social cohesion, which should be understood as a collective characteristic of a community. In the theoretical work of Schiefer and Noll (2017), for example, attitudes can be considered as part of cohesion, within the dimension of "mutual tolerance".¹⁴⁴ According to Lancee and Dronkers (2011), cohesion should be understood as a network, where attitudes represent the nodes of the network and the direction and intensity of the connections represent the wires.¹⁴⁵ Others treat attitudes as a separate research entity, which varies according to perceived social cohesion, especially trust and social relationships.¹⁴⁶

140 De Coninck, D., Rodríguez-de-Dios, I., & d'Haenens, L. 2021: The contact hypothesis during the European refugee crisis: Relating quality and quantity of (in) direct intergroup contact to attitudes towards refugees. *Group Processes & Intergroup Relations*, 24. (6): pp. 881–901.; Knappert, L., Van Dijk, H., Yuan, S., Engel, Y., van Prooijen, J. W., & Krouwel, A. 2021: Personal contact with refugees is key to welcoming them: An analysis of politicians' and citizens' attitudes towards refugee integration. *Political Psychology*, 42. (3): pp. 423–442.

141 Wright, S. C., Aron, A., McLaughlin-Volpe, T., & Ropp, S. A. 1997: The extended contact effect: Knowledge of cross-group friendships and prejudice. *Journal of Personality and Social Psychology*, 73. (1): pp. 73–90.; Turner, R. N. Hewstone, M. and Voci, A. 2007: Reducing explicit and implicit outgroup prejudice via direct and extended contact: The mediating role of self-disclosure and intergroup anxiety. *Journal of Personality and Social Psychology*, 93. (3): pp. 369–388

142 Dovidio, J. F. Eller, A. and Hewstone, M. 2011: Improving intergroup relations through direct, extended and other forms of indirect contact. *Group Processes & Intergroup Relations*, 14. (2): pp. 147–160.; Vezzali, L. Stathi, S. Giovannini, D. Capozza, D. and Trifiletti, E. 2015: The greatest magic of Harry Potter: Reducing prejudice. *Journal of Applied Social Psychology*, 45. (2): pp. 105–121.

143 Van den Berg, H. Manstead, A. S. van der Pligt, J. and Wigboldus, D. H. 2006: The impact of affective and cognitive focus on attitude formation. *Journal of Experimental Social Psychology*, 42. (3): pp. 373–379.; Eagly, A. and Chaiken, S. 1998: Attitude structure and function. In D. T. Gilbert, S. T. Fiske, and G. Lindzey (ed.), *The Handbook of Social Psychology* (pp. 269–322)

144 Schiefer, D. and Van der Noll, J. 2017: The Essentials of Social Cohesion: A literature review. *Social Indicators Research*, 132. (2): pp. 579–603.

145 Lancee, B. and Dronkers, J. 2011: Ethnic, religious and economic diversity in Dutch neighbourhoods: Explaining quality of contact with neighbours, trust in the neighbourhood and inter-ethnic trust. *Journal of Ethnic and Migration Studies*, 37. (4): pp. 597–618.

146 Jenson, J. 2010: Defining and measuring social cohesion. United Nations Research Institute for Social Development and Commonwealth Secretariat, London.; Messing, V., & Ságvári, B. 2019: *Still divided, but more open: Mapping European attitudes towards migration before and after the migration crisis*. Friedrich Ebert Stiftung, Budapest.

Attitudes towards another group are determined by feelings, thoughts and behaviours.¹⁴⁷ A tripartite concept, where the affective component refers to the emotional reactions towards another group, such as immigrants or refugees. Sensitive attitudes, such as those related to religion or political beliefs, are typically emotion-based and can be associated with an individual's personal values. The second component refers to patterns of behaviour during intergroup interactions, while the cognitive component refers to the knowledge and skills acquired about the group. The latter has two subsets. People's negative attitudes and sense of threat can be linked to both material (e.g. fear of losing a job in an increasingly competitive labour market) and symbolic aspects (e.g. the threat of immigrants to the cultural traditions of the native majority).¹⁴⁸

In practice, attitudes are measured indirectly; the respondent is usually asked to select his/her attitude towards the question, opinion or suggestion on a five-point Likert scale. Thus, attitude can also be understood as a vector with direction and degree (intensity). The literature typically focuses on the methodology and measurement of attitudes towards immigrants,¹⁴⁹ but a problem with multi-country surveys is that the concept and methodology of measuring immigration are not uniform; respondents in different countries may understand the same question differently. This may be even more true for attitudes towards refugees. Attitudes are usually mapped using several questions (according to affective, cognitive and behavioural approaches) and the values are either analysed separately or an attempt is made to condense the information into one or two indices.¹⁵⁰ It is useful if the questionnaires reflect micro, meso and macro levels and allow for longitudinal analyses, which require the same questions to be included in the surveys regularly.¹⁵¹

Covid-19 gives new relevance to the research on this topic, since if politicians and certain media sources declare refugees as carriers of the virus, this may lead to

147 Angelidou, G., Aguaded-Ramírez, E. M., & Rodríguez-Sabiote, C. 2019: Design and validation of a scale measuring attitudes toward refugee children. *Sustainability*, 11. (10): (10), 2797.

148 Messing, V., & Ságvári, B. 2019: Still divided, but more open: Mapping European attitudes towards migration before and after the migration crisis. Friedrich Ebert Stiftung, Budapest.

149 Roots, A., Masso, A., & Ainsaar, M. 2016: *Measuring attitudes towards immigrants: validation of immigration attitude index across countries*. In First draft. European Social Survey Conference 'Understanding key challenges for European societies in the 21st century. Ceobanu, A. M., & Escandell, X. 2010: Comparative analyses of public attitudes toward immigrants and immigration using multinational survey data: A review of theories and research. *Annual review of sociology*, 36. pp. 309–328.

150 Roots, A., Masso, A., & Ainsaar, M. 2016: *Measuring attitudes towards immigrants: validation of immigration attitude index across countries*. In First draft. European Social Survey Conference 'Understanding key challenges for European societies in the 21st century.

151 Ibid. 57.

further negative attitudes towards them.¹⁵² Although some studies report a positive change in attitudes due to the unifying, common-identity-building effect of the pandemic,¹⁵³ according to O'Brien and Eger, in the longer term, there is more likely to be growing support for restricting future immigration.¹⁵⁴ In some South American countries, xenophobia and discrimination against refugees has already increased significantly as a result of the pandemic.¹⁵⁵ These are in line with previous research showing that fear of diseases drives people towards anti-immigrant ideologies.¹⁵⁶

3. Previous surveys

3.1. Global level

In recent years, attitudes towards immigrants and refugees have been examined in several global, European and Hungarian surveys. Starting from the highest level, the World Values Survey (WVS) is one of the most comprehensive surveys,¹⁵⁷ that examines the economic, social, political, religious, and cultural values of people in different parts of the world. The latest, seventh wave of the WVS included a question related to refugees: respondents could either agree or disagree with the following statement "asylum should be granted to political refugees persecuted elsewhere".¹⁵⁸ However, the seventh wave did not cover Hungary.

A worldwide survey is also conducted by the Pew Research Centre, a U.S.-based think tank organisation. Attitudes towards refugees were measured in their 2016 (19 countries), 2017 (38 countries) and 2018 (27 countries) polls, and Hungary was included in the list of selected countries on all three occasions with 1005, 944 and 1002 respondents,

respectively. Refugee issues were not included in either the 2019 or 2020 surveys (Hungary was not even included in the last one). The 2016 survey was the most detailed one, with a variety of questions such as supporting or opposing the reception of Iraqi and Syrian refugees, the fear of them, attitudes towards the government's policies regarding refugees, terrorism and crime, and the burden this has on their respective country. After 2016, the questions changed, and their number also decreased. Some of these results will be presented below. The Pew Research Centre also publishes policy analyses regularly. One analysis, which dealt specifically with Hungary, highlighted that although Hungarians agree with European democratic principles, they are less tolerant of immigrants and refugees than the international average.¹⁵⁹

3.2. European level

The 2017 survey of the European Values Study (EVS)¹⁶⁰ closely related to the World Values Survey, has already been conducted in Hungary (with 1513 respondents), but the questions asked did not specifically cover refugees, only immigrants.¹⁶¹ The Standard Eurobarometer is a survey conducted by the European Commission since 1974, they are conducted twice a year: in spring and autumn. The research is being carried out at the request and under the coordination of the European Commission's Directorate-General for Communication. The Member States of the European Union take part in it, with around a thousand people interviewed per country.¹⁶² According to the Standard Barometers, the Hungarian population considers immigration to be a greater threat to the European Union and to itself than the EU average. In 2017, 60% of Hungarian respondents said that immigration was one of the two most pressing problems affecting the EU, compared to the EU average of 38%.¹⁶³ Questions specifically related to refugees were included in two surveys: in Autumn 2017 and Autumn 2018. The question asked was as follows: "To what extent do you agree with the statement that Hungary / EU28 should help refugees?" In 2017, 29% of the population thought they should help refugees, and by 2018, that figure had risen to 31%. However, both values are well below the EU average for the year (67% and 69% respectively) and are

152 Esses, V. M., & Hamilton, L. K. 2021: Xenophobia and anti-immigrant attitudes in the time of COVID-19. *Group Processes & Intergroup Relations*, 24. (2): pp. 253–259.

153 Adam-Troian, J., & Bagci, C. 2021: The pathogen paradox: Evidence that perceived COVID-19 threat is associated with both pro-and anti-immigrant attitudes. *International Review of Social Psychology*, 34. (1).

154 O'Brien, M. L., & Eger, M. A. 2021: Suppression, spikes, and stigma: How COVID-19 will shape international migration and hostilities toward it. *International Migration Review*, 55. sz. 3. pp. 640–659.

155 Zapata, G. P., & Prieto Rosas, V. 2020: Structural and contingent inequalities: the impact of COVID-19 on migrant and refugee populations in South America. *Bulletin of Latin American Research*, 39. (1): pp. 16–22.

156 Green, E. G., Krings, F., Staerklé, C., Bangerter, A., Clémence, A., Wagner-Egger, P., & Bornand, T. 2010: Keeping the vermin out: Perceived disease threat and ideological orientations as predictors of exclusionary immigration attitudes. *Journal of Community & Applied Social Psychology*, 20. (4): pp. 299–316.

157 World Values Survey Association, Vienna, Austria; in Hungary, data was first collected by Szonda Ipsos Média, Opinion and Market Research Institute, and later by the Data Collection Department of Tárki Zrt.

158 WVS-7 Master Questionnaire 2017-2020, www.worldvaluessurvey.org/WVSDocumentationWV7.jsp

159 www.pewresearch.org/fact-tank/2016/09/30/hungarians-share-europes-embrace-of-democratic-principles-but-are-less-tolerant-of-refugees-minorities

160 EVS – coordinator: Tilburg University, Netherlands; data collection in Hungary was carried out by Szonda-Ipsos Média, Vélemény - és Piackutató Intézet, and later by Forsense Piackutató és Stratégiai Tanácsadó Kft.

161 European Values Study 2017, Questionnaire, CAPI, Hungary

162 www.ec.europa.eu/comfrontoffice/publicopinion/index.cfm/General/index

163 Standard Eurobarometer 87, Spring 2017, The key indicators, Hungary

among the lowest together with Slovakia, Bulgaria and the Czech Republic.¹⁶⁴ The Eurobarometer European Youth 2017 survey, which targeted 15-30-year-olds, also included a question on refugees. A higher proportion (46%) of Hungarians than the EU average (40%) believe that the management of migration trends and the integration of refugees should be a priority for the EU.¹⁶⁵

Also noteworthy is the European Social Survey (ESS),¹⁶⁶ which monitors several 'soft' social indicators, such as community cohesion or subjective well-being, as well as attitudes towards immigrants and refugees. The surveys in Hungary are carried out by TÁRKI in cooperation with the Institute of Sociology of the Hungarian Academy of Sciences. The results are published every two years; the latest data reflect the situation in 2018. Although the list of countries included in the study varies from year to year, 27 countries have been on the list at least five times; In Hungary, for example, the survey was conducted on all nine occasions. There are six questions related to attitudes towards international migration, and since 2002, they have been included in all ESS surveys.¹⁶⁷ In 2002 and 2014, a special module on migration was added to the standard questionnaire, containing a total of 58 and 35 questions, respectively. However, there were far fewer questions about attitudes towards refugees in particular; seven in 2002, one in 2014, and three in 2016. Previous analyses based on the ESS database have shown that as a result of the migration crisis in Hungary, the rate of rejection of immigration and the fear of immigrants has increased in all social groups,¹⁶⁸ and a complete fusion of the concepts of 'immigrant' and 'refugee' can also be observed.¹⁶⁹ In the latter, the inconsistent use of terms in the Hungarian media probably also played a significant role. The survey for the tenth wave of the ESS started in September 2020, largely delayed by the Covid-19 pandemic, so fieldwork is not expected to be completed until the end of December 2021.

164 Standard Eurobarometer 88, National Report, Survey in the European Union, Autumn 2017; Hungary Standard Eurobarometer 90, National Report, Public Opinion Survey in the European Union, Autumn 2018, Hungary

165 Flash Eurobarometer 455, European Youth, 2017 szeptember, Hungary factsheet

166 European Research Infrastructure Consortium, London, United Kingdom

167 Allow many/few immigrants of same race/ethnic group as majority, Allow many/few immigrants of different race/ethnic group from majority, Allow many/few immigrants from poorer countries outside Europe, Immigration bad or good for country's economy, Country's cultural life undermined or enriched by immigrants, Immigrants make country worse or better place to live

168 Messing, V., & Ságvári, B. 2019: *Still divided, but more open: Mapping European attitudes towards migration before and after the migration crisis*. Friedrich Ebert Stiftung, Budapest

169 Messing, V., & Ságvári, B. 2018: *Looking behind the culture of fear. Cross-national analysis of attitudes towards migration*. Friedrich Ebert Stiftung, Budapest

Also worth mentioning is the 2015 summer-autumn survey conducted in the Visegrad countries by the Central European Opinion Research Group (CEORG). According to the survey, one in two Hungarians agreed with the statement that the level of immigration has become uncontrollable in their country. The Hungarian population identifies the increase in the number of refugees mainly with the threat to the labour market and the loss of job opportunities.¹⁷⁰

3.3. Hungarian surveys

Among the Hungarian surveys, it is important to mention the research of TÁRKI ("Omnibus Social Policy Attitudes among the Adult Population in Hungary"), with a sample of around a thousand, which measures attitudes towards immigrants and 'foreigners' annually, sometimes several times a year. Questions are related to the reception of refugees depending on the country of origin and the reason for fleeing, the refugee policy and the concerns in connection with the refugee population. TÁRKI's analyses also confirm previous findings: The proportion of xenophobes has increased in Hungary (15% in 1992, but jumped to 53% in 2016),¹⁷¹ and significant differences in willingness to reception can be observed depending on the reason for fleeing. Family reunification is the most accepted reason, while the persecution for following the Islamic religion and escaping unemployment are the least accepted.¹⁷² However, it is worth mentioning the methodological concern that the change over time in the proportion of the three basic attitude groups ('xenophile', 'xenophobic' and 'undecided') may not give a complete picture of trends, as different respondents may have different associations with the concept of "refugee".

Mention should also be made of the opinion polls of the Migration Research Institute and Századvég, based on which, it seems that the Hungarian population rejects the EU quota system,¹⁷³ and according to the majority of the population refugees arriving in Hungary are actually 'economic migrants'.¹⁷⁴

170 Simonovits B., & Szeitl, B. 2016: *Menekültekkel és migrációs politikával kapcsolatos attitűdök Magyarországon és nemzetközi összehasonlításban*. In: Kolosi, T., & Tóth, I. Gy. (szerk.) Társadalmi Riport 2016. TÁRKI, Budapest. pp. 420–439

171 Sík, E., Simonovits, B., & Szeitl, B. (2016). Az idegenellenesség alakulása és a bevándorlással kapcsolatos félelmek Magyarországon és a visegrádi országokban. *REGIO. Kisebbség Kultúra Politika Társadalom*, 24. (2): pp. 81–108.

172 Ibid., 72

173 www.szazadveg.hu/hu/kutatasok/az-alapitvany-kutatasi/piackutatas-kozvelemeny-kutatas/a-tobbseg-a-menekul-tugyi-kvotarendszer-ellen; www.szazadveg.hu/hu/hirek/a-magyar-lakossag-elutasitja-az-europai-parlament-kozos-unios-menekul-tugyi-rendszer-reformjara-vonatkozto-javaslatat

174 www.migraciokutato.hu/2016/09/20/kozvelemenykutatas-sorozat-a-migracio-tarsadalmi-megiteleserol-iv

Table 1.
Recent surveys on attitudes towards refugees also in Hungary

SURVEY	YEAR	SAMPLE (HU)	QUESTIONS / STATEMENTS CONCERNING REFUGEES
European Social Survey	2002	1685	To what extent do you agree with the statement that your country has more than its fair share of people applying for refugee status?
			To what extent do you agree with the statement that governments should be generous in assessing applications for refugee status?
			To what extent do you agree with the statement that most refugee applicants are not in real fear of persecution in their own countries?
			To what extent do you agree with the statement that people applying for refugee status should be allowed to work while their cases are considered?
			To what extent do you agree with the statement that refugee applicants should be kept in detention centres while their cases are considered?
			To what extent do you agree with the statement that financial support should be provided to refugee applicants while their applications are considered?
			To what extent do you agree with the statement that granted refugees should be entitled to bring close family members?
2014	1698	To what extent do you agree with the statement that governments should be generous in assessing applications for refugee status?	
		To what extent do you agree with the statement that most refugee applicants are not in real fear of persecution in their own countries? (this question was not asked in Hungary)	
			o what extent do you agree with the statement that granted refugees should be entitled to bring close family members? (this question was not asked in Hungary)
2016	1614		To what extent do you agree with the statement that governments should be generous in assessing applications for refugee status?

Pew Research Center	2016	1005	Do you think that the large number of refugees leaving countries like Syria and Iraq poses a major threat, minor threat, or no threat at all to your country? Do refugees increase the chances of terrorism in your country? Can refugees be blamed for crime in the country rather than other groups? Do refugees make the country stronger through their talents and work or do they burden the country? Do you agree with the way Prime Minister Viktor Orbán handles the refugee issue? Do you agree with the European Union's approach to the refugees?
	2017	944	Do you think that the large number of refugees leaving countries like Syria and Iraq poses a major threat, minor threat, or no threat at all to your country? In your opinion, should we accommodate more, fewer or the same number of refugees as at present? Do you agree with the European Union's approach to the refugees?
	2018	1002	Would you oppose or support the reception of refugees from countries from which people are fleeing war or violence? Do you agree with the European Union's approach to the refugees?
Standard Euro-barometer	2017	1000	To what extent do you agree or disagree with the statement that your country should help refugees?
	2018	1000	To what extent do you agree with the statement that Hungary / EU28 should help refugees?
Flash Eb. European Youth 455	2017	401	Which of the following do you think should be a priority for the European Union? (maximum 3 answers)
Central European Public Opinion Research Association	2015		The scale of immigration is out of control. I feel uneasy when interacting with immigrants. Immigrants cause an increase in crime. I am worried that immigrants may spread unknown diseases. I fear that in the event of war or other political tensions, they will be loyal to their country of origin. I doubt that migrants will put the interests of our country first. Immigrants take jobs away from people who have been here longer. I am afraid that our own culture will be lost with an increase in immigration. I fear that with increased immigration, our way of life will change for the worse

<p>TÁRKI (Omnibusz)</p>	<p>yearly or several times a year</p>	<p>1000-1500</p>	<p>In your opinion, should Hungary receive (all refugees, no-one, or some refugees)?</p> <p>Do you think that ... (specify ethnic group) refugees should be recognised?</p> <p>Do you think that refugees should be recognised who ... (reason for escape)?</p> <p>To what extent do you think refugees are a threat to Europe?</p> <p>To what extent do you think that black African or Arab refugees should not be granted asylum here, even in exceptional cases?</p> <p>To what extent do you think that the care of the masses of refugees could jeopardise the social benefits of those who live here?</p> <p>Have you met a refugee or an immigrant in Hungary in the last 12 months?</p> <p>To what extent do you agree with the following statements?:</p> <ul style="list-style-type: none"> • Seeing the great number of undocumented refugees and migrants entering Hungary without control makes me worried. • Please think about the whole of Europe. Seeing the great number of undocumented refugees and migrants entering Europe without control makes me worried. • Seeing the arrival of refugees and migrants to Hungary of cultures and religions that are different from ours makes me worried. • Please think about the whole of Europe. Seeing the arrival of refugees and migrants of cultures and religions that are different from ours makes me worried. <p>How much do you agree with the following measure:</p> <ul style="list-style-type: none"> • Making the control of the Hungarian borders stricter. • Introducing a law that would make it compulsory for migrants to respect fundamental Hungarian values • Controlling the number of refugees arriving in Hungary by setting an upper limit. • More money should be allocated for the integration of refugees and immigrants living in Hungary (ie for housing, education, language learning programs necessary for a successful 'new start' and for facilitating access to work)¹⁷⁵
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Source: website of the cited surveys

¹⁷⁵ The questions are not included in every survey and the number of questions varies.

4. Changes in social attitudes towards refugees in Hungary

4.1. Changes in attitudes between 2002 and 2016

The present analysis relies primarily on the European Social Survey database, supplemented in some places by the results of the Pew Research Centre and TÁRKI. One of the reasons for this is that attitudes towards refugees have already been addressed in the first wave of the ESS European Social Survey in 2002 (22 countries, 1,685 Hungarian respondents). This is optimal as a starting point, as it can also be used to observe a longer-term trend, not just the effects of the 2015 'refugee crisis'. According to the Central Statistical Office, 6,412 asylum seekers arrived in Hungary in 2002, and the countries of origin were primarily Afghanistan, Bangladesh, Iraq and the successor states of Yugoslavia.¹⁷⁶ On the other hand, it is considered to be the largest and methodologically best database in Europe, which is indeed suitable for comparative analyses in both space and time. There are about 30-40 thousand respondents in a survey. In addition, the ESS is the only international survey that provides data broken down not only at national but also at regional and sometimes even at county level.

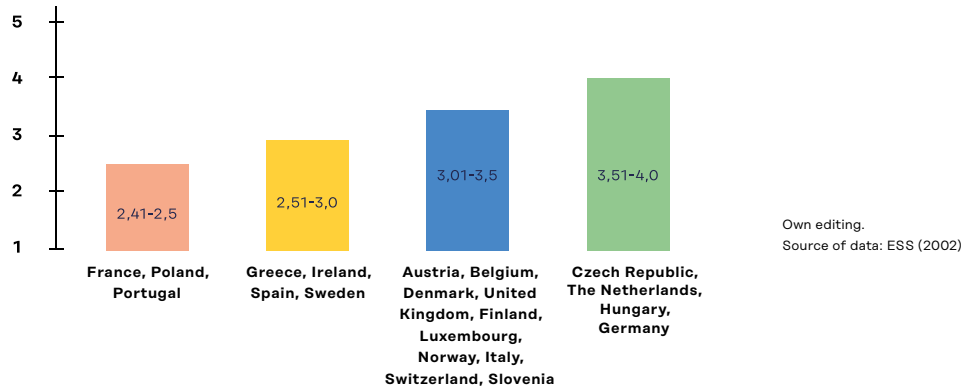
According to the 2002 ESS data, the averages of the Hungarian responses alone do not suggest a negative attitude towards refugees, they are rather moderate, neutral values.¹⁷⁷ At the same time, a comparison with the other countries examined shows that the population in Hungary is more reluctant to accept measures to support refugees. The average score of 3.7 for the question "governments should be generous in assessing applications for refugee status"¹⁷⁸ was the second highest after the Netherlands (Figure 1.). It is important to stress that a value of 1 indicates full agreement and a value of 5 indicates full disagreement.

¹⁷⁶ www.ksh.hu/docs/hun/xftp/stattukor/nemzvand.pdf

¹⁷⁷ The analysis does not include the don't know the answers and those who did not answer the question.

¹⁷⁸ Although the ordinal nature of the data means that the methodological acceptance of averaging is not clear, it is often used in the literature to compare countries and certain social groups. The order of categories on the ordinal scale can be established, but the distance between units on the scale is not uniform; see school grades. Ordinal scales in research are also Likert scales (e.g. how much people agree with statements between 1 and 5), which are used as a metric in most cases. From a purely theoretical, mathematical point of view, averaging is not recommended, but it makes sense in practice and is often used in social science research in comparative studies.

Figure 1.
Average responses to the question "To what extent do you agree with the statement that governments should be generous in their assessment of refugee status applications?", based on the European Social Survey 2002 (1: fully agree, 5: fully disagree)



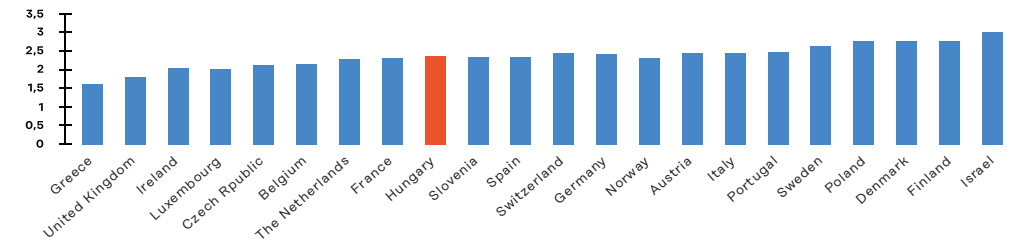
A particularly strong negative attitude was observed concerning two issues. (Figure 2.). According to Hungarians, most asylum seekers are not in real danger and are not being persecuted; 60% of respondents fully agreed or agreed with this statement, in contrast to, for example, Sweden at the other end of the ranking, where only 21% thought so. 16% of the Hungarian respondents were completely opposed to the idea of applicants receiving financial support during the processing of their asylum applications. Nearly two-thirds of Hungarian respondents thought that, compared to the size and economic strength of the country, more refugee applications were received by Hungary than adequate. It is interesting to compare this with the 2002 UNHCR data series, which shows that Hungary was ranked 95th in the world in terms of refugees to GDP ratio, 95th in terms of per thousand inhabitants, and 73rd in terms of ratio per thousand km².¹⁷⁹ So, considering the capacities, far fewer refugees arrived in Hungary than in Sweden or Denmark, where the population considered the number of refugees arriving fair. The negative attitudes towards refugees may also be due to the negative associations with refugees that appeared in the news about refugees in both the government and opposition media in 2005 and 2006.¹⁸⁰

179 www.unhcr.org/41206f7a7.html

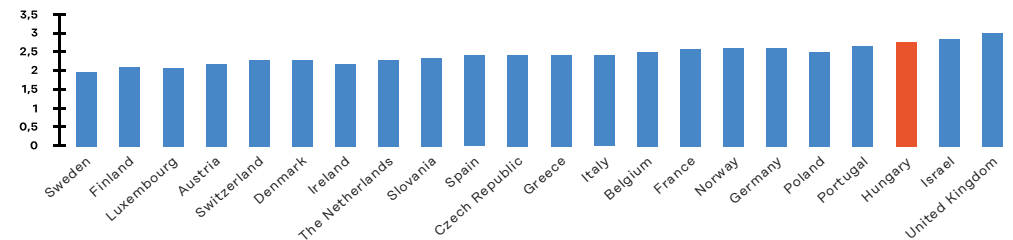
180 Vicsek, L., Keszi, R., & Márkus, M. 2008: Representation of refugees, asylum-seekers and refugee affairs in Hungarian dailies. *Journal of Identity and Migration Studies*, 2. (2): pp. 87–107.

Figure 2.
European comparison of average responses to questions related to refugees (1: fully agree, 5: fully disagree)

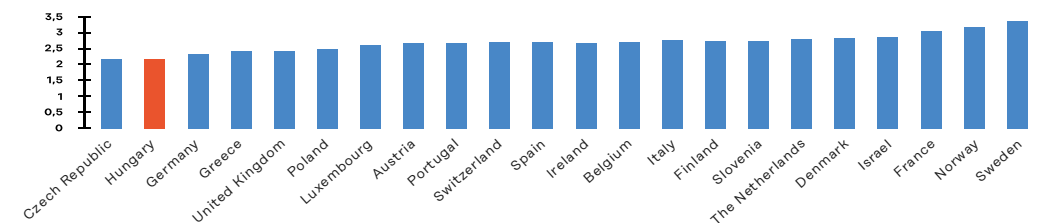
Country has more than its fair share of people applying refugee status



People applying refugee status allowed to work while cases considered



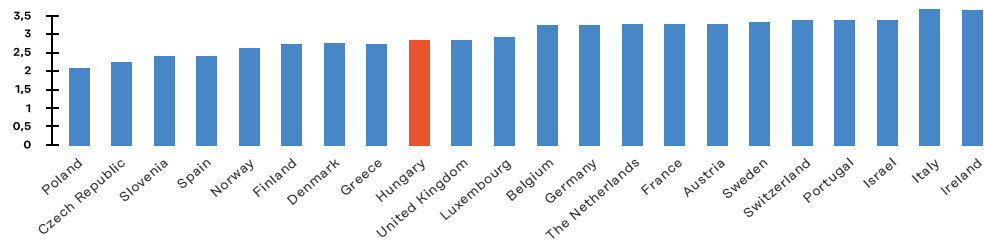
Most refugee applicants not in real fear of persecution own countries



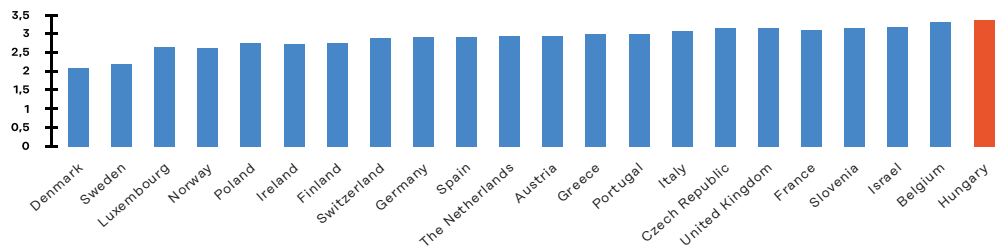
Own editing. Source of data: ESS (2002)

Figure 2.
European comparison of average responses to questions related to refugees
(1: fully agree, 5: fully disagree)

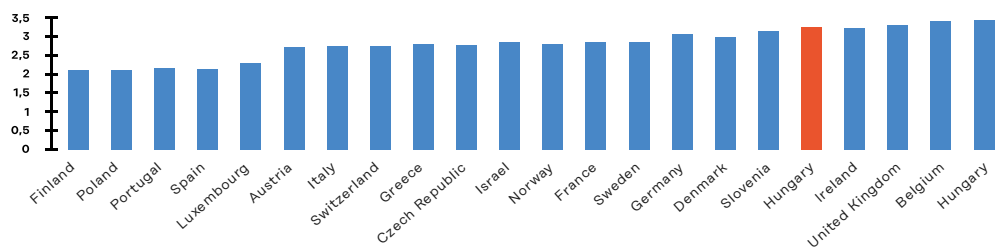
Refugee applicants kept in detention centres while cases considered



Financial support to refugee applicants while cases considered



Granted refugees should be entitled to bring close family members



The next ESS waves in 2014 (21 countries, 1698 Hungarian respondents) and 2016 (23 countries, 1614 Hungarian respondents) included questions on refugees, which were as follows:

- governments should be generous in assessing asylum applications;
- that most refugee applicants are not in real fear of persecution in their own countries;
- recognised refugees should be entitled to family reunification (bringing close family members).

However, due to an error, the last two questions were omitted from the Hungarian questionnaire in 2016,¹⁸¹ thus, a single statement remained, the change over time of which could be analysed between 2002, 2014, and 2016: “governments should be generous judging applications for refugee status”. Respondents were able to express their opinion on a Likert scale between strongly agree (1) and strongly disagree (5).¹⁸² In 2002, the average Hungarian response was already the second highest after the Netherlands, so, the majority of respondents rejected a more tolerant assessment of refugee applications. By 2014, the average values had declined, while the proportion of those who fully agreed or agreed with the statement increased from 12% to 23%. So, in line with the European trends, the general attitude towards refugees has shifted in a positive direction. By 2016, this has changed radically: Among the countries that were on the ESS list in all three years, the Hungarian average jumped the most (Table 2, Figure 2), while the share of those in support of a generous assessment of refugee status decreased from 23% to 14%. The proportion of completely negative respondents stands out by far in Hungary and the Czech Republic (40% and 39%, respectively) compared to the other countries.

The TÁRKI time series entitled “Proportion of xenophobes, xenophiles and those undecided, 1992–2016 (%)” also coincides with this.¹⁸³ The proportion of xenophobes decreased from 40% in October 2002 to 39% in 2014,¹⁸⁴ which indicates a more modest decline compared to the findings of the European Social Survey. At the same time,

¹⁸¹ www.europeansocialsurvey.org/data/deviations_country.html?year=2016&land=348

¹⁸² In Hungary, 95.1% of answers to this question was valid.

¹⁸³ www.tarki.hu/hu/news/2016/kitekint/20160404_idegen.html

¹⁸⁴ Enyedi Zs., Fábíán Z., & Sik E. 2004: „Nőtték-e az előítéletek Magyarországon?": In Kolosi, T., Tóth, I. Gy., & Vukovich Gy. (szerk.) *Társadalmi Riport 2004*, pp. 375–399. Budapest: TÁRKI

by 2016, similarly to the ESS, TÁRKI also measured a drastic increase: the proportion of xenophobes reached a record of 53%. Closely linked to anti-refugee attitudes is the dehumanisation of Islamic refugees, in which Hungary is also at the forefront.¹⁸⁵

Table 2.

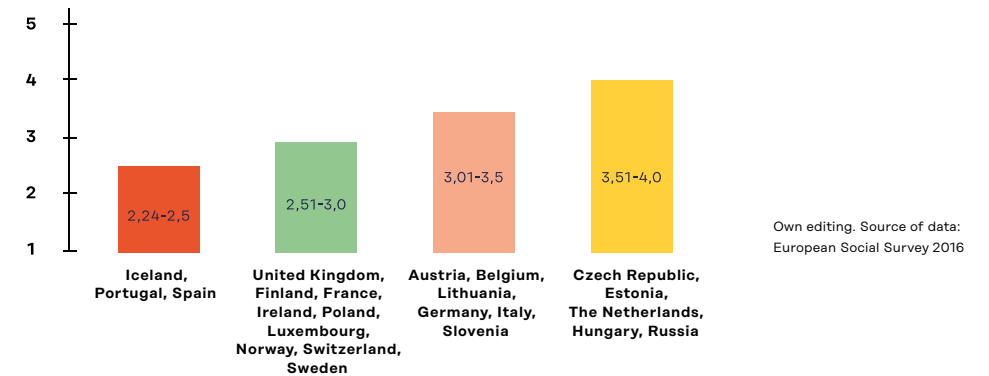
The mean of the responses to "The Government should be generous in its treatment of refugee status applications" (1: strongly agree, 5: strongly disagree). Blue values: negative attitude change, red values: positive attitude change)

	2002	2004	2016	2014-2016	Attitude change
Austria	3.21	2.96	3.3	+0.34	Negative
Belgium	3.53	3.23	3.26	+0.03	Negative
Czech Republic	3.68	3.37	3.96	+0.59	Negative
United Kingdom	3.25	2.77	2.64	-0.13	Positive
Finnland	3.02	2.63	2.89	+0.26	Negative
France	2.43	2.43	2.58	+0.15	Negative
The Netherlands	3.8	3.17	3.65	+0.48	Negative
Ireland	2.63	2.55	2.52	-0.03	Positive
Israel	3.04	3.4	3.44	+0.04	Negative
Poland	2.45	2.36	2.72	+0.36	Negative
Hungary	3.7	3.23	3.89	+0.66	Negative
Germany	3.63	2.94	3.29	+0.35	Negative
Norway	3.25	2.51	2.59	+0.08	Negative
Portugal	2.51	2.26	2.26	0	Positive
Spain	2.67	2.43	2.39	-0.04	Positive
Switzerland	3.35	3.01	2.98	-0.03	Positive
Sweden	2.8	2.38	2.61	+0.23	Negative
Slovenia	3.37	2.84	3.2	+0.36	Negative

Edited by the author. Source of data: ESS (2002), ESS (2014), ESS (2016)

Figure 3.

Average of the responses to the question "Do you agree that the Government should be generous in its treatment of refugee status applications?" based on the European Social Survey 2016 (1: strongly agree, 5: strongly disagree)



Own editing. Source of data: European Social Survey 2016

4.2. Immigrants and refugees: are opinions similar or different?

Previous analyses have shown that, although there are exceptions, in most European countries attitudes towards immigrants and refugees correlate; in the case of Hungary, the correlation is particularly strong (Németh 2021). The analysis is further refined in Figure 3, which shows the scatter plot of respondents in four countries. The x-axis shows the results of Roots' indexing of opinion on the benefits of immigration.¹⁸⁶ Hungary's population ranked second most hostile to refugees after the Czech Republic in the ESS survey (according to the answers to the question "To what extent do you agree with the statement that the Government should be generous in assessing refugee applications?"). According to the chart, individuals who strongly agree with the tightening of restrictions on refugees do not like immigration either, and largely fall into category 1 on the x-axis. Values for the Hungarian population are typically in the upper left quadrant, with rare occurrences of values of 4 and 5 for the immigration benefits index. It is also interesting to note that those who think immigration is beneficial are not necessarily permissive towards refugees, in fact, among those with a score 5, more

185 Bruneau, E., Kteily, N., & Laustsen, L. 2018: The unique effects of blatant dehumanization on attitudes and behavior towards Muslim refugees during the European 'refugee crisis' across four countries. *European Journal of Social Psychology*, 48. (5): pp. 645–662.

186 Sum of the values of respondents who answered the question of whether immigration is good or bad for the country's economy; whether the cultural life of the country is undermined or enriched by immigrants, and whether immigrants make the country a better or worse place to live (all three options were 0 to 10). Then the sum is reclassified: 1=0-7; 2=8-12; 3=13-17; 4=18-21; 5=22-30. 1 is the most negative opinion, while 5 is the most positive.

respondents are strongly against than completely in favour of refugees. The values of the Swedish population are the complete opposite of those of the Hungarian population. Here too, there is a significant correlation between the two axes, but the negative values are dominated by the positive values in the bottom right-hand quadrant. The most common category is those who think immigration is beneficial and agree with facilitating the reception of refugees. In Sweden, the negative values also strongly correlate and there is no variance like that of the Hungarian positive responses. The most definite difference in attitudes towards immigrants and refugees can be observed in the Netherlands and Portugal. In the Netherlands, immigrants are perceived more positively than refugees, while in Portugal the opposite is true, although the differences in attitudes towards the two groups are not as sharp. There is also a distinctive group of individuals who are absolutely in favour and have positive attitudes on both scales, and individuals who are neutral on both scales.

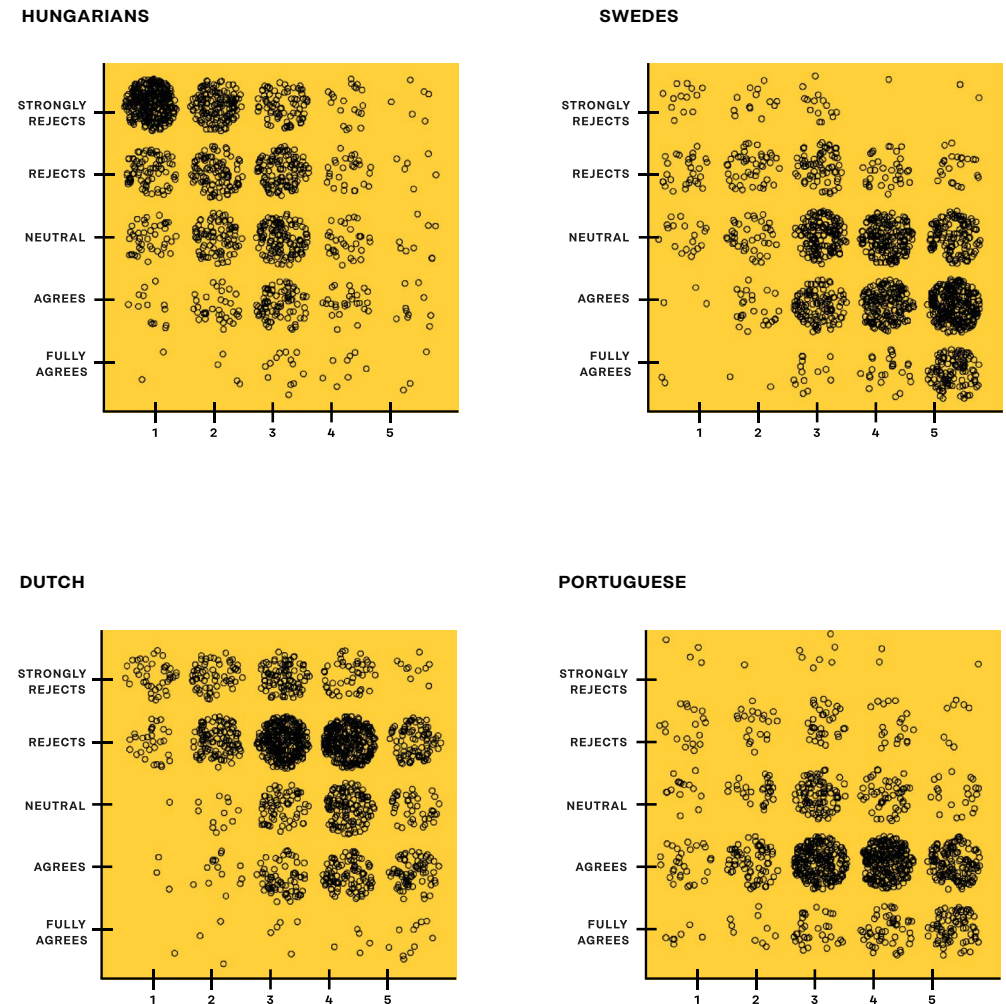
Thus, in the case of Hungary, there seems to be no significant difference between the attitudes towards refugees and migrants.¹⁸⁷ This is an important finding, as there is significantly more information available about the population's views on immigration than purely about attitudes towards refugees. If data on attitudes towards refugees are scarce, an overview of opinions on "immigration from poorer countries outside Europe" seems promising as a proxy. It is therefore worth examining the changes of opinions on immigration in the broadest sense after 2002, as they certainly also closely approximate the dynamics of changes in attitudes towards refugees.

Although those rejecting and opposing immigration were in majority already in 2002, their proportion increased further by 2016. Data not shown from the 2014 survey are between these two but are already shifting towards a large amount of 'none' responses. It seems that the Hungarian population clearly identifies immigrants from poorer countries outside Europe as refugees. It is therefore not surprising that almost 90% of those who completely reject the generous assessment of asylum applications do not want to see migrants from poor countries outside Europe in Hungary. 62% of the Hungarian respondents answered this way, which is an extreme result compared to the other countries. From a European perspective, however, the situation is less clear. In Western and Northern Europe, such as Germany or Sweden, even among those who explicitly reject

¹⁸⁷ However, there is a difference in where the refugee comes from. According to the 2015 TÁRKI survey, 94% of the population rejects Arab refugees, but many also oppose the reception of Chinese, Arabs or Africans. The least people reject Hungarians living abroad (7%). See in: Görbe A. Z. K. 2017: *Hazai xenofóbia-kutatások*. In Christián L. (szerk.) *Rendészettudományi kutatások: Az NKE Rendészettudományi Kutatóműhely tanulmánykötete*, Budapest: Dialóg Campus Kiadó, 2017. pp. 63-71.

Figure 4.
The relationship between attitudes towards refugees and immigrants, based on the European Social Survey 2016. The scores for Hungary, Sweden, the Netherland and Portugal (in order) are shown in the scatterplots below

To what extent do you agree with the following statement?
 "The government should assess asylum applications in a generous way."



Edited by the author. Source of data: ESS (2016)

refugees, many would keep national borders open to immigrants from poorer countries outside Europe. As Messing and Ságvári point out, the gap between Hungary and other EU countries is difficult to explain.¹⁸⁸ In addition to government communication, it may be due to the high homogeneity of the population and the low number of immigrants, resulting in a lack of interpersonal and intergroup contacts and experience, as well as the low level of social cohesion and trust in Hungarian society.

Another source, the Pew Research Centre's 2016 and 2017 surveys specify some non-European countries. The majority of Hungarian respondents (70% and 67%) consider refugees from Iraq and Syria to be a particularly serious threat. However, this view is not unique, as there are even higher values for Greece and Poland. In light of this, it is not surprising that the rate of "no threat" responses (6%) is also lower than in other European countries, for example, 38% in Spain. Three-quarters of Hungarian respondents approved the government's asylum policy, while four-fifths said refugees would increase the risk of terrorist incidents. The proportion of those who think that refugees would only be a burden for Hungary is even higher (84%). These represent the highest values among the European countries surveyed by the Pew Research Centre. At the same time, when it comes specifically to "refugees leaving their homes due to war or violence," far fewer reject them, although they are still in the 53% majority, according to the 2018 survey. This is the second-highest value after Israel, double the Greek percentage, and four times the German value.

4.3. Attitudinal differences between social groups and the contact hypothesis

For policy decision-making, it is also important to know if there are significant differences in attitudes towards refugees among certain groups in society. Based on the ESS database, it can be concluded that although small differences exist, they are not significant (Figure 4.). This is especially true for gender, although between 2014 and 2016, the average response values of women deteriorated to a greater extent. Interestingly, the unemployed proved to be somewhat more lenient about the generous assessment of asylum applications than respondents in employment who are presumably more concerned about losing their job. The smallest proportion of those who agree with a generous assessment of the asylum application is found in the age group of 31-50-year-olds.

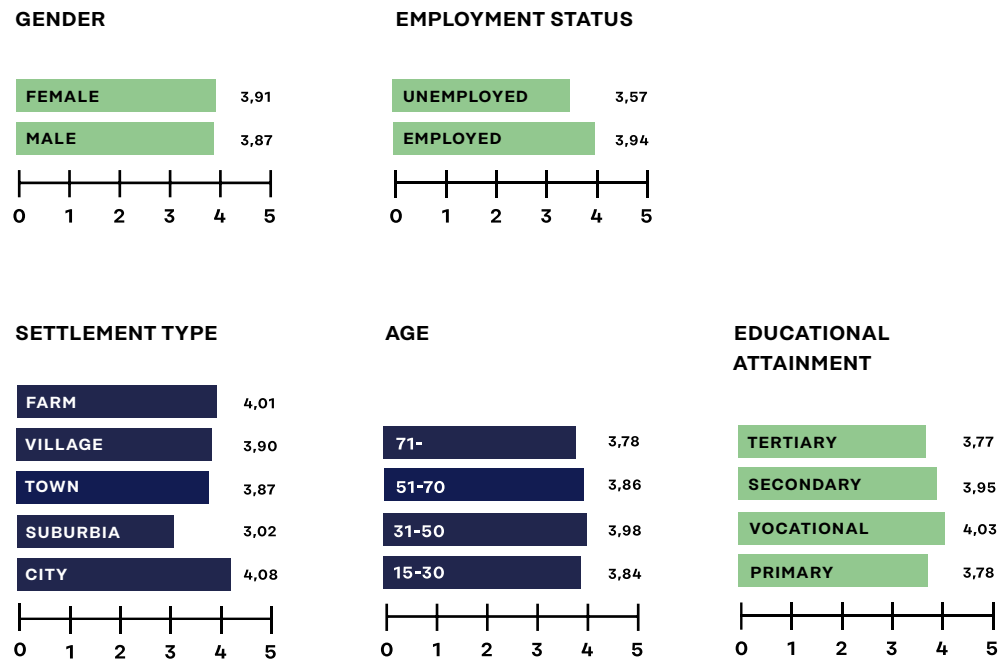
¹⁸⁸ Messing, V., & Ságvári, B. 2019: Still divided, but more open: Mapping European attitudes towards migration before and after the migration crisis. Friedrich Ebert Stiftung, Budapest.

Based on the 2016 ESS survey, I analysed the impact of individual factors (gender, residence, age, employment and education) on attitudes using linear regression. As these variables were categorised in the survey database, except for age, I have studied the role of each variable in the context of each reference category (e.g. women for gender). The reference categories are shown in brackets in Tables 2 and 3. I have added variables related to NGO membership and interethnic contact to the analysis, as the literature suggests that these usually positively influence attitudes towards other ethnic groups. Of the factors examined, the level of education has the strongest impact on attitudes towards refugees; those with tertiary education are more in favour of a more generous approach to refugee status than those with a secondary school leaving diploma or vocational qualification, and this difference is statistically significant. (It is interesting to note, however, that this difference is smaller among those with up to eight years of primary education and those with tertiary education.) Another relatively significant influencing factor is the place of residence; compared to respondents living in rural settlements, those living in suburban areas would be less strict in assessing asylum-seeking applications (Table 2). However, those living in larger cities (who were more likely to experience the chaos of the "refugee crisis" in 2015) are even more rejecting than those living in rural areas.¹⁸⁹ Activity in NGOs is also available as an independent variable, but due to the small number of items, it is not possible to draw far-reaching conclusions. In any case, the 60 respondents who indicated such activity tend to have on average a more positive attitude.

Between 2014 and 2016, Hungary's scores worsened in almost all segments (gender, education, age, place of residence). Messing and Ságvári found the same when examining the values of the 'rejection index' they created. In their analysis, in contrast to Hungarian values, in Spain, Portugal, Ireland and the United Kingdom, rejection decreased somewhat in all segments, whereas in Austria only certain groups became more disapproving, not society as a whole.

¹⁸⁹ Respondents indicated for themselves, the municipality in which they live, so the concept of a large town is not precisely defined.

Figure 5.
Average of Hungarian responses to "The government should be generous in its assessment of refugee status applications", by education, employment status, gender, age and place of residence (1: strongly agree, 5: strongly disagree. Increasing values therefore indicate increasing rejection)



Edited by the author. Source of data: ESS (2016)

Table 3.
The univariate general linear model for the dependent variable "How much do you agree with the statement that the government should be generous in its assessment of refugee status applications?". Demographic and social variables model.

VARIABLES	STANDARDISED COEFFICIENTS
Intercept	3,630 (,217)***
Gender (Female)	
Male	-0,026 (0,059)
Place of residence (Village or farm)	
Small town	-0,075 (0,071)
Suburbs	-0,580 (0,133)***
Big city	0,156 (0,077)*
Age	-0,001 (0,002)
Employment (Unemployed)	
Not unemployed	0,292 (0,189)
Education level (Tertiary)	
Secondary school graduation, vocational school	0,116 (0,091)
Vocational training	0,213 (0,097)*
Up to eight years of primary school	-0,008 (0,104)
Engagement in a non-governmental organization (No)	
Yes	-0,604 (0,154)***
R ²	0,048
Corrected R ²	0,043

Remark: ***p<0.001 **p<0.01 *p<0.05. Standard errors in brackets. Own editing. Source of model data: ESS 2016.

The positive impact of intergroup contact on attitudes has already been shown in Eurobarometer data,¹⁹⁰ and is confirmed by the results below (Table 3). Compared with those who have little or no interethnic contact and no friends from other ethnic groups, respondents who interact more often with other groups and have more friends from other ethnic groups have significantly more positive attitudes. The latter group is therefore, on the whole, more accepting of the statement that "the Government should be generous in its assessment of refugee applications".

190 Simonovits B., & Szeitl, B. 2016: *Menekültekkel és migrációs politikával kapcsolatos attitűdök Magyarországon és nemzetközi összehasonlításban*. In: Kolosi, T., & Tóth, I. Gy. (szerk.) *Társadalmi R riport 2016*. TÁRKI, Budapest. pp. 420–439.

Table 4.
The univariate general linear model for the dependent variable "How much do you agree with the statement that the Government should be generous in its treatment of refugee status applications?". Contact hypothesis model.

VARIABLES	STANDARDISED COEFFICIENTS
Intercept	3,830 (0,092)***
Friends from other ethnic groups (None)	
Some	-0,254 (0,069)***
Many	-0,428 (0,155)**
Contact with other ethnic groups (Rarely)	-0,054 (0,068)
Sometimes	-0,161 (0,079)*
Often	
Quality of contact with other ethnic groups	-0,087 (0,016)***
R ²	0,061
Corrected R ²	0,057

Remark: ***p<0.001 **p<0.01 *p<0.05. Standard errors in brackets. Own editing. Source of model data: ESS 2016.

5. Summary

Monitoring attitudes towards immigration and refugees has recently been undertaken by several international projects, but these mostly run independently and in parallel, and are generally focused on different issues. While this broadens the perspective, it does not allow for monitoring change over time and for direct comparison, even though methodological research suggests longitudinal studies. The number of questions on refugees is negligible compared to those on immigrants; the 2018 wave of the ESS did not even include any. Despite methodological concerns, the West-East dichotomy seems obvious: take any result line, the attitudes of the population of Central and South-Eastern European countries are generally considerably more negative towards refugees.

The most detailed of the European polls was the 2002 wave of the European Social Survey, which also included seven questions specifically related to refugees. When asked whether the government should assess refugee applications generously, proportionally, the second most negative answers were received in Hungary. Until 2014, a positive trend could be observed for the whole of Europe, including Hungary, but as a result of the ref-

ugee crisis, this changed radically. In 2016, Hungary again became the second most opposing country among those that participated in the ESS survey in all three surveyed years.

As there is considerably more detailed information on the population's opinion on immigration, the question arises as to whether these can be used in the future, as a kind of approximate indicator, to better understand the dynamics of changes in attitudes towards refugees. The answer is yes, as, with a few exceptions (e.g. Portugal or the Netherlands), values strongly correlate at both European and Hungarian levels, especially concerning 'migrants from poorer countries outside Europe'. Thus, it is not surprising, that the vast majority of Hungarians who completely reject the generous assessment of asylum applications would not accept any immigrants from outside Europe. (At the same time, it also indicates that the concepts of refugee and immigrant have largely blurred and that a negative attitude towards one group also triggers rejection towards another.)¹⁹¹

In Hungary, attitudes towards immigrants and refugees shifted towards the negative for all social groups surveyed between 2014 and 2016. Of the individual variables, attitudes are most influenced by the level of education. What is different from international trends is the non-significant difference between those with tertiary education and those with up to eight years of primary schooling. The place of residence also plays an important role, as those living in a village or farm or large city were found to be significantly more rejecting than those living in the suburbs. It should be added, however, that attitudes are primarily not shaped by real, interpersonal experiences, since in international comparison (and in absolute terms) there are very few refugees in Hungary, and the majority may have never met them.

If a country decides to recognise asylum seekers and allow them to settle permanently and acquire citizenship, successful integration will be in their common interest, as it will contribute to mitigating potential ethnic, religious and cultural tensions and to strengthening social cohesion. Hungary also belongs to this group, even if the number of recognised refugees and beneficiaries of subsidiary protection is significantly lower than in most Western or Northern European countries.

¹⁹¹ Of course, prior to future research, it is important to re-examine whether the strong correlation between attitudes towards refugees and immigrants remains, avoiding the trap of over-generalisation and wrong conclusions.

6. Policy recommendations

Contact theory, as it is known in sociology literature, is based on the idea that social cohesion can be strengthened through interactions and contacts between groups; otherwise, prejudices and fears tend to determine its weakening. Experience has shown that the places where these relations are built are schools and workplaces, so it is recommended that the participation of recognised refugees in education and in the labour market, is promoted. Of course, it is not realistic that those living in small settlements with lower average educational attainment (the most xenophobic group) can form a personal relationship with them, but based on the so-called 'extended contact theory', 'indirect friendships' (an acquaintance who has a friend of another ethnicity) and even intergroup relationships in cyberspace can have an effect on increasing individual trust levels. Thus, if refugees are portrayed in a more nuanced way, it can already contribute to a positive change in attitudes and, indirectly, to the strengthening of social trust and cohesion: objective communication about the causes and possible effects of the phenomenon, without taboos on the issues of most concern to the majority society (such as Islamic radicalism) and on the personal stories and goals of refugees and their families.

Based on the quantitative analysis, personal contacts seem to play a role in positive attitude forming. This was clear even though the survey did not ask questions specifically about refugees, but only about people of other ethnic groups. The positive, inclusive role of NGO membership is also reflected in the analysis. These organisations, as Tocqueville puts it, are a school of democracy and promote cooperation, so central support for them would be important in Hungary, too.¹⁹²

The most important recommendation for Hungarian and international opinion polls is that it would be worthwhile to place more emphasis on monitoring the attitude towards refugees and beneficiaries of international protection. Opinions of host societies on immigrants have long been an integral part of these surveys, but it would be useful to examine the two in parallel, even based on identical questions. An in-depth, comparative study of international polls that are conducted parallelly with somewhat different methodologies would be key for social researchers. Last but not least, as integration is a two-way process that requires effort from both the individual and the host society, and requires mutual openness and acceptance, it would also be necessary to assess and monitor the attitudes of immigrants and refugees.

¹⁹² Tocqueville, A. 2003: *Democracy in America*. London: Penguin

* External expert. Research Fellow at the University of Pécs and OeAD Postdoctoral Researcher at the Austrian Academy of Sciences. The analysis does not necessarily reflect the views of the Menedék Association or other NIEM partners. The author analysed the changes in social attitudes towards refugees in Hungary in a non-political way, with scientific objectivity.

COVID-19



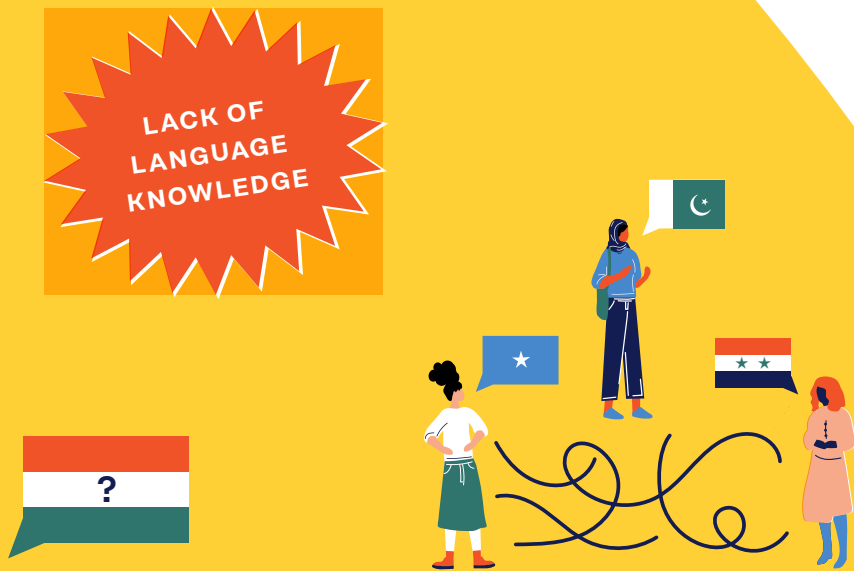
LANGUAGE COURSES, RETRAINING



LACK OF CERTIFICATES OF EXISTING QUALIFICATION



LACK OF LANGUAGE KNOWLEDGE



LACK OF LANGUAGE KNOWLEDGE

Boglárka Budai



LABOUR MARKET SITUATION OF BENEFICIARIES OF INTERNATIONAL PROTECTION IN HUNGARY DURING THE COVID-19 PANDEMIC

1. Introduction

The coronavirus pandemic that hit Hungary in March 2020 was an unprecedented shock to the global economy and has significantly changed labour market trends in the two years since. In April 2020, just a few months after the outbreak of the pandemic in Hungary, the Hungarian Central Statistical Office reported that about 73,000 people lost their jobs, and according to the data of the Public Employment Service (PES), the number of registered job seekers increased by 26.5% compared to the previous year.¹⁹³ The number of unemployed increased by around 28,000 in May 2020 and by a further 25,000 in June, with the unemployment rate peaking at 5.1% in June 2020 compared to 3.4% at the end of 2019.¹⁹⁴ This was mainly due to measures taken to reduce the possibility of further infection, including the closure of restaurants, shops and services. Restrictions on the movement of people also severely affected the tourism and hospitality industry, but construction and car manufacturing were also hit hard. While the summer brought some relief, in October 2020 the number of cases started to rise sharply again, and the second wave of the pandemic warranted the introduction of further, more stringent restrictions, which deepened the crisis. As a result, by January 2021, the unemployment rate had reached 5% again and the number of registered jobseekers¹⁹⁵ had risen steadily since December 2020 (290,694), to peak at 303,631 in March.¹⁹⁶ In February 2021, despite the start of the vaccination campaign, the third wave of the coronavirus began with a rapid increase in the number of cases. This justified the introduction of further restrictions, which however did not hit the economy as hard as the first wave and, based on the available statistics, did not lead to mass redundancies.¹⁹⁷

¹⁹³ [CSO first releases – Employment](#), 2020, February–April.

¹⁹⁴ [CSO first releases – Unemployment](#)

¹⁹⁵ [The number of jobseekers](#) is presumably higher than this, as the statistics of the PES do not include those who do not cooperate with the public employment service, i.e. do not register as jobseekers.

¹⁹⁶ CSO first releases – [Unemployment January 2021](#); CSO first releases – [Unemployment February 2021](#); [PES Time series data \(national\) September 2021](#).

¹⁹⁷ With the emergence of new virus mutations, a fourth wave of Covid-19 hit Hungary in autumn 2021, but unlike previous waves, this one did not lead to the introduction of new restrictions that would have severely affected the economy. At the time of finalising the contents of the manuscript (October 2021), the fourth wave of the virus had already started, but the chapter does not reflect on its impact on the labour market situation of beneficiaries of international protection.

Studies have already been carried out on the labour market situation of third-country migrants living in Hungary¹⁹⁸ and on the labour market challenges of migrants due to their lack of Hungarian language skills¹⁹⁹ however, no research has been conducted specifically on beneficiaries of international protection. There have also been several analyses of how the recession caused by the pandemic affects the labour market situation of the majority society and which sectors are most impacted, but the effects of the crisis on the situation of beneficiaries of international protection in Hungary have not been explored. The present study aims to contribute to filling this gap. In addition, the primary goal of the research is to complement the 2019 *Evaluation 1*²⁰⁰ that was based on the existing NIEM Indicators with the experiences of support workers and stakeholders. This analysis provides a brief overview of the labour market situation of beneficiaries of international protection and possible changes in recent years and attempts to explore the short- and long-term as well as the direct and indirect effects of Covid-19 on the labour market situation of beneficiaries of international protection. I have primarily explored whether the economic recession caused by the pandemic affects beneficiaries of international protection differently from the majority society, and if so, what the reason for this could be.

2. Methodology

The study compares the labour market situation of beneficiaries of international protection (recognised refugees and beneficiaries of subsidiary protection) with the labour market situation of the majority of the population. One reason for this, as I will discuss in more detail later, is that, unlike regular foreign workers, beneficiaries of international protection can be employed in almost the same way as Hungarian nationals, and unlike,

for example, holders of a residence permit for work purposes, beneficiaries of international protection do not lose their residence status if they lose their job. In fact, like Hungarian citizens, they can register as jobseekers and even qualify for a jobseeker's allowance. On the other hand, studies show that the migrant population in Hungary is generally more educated than the Hungarian population²⁰¹, and therefore often have higher profile jobs than the majority population. However, according to the experience of the NGO staff interviewed, beneficiaries of international protection are generally less skilled, making their labour market situation more difficult compared to that of regular foreign workers.

The number of beneficiaries of international protection is only a fraction of the number of foreigners living in our country²⁰², and they are included as foreign nationals in most statistics until their eventual naturalisation. Therefore, statistical data on the labour market situation of refugees and beneficiaries of subsidiary protection are not available, or only to a very limited extent, as proxy data.²⁰³ The available statistics of the PES only provide information on the employment of third-country nationals in general and do not give separate data concerning refugees and beneficiaries of subsidiary protection. The annual report on the main features of the employment of foreign nationals in Hungary provides, on the one hand, details of the work permits issued and, on the other hand, details of foreign nationals declared by employers. Information on permits issued cannot be used for this study, as a work permit is not required for the employment of refugees and beneficiaries of subsidiary protection. Statistics on declared foreign employees may, on the other hand, provide some guidance, as the employer has a legal obligation to notify the competent government agency concerning the employment of a refugee or a beneficiary of subsidiary protection²⁰⁴, thus, the data on declared foreign citizens presumably also contain refugees and beneficiaries of subsidiary protection working in Hungary. Based on this, it can be concluded that the number of third-country nationals declared by employers has been steadily increasing since 2015; in 2019 a total of 41,335 foreign employees were already registered compared to 11,279

198 Gödri Irén: A bevándorlók munkaerőpiaci integrációja Magyarországon – népszámlálási helyzetkép. *Munkaerőpiaci tükör*, 2015, 121-134.; Gödri Irén: Az integráció mutatói és esélykülönbségei a Magyarországon élő bevándorlók körében. *Demográfia*, Vol. 60(1), 2017, 5-55.; Hárs Ágnes: Nemzetközi migráció a számok és a statisztika tükrében. *Statisztikai Szemle*, Vol. 87, 2009/7-8, 682-711.; Hárs Ágnes: Migráció és munkaerőpiac Magyarországon – tények, okok, lehetőségek. In Hárs Ágnes – Tóth Judit (ed.): *Változó migráció, változó környezet*, Budapest, MTA Etnikai-nemzeti Kisebbségkutató Intézet, 2010, 15-53.; Hárs Ágnes: Harmadik országbeli migránsok munkaerő-piaci helyzete. In Kovács András (ed.): *Bevándorlás és integráció. Magyarországi adatok, európai indikátorok*. Budapest, 2013, 42-69.; Juhász Judit – Makara Péter – Makara Eszter: *A munkaerő-piaci integráció kihívásai Magyarországon – A harmadik országbeli bevándorlók beilleszkedésének esélyei és korlátai*. Kutatási zárótanulmány, Budapest, Panta Rhei Társadalomkutató Bt., 2011. Menedék- Migránsokat Segítő Egyesület: *Employees Beyond Borders. Országjelentés a külföldi munkavállalók magyarországi munkaügyi helyzetéről*. Magyarország, 2014

199 Várhalmi Zoltán: A magyar nyelvtudás integrációs vonatkozásai. In Kovács András (ed.): *Bevándorlás és Integráció – Magyarországi adatok, európai indikátorok*, Budapest, MTA Társadalomtudományi Kutatóközpont Kisebbségkutató Intézet, 2013, 118-128.

200 Wolffhardt, Alexander – Conte, Carmine – Huddleston, Thomas (2019): [The European benchmark for refugee integration. Evaluation 1. Comprehensive report.](#)

201 Schumann Róbert: Magyarországi migránsok iskolázottsága. In Kovács András (ed.): *Bevándorlás és integráció. Magyarországi adatok, európai indikátorok*. Budapest, 2013, 101-117.; Attila Melegh and Attila Papp Z.: Historical Links and Integration of Migrants from Neighbouring Countries in Hungary. In Aïmie Bouju – Andreas Edel (eds.): *Similar but Different Inclusion and Exclusion of Immigrant Communities Sharing Similar Cultural Backgrounds with Their Host Societies. Population Europe Discussion Paper No. 8.*, 2018, 47-53.

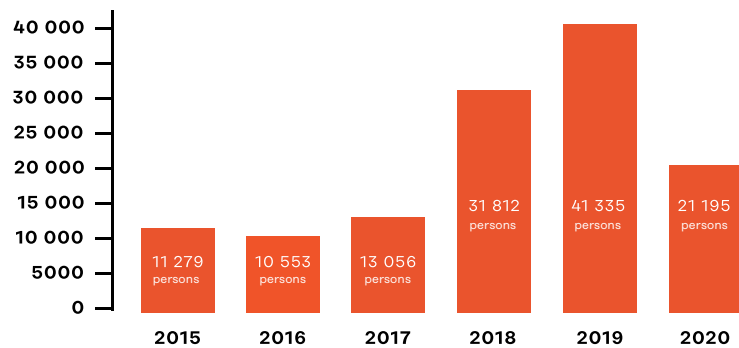
202 According to the Hungarian Central Statistical Office (KSH), roughly 200,000 foreigners lived in Hungary in 2020 (stock), while the UNHCR estimates the number of refugees in Hungary to be 6,000 in the same year.

203 For more on the causes of the data gap, see Ádám Németh's analysis in this volume.

204 Gov. Decree 445/2013. (XI. 28.)

in 2015 (Figure 1). However, the travel restrictions imposed due to the coronavirus have hit migrant workers hard, as can be seen in the number of declared foreign workers, which fell by around half in 2020. It is also worth mentioning that in terms of territorial distribution, declared foreign employees are mostly concentrated in the Central Hungary region; 31.6% of them are in Budapest.

Figure 1.
The number of foreign nationals declared by employers 2015-2020



* The category of declared foreign nationals includes citizens of EU countries and, in certain specific legal cases, third-country nationals.
Source: PES labour market statistics and analyses, 2015–2020

Examining the data on declared workers by citizenship, it can be concluded that in the past six years the largest number of employees came from Romania, Slovakia, Ukraine, the United Kingdom and Serbia²⁰⁵ thus, from countries not typically countries of origin for beneficiaries of international protection. Comparing the total number of declared foreign workers per year with the number of foreign nationals most frequently declared, it can be observed that the top 8 citizenships account for over 80% of all declared foreign employees.

Between 2015 and 2020, 540 refugees and 1,970 beneficiaries of international protection were recognised in Hungary, the majority of whom were Afghan, Pakistani, Iraqi, Iranian and Syrian nationals.²⁰⁶ According to the PES publication on foreign workers, 13 Afghan, 41 Pakistani, 22 Iranian and 29 Syrian nationals were registered by employers

²⁰⁵ PES labour market statistics and analyses, 2015–2020.

²⁰⁶ AIDA Country Report: Hungary (2015–2020)

in 2020. This suggests that only a small proportion of refugees and beneficiaries of subsidiary protection are foreign workers reported by employers, however, these data must be looked at with a critical eye as they do not necessarily show a realistic picture of the employment situation of beneficiaries of international protection in Hungary, as employers do not always comply with their reporting obligations.

Statistical data on the labour market impact of the Covid-19 pandemic are now widely available, but these data do not distinguish between members of the majority society and beneficiaries of international protection and cannot form the basis of this study. This study is therefore mainly based on expert interviews and narrative interviews with refugees and beneficiaries of subsidiary protection. In the first phase of the research, in the summer of 2020, after the first wave of the pandemic, I conducted interviews with the support workers of a Budapest NGO that also deals with beneficiaries of international protection, and I asked the people concerned about their experiences on the Hungarian labour market, and whether their assessment of the situation changes the picture painted by the expert interviews. In the second phase, in autumn 2021, I asked the same experts how they see the labour market situation of beneficiaries of international protection after the second and third waves of the pandemic.

The research was complicated by the fact that the pandemic has shown fluctuating dynamics: the three waves covered in this chapter differed in the degree of epidemiological restrictions and thus in labour market trends. While during the first and second waves, some sectors of the economy almost came to a standstill, resulting in significant job losses, later, with the relaxation and lifting of the pandemic restrictions, the economy recovered and a large labour shortage emerged. The research also seeks to reflect these changing dynamics.

3. Obstacles to the employment of beneficiaries of international protection in Hungary

3.1. Legal background

Employment is a key step in social integration. Beneficiaries of international protection have the same rights and obligations as Hungarian citizens under Act LXXX of 2007, therefore, refugees and beneficiaries of subsidiary protection can be employed in the

same way as Hungarian citizens without a work permit and going through administrative procedures. However, the exceptions to this are, according to the law, jobs the performance of which is linked to Hungarian citizenship by law, thus, beneficiaries of international protection cannot find employment in public administration.

However, the relative equality of rights guaranteed by law does not necessarily imply equal opportunities, as the integration of beneficiaries of international protection into the labour market can be hampered by several factors on the part of both employers and employees. According to the experience of support workers, the main obstacle on the part of employers, despite their general openness to the employment of refugees and beneficiaries of subsidiary protection, is that they are unaware of the legal conditions of employment of beneficiaries of international protection and are therefore afraid of perceived administrative burdens. However, organisations dealing with beneficiaries of international protection can provide employers with detailed information on employment conditions, so this obstacle can be easily overcome. According to expert interviews, there are two main obstacles for employees: the lack of Hungarian language skills and the difficulties in recognising qualifications and, especially, skills.

3.2. Lack of Hungarian language skills

Based on interviews with both experts and persons concerned, it can be stated in general that the lack of Hungarian makes it difficult to enter the labour market. Job seekers simply do not understand job advertisements, what qualifications are required, or how to apply for a particular position. It also emerged from the expert interviews that in terms of language skills, a distinction should be made between the less educated and those with higher education.

According to the support worker experts, the problem for the lower-skilled may be that, while obstacles in connection with contacting the employer, application and job interview may be overcome with the help of a social worker or an interpreter, lack of language skills can make communication during training and work extremely difficult, if not impossible. For example, with insufficient language skills, an employee cannot understand the health and safety, and fire safety regulations of a workplace.

In the case of those with a higher level of education, the lack of language skills may force the employee to leave his or her profession. Job seekers who have a qualification (such as that of teacher) and even find an open position that matches their quali-

cations are unable to get a job due to their lack of language skills. Another common problem for the highly educated is that even if they speak Hungarian on a conversational level, they are not confident in the technical terminology related to their field of expertise. And without the knowledge of the technical language, it becomes impossible for them to work.

At present, persons granted international protection in Hungary do not receive any state support for learning Hungarian. Between 1998 and 2013, beneficiaries of international protection were eligible for support to promote their social integration, for example, a 520-hour Hungarian language course at beginner and intermediate levels free of charge, followed by support for obtaining the Hungarian language exam. During this period, however, beneficiaries of international protection were able to spend 6 + 6 months at the reception centres. This was usually sufficient to learn Hungarian at least at a conversational level before they had to provide for themselves. However, in 2014, this system was replaced by integration contracts, which provided monthly financial support and was not earmarked, so the beneficiary could decide for himself or herself what to spend the money on. As the integration contract reduced the time available to spend at the reception centres to two months, it can be assumed that the beneficiaries spent the amount of the allowance to cover the costs of moving out (rent, deposit, etc.) and not for language courses. In 2016, the integration agreement was discontinued and not replaced by any state support or measure specifically aimed at integration²⁰⁷. After that, beneficiaries of international protection could only use the services of non-governmental and church organisations for learning Hungarian, for example, they can take part in language courses held by the Next Step Hungary Association (formerly MigHelp), the Menedék Association or Kalunba Nonprofit Ltd., and those with a more secure financial background can learn Hungarian in language schools.

3.3. Recognition of qualification and skills

A common problem for beneficiaries of international protection is that they cannot evidence their qualifications with documents because these were either left behind in their country of nationality or were lost or damaged during their escape. Replacing documents is often very time-consuming and difficult, and in some cases impossible, because the person concerned is unwilling or unable to contact the authorities in their

²⁰⁷ Szép Árpád: [A nemzetközi védelemben részesített személyek integrációjának szabályozása Magyarországon – nemzetbiztonsági szempontból](#). In: *Iustum Aequum Salutare*, XIV. 2018/3, 107–131.

country of origin because of persecution. As in the case of language proficiency, it is worth discussing data on those with higher and lower levels of education separately. According to experts interviewed, those with lower qualifications are less affected by the problem of recognition of diplomas, since in the positions they hold, it is not the evidence of formal qualifications that matters, but the experience acquired in the field. Work experience can be assessed in one day on a probationary basis, by an employer open to employing third-country nationals, who can then decide whether the applicant is suitable for the job. According to a legal advisor with expertise in the subject, the problem for these lower-skilled workers is rather the fact that, in Hungary, there is no system in place for recognising capabilities and skills that cannot be evidenced by documents, which can make it difficult to find work or change jobs later. Furthermore, in the case of the low-skilled, it is also questionable to what extent they can use in Hungary the expertise they acquired in their country of origin. According to one of the interviewed social workers, it also happens that in their country of origin, different tools and technologies are used for the same job, so their expertise is not relevant in the Hungarian labour market.

In line with Hungarian legislation, the condition for some professions is the recognition of a foreign diploma.²⁰⁸ Thus, for those with higher education, the obstacle is that the recognition of diplomas and evidence of formal qualifications is time-consuming and extremely costly (if available at all), and in the case of certain qualifications, the authority may require the applicant to meet additional requirements, such as completing additional training or taking an examination.²⁰⁹ However, as refugees and beneficiaries of international protection can only spend 30 days at the reception centre after being recognised, they urgently need to make a living after moving out so they want to find work as soon as possible. This, in turn, may force those concerned to give up their original profession to fill positions that do not require qualifications and can be learned quickly.

Similar to the support of Hungarian language learning, before 2013, beneficiaries of international protection were entitled to reimbursement of the costs of translating their documents, including the translation of documents proving their qualifications. The 6 + 6 months spent at the reception centre were also sufficient for the authority to carry out the qualification recognition procedure. The integration contract has merged this

²⁰⁸ [Education Authority – Recognition of higher education diplomas obtained abroad](#)

²⁰⁹ Act C of 2001 (Recognition Act)

targeted aid into the integration support, however, since 2016, with the termination of the integration contract, those concerned do not receive any support in this area.

4. Characteristics of employment in Hungary of beneficiaries of international protection

According to an interviewee who has been working as a social worker for over 10 years, in the past two years, up to the period before Covid-19, despite the negative image created of refugees and foreigners, they were able to find a job in the Hungarian labour market relatively easily, employers were also open to them. All interviewees named the shortage of labour in Hungary as the main reason for this. Labour shortages have been a problem in Hungary since 2015, with the number of vacancies peaking in 2018. According to the data of the Central Statistical Office²¹⁰ of all sectors of the economy, the vacancy rate at this time was highest in administrative and service support activities (5,5%), health and social care (4%), communications (3.6%), construction (3.4%) and manufacturing (3%). The main reasons for this phenomenon are low wages and the migration of Hungarian workers abroad.

Based on the above, regarding the employment of beneficiaries of international protection, it can be assumed that they can work more successfully in sectors with a high number of vacancies. However, based on the expert interviews, it is important to emphasise that in fact, they can find jobs in sectors that do not require special expertise and/or confident Hungarian language skills. Thus, it can be concluded for example, that the employment of refugees and beneficiaries of subsidiary protection is not typical in *shared service centres* (so-called SSCs) or the field of communication. All interviewees confirmed that beneficiaries of international protection they are in contact with are typically employed in the hospitality, tourism, and construction industries. However, it was also added that another reason for this is that most of their refugee and beneficiary of subsidiary protection clients are generally low-skilled. Last year, about two-thirds of the beneficiaries of international protection who turned to the interviewed NGO to seek help were employed in hospitality, and the proportion of people employed in construction was around 10%. According to a social worker, the hospitality industry is also attractive to them because “*you can learn quickly, you can work a lot and you can earn a lot with it.*”

²¹⁰ [HCSO: Number and proportion of job vacancies by industry](#), quarterly (2016–2021)

Beneficiaries of international protection tend to hold lower, non-skilled positions in the workplace hierarchy, thus, in hospitality, they are typically employed as kitchen assistants or dishwashers, in tourism as hotel cleaners, and in the construction sector, as semi-skilled workers, but it is also common to find a job as a factory unskilled worker or loader. Self-employment and starting a business are usually typical only of those who have been in Hungary for a long time, speak the language to some extent and are more or less familiar with Hungarian administrative processes.

Taking non-skilled jobs, despite being easily accessible and providing some livelihood for beneficiaries of international protection, is in fact a trap. Those who are forced to take up semi-skilled or unskilled positions and start working, for example, as a kitchen assistant, often take several shifts due to extremely low wages, even in different places, thus they do not have the opportunity to retrain or to learn a profession, and thus have little chance of professional development and advancement. They practically get caught up in these jobs for years.

According to the experience of support workers, casual work and seasonal work are common, and workers are most often not declared with their real hours of work or at minimum wage. According to the experts, refugees and beneficiaries of subsidiary protection with no network of contacts, and no initial support in Hungary, but in urgent need of making a living, often find themselves in the grey economy as their only solution.

The question arises as to whether the employment structures mentioned above are specific to beneficiaries of international protection or to the sectors in general in which they are most often employed. According to the interviewees, employment at minimum wage and employers declaring a lower number of hours is not a refugee-specific phenomenon, but typical of these sectors, so that members of the majority society are presumably affected just as much as those granted international protection. This is also supported by the analysis of the financial magazine *Portfolio*, according to which, in 2018, over 42% of those working in the corporate sector were declared at minimum wage, the most affected sectors being agriculture, construction, hospitality, social work and administrative and service support activities. About 51% of workers in the construction sector, and even more in hospitality, (65%) were declared at minimum wage.²¹¹

Interviews with people concerned confirmed the views of experts. The interviewees reported that they started their work in Hungary as kitchen helpers or shop assistants

²¹¹ Hornyák József: [Sosem látott számok: kiderült, mennyien dolgoznak minimálbérért Magyarországon](#). *Portfolio*, 2019.

and that they were not declared by employers with their real working hours. However, with regard to the extent to which the lack of knowledge of Hungarian hinders employment, the respondents reported conflicting experiences: according to one interviewee, it is possible to find work without language skills, as communication can also be done in English and migrants who have lived here help with interpreting. According to another respondent, however, it is practically impossible to get a job without knowledge of Hungarian.

5. Impact of Covid-19 on the labour market in Hungary, with special regard to the employment of beneficiaries of international protection

In Hungary, the measures taken to curb the spread of the pandemic (e.g. curfew, travel restrictions) affected tourism, hospitality and other related services the most, but the manufacturing and construction industries also suffered severely. According to CSO data, the number of unemployed people who previously worked in the above-mentioned sectors has been steadily increasing since the outbreak of the virus. The current number of unemployed laid off from the service sector peaked at 114,000 in the second quarter of 2020, shortly after the outbreak, and the current number of unemployed from the industrial sector peaked at 65,400 in the first quarter of 2021. (Table 1).

The shock to the tourism and hospitality industry is also illustrated by the fact that the turnover of hotels fell by about a third by 2020 compared to 2019²¹², and the volume index of the turnover of restaurants in 2020 was only about 68% of the previous year.²¹³

As most beneficiaries of international protection are employed in tourism and hospitality, and they typically have lower positions in the workplace hierarchy, their jobs are less resilient, and they have been severely affected by the wave of redundancies. However, interviewees stressed that it cannot be concluded unequivocally that foreign nationals were fired first or that beneficiaries of international protection had been more severely affected by mass redundancies than the majority society.

²¹² HCSO: [Hotel statistics by county and region](#) (2004-2020)

²¹³ HCSO: [Sales revenues of restaurants](#) (2000-2020)

Table 1.
Number of unemployed by industry of the previous job, sector, (thousand persons)

Period, quarter	Industry	Out of which		Service sector	Out of which
		Manufacturing	Construction		Accommodation services, hospitality
2019. IV.	41,0	30,5	8,9	65,6	7,6
2020. I.	50,5	31,5	15,3	78,4	10,0
2020. II.	58,2	37,4	16,9	114,0	21,6
2020. III.	62,8	41,3	16,0	96,8	14,0
2020.IV.	59,0	40,4	14,1	96,6	18,5
2021.I.	65,4	42,7	18,4	104,3	26,4
2021.II.	54,2	35,7	16,3	94,6	19,0
2021.III.	51,5	37,9	12,7	89,4	14,0

Source: Hungarian Statistical Office (2021)

As a result of the redundancies, like the members of the majority population, many have found themselves in a housing and existential crisis, even though those granted international protection are also entitled to job seekers' benefits and pandemic assistance provided by various municipalities in their respective place of residence. During the first wave of the pandemic, mass redundancies made it virtually impossible to find work, and many members of the majority society became jobseekers, too, which made the labour market situation of beneficiaries of international protection even more difficult. Due to the novelty of the situation, and the fact that it is still an ongoing process, research results cannot yet be relied upon for identifying new job search trends. The available research may capture the rapidly changing situation, but it may not be able to reflect on the deeper trends. However, based on numerous articles and the experience of support workers it can be stated that the masses of people who applied for advertised positions during the first and second waves of the pandemic, were previously laid off primarily from positions in the tourism and hospitality industry. An analysis of an online advertising site found that the most sought-after positions at the beginning of the pandemic were courier, warehouse keeper, security guard and cleaner.²¹⁴ A lot of job seekers even applied for jobs that, due to their exposure to infection, such as hospital cleaner or bicycle courier positions, are presumably only attractive to the most vulnerable. According to one of the market-leading food delivery companies, about the same

²¹⁴ [Portfolio.hu](https://www.portfolio.hu)

number of people registered as couriers in one month as would normally register in a whole year.²¹⁵ Vacancies were filled practically within hours. Moreover, as the support workers pointed out, many Hungarian citizens working abroad returned home, and because of the subsequent waves of the pandemic, they did not go back to work abroad but tried to find jobs at home. This seems to be confirmed by the information published by the CSO, according to which, the number of people working abroad decreased by 23,000 at the beginning of the pandemic, between March and May 2020,²¹⁶ and between December 2020 and February 2021, 39,000 fewer workers were registered as working abroad than in the previous year.²¹⁷ In October 2021, at the time of writing, the number of members of Hungarian households working abroad is still declining.²¹⁸ According to the experts, the fact that the knowledge of Hungarian or, for example, becoming a sole proprietor is a condition for some jobs, made it even more difficult for the beneficiaries of international protection to find work during the pandemic.

According to the social workers interviewed, re-employment of beneficiaries of international protection after the first wave of the pandemic was common. After the lifting of the Covid-19 restrictions and the return of the economy to relative normality, finding a job for refugees and asylum seekers was almost as difficult as in 2015. The restaurants that survived the crisis were able to reopen during the second and third waves, albeit with limited success, but in many cases, they needed less staff due to shorter opening hours or a changed profile. According to a social worker interviewed, the uncertain outcome and duration of the pandemic made employers more cautious and their willingness to register employees also decreased; in some workplaces, where they used to register employees full time, they were only willing to do so for part-time after the first wave of the pandemic. This was confirmed by an interviewee working as a kitchen assistant, who reported that the restaurant at which he worked had reduced his working hours to two hours a day due to the pandemic. In June, when restrictions were eased and restaurants were allowed to open, he was taken back full-time again, but he was declared at the tax authorities for four hours a day instead of eight. He thought that this would negatively affect his citizenship application, so he resigned and looked for a job where he would be declared full-time. Not long after, he was able to get a job as a car mechanic and was declared as a full-time employee.

²¹⁵ Blaskó Zsófia: [A válság legnépszerűbb melója: futárok a korona idején](#), MÉRCE, 2020.

²¹⁶ [CSO first releases – Employment March-May 2020](#).

²¹⁷ [CSO first releases – Employment February 2021](#).

²¹⁸ [CSO first releases – Employment](#)

Despite this, the number of applicants for vacancies multiplied, and employers often, in the experience of social workers, gave preference to members of the majority society over refugees, due to a lack of knowledge about employing refugees and the requirement of Hungarian language skills for most advertised positions. According to another social worker, even before Covid-19, beneficiaries of international protection were usually able to find jobs mainly in tourism and hospitality, but during and after the first wave of the pandemic they often found jobs in the construction and transport sector. However, a common problem in the construction industry is that employers do not register workers or do not declare them correctly. The support workers also said that before the pandemic, they were able to contribute to their clients' job search, but during the first and second Covid-19 waves, as a result of mass redundancies, personal relationships were increasingly important. Thus, beneficiaries of international protection often found it easier to find work through their informal contacts in their respective ethnic group rather than through the NGOs that help them.

After the third wave of the pandemic, experts reported a new shift. In their experience, many restaurants experienced labour shortages, as members of the majority society who had previously been dismissed from restaurants often found employment in other sectors and new fields and were afraid or unwilling to return to the hospitality industry. Thus, these restaurants have sought to fill vacancies, even with foreign workers, including beneficiaries of international protection, and often attracted jobseekers with higher salaries than before.

One of the long-term and indirect effects of the pandemic may be the rejection of applications for citizenship. When assessing an application, the authority examines whether the applicant is able to secure his/her livelihood, and for this purpose, the applicant must submit a certificate of income for the previous three years issued by the tax authority and an employer's certificate stating his/her income for the last three months.²¹⁹ Therefore, those who lost their jobs during the pandemic were unable to prove that their livelihoods were secured.

²¹⁹ www.kormanyablak.hu/hu/feladatkorok/14/BAHIV00012

6. Summary

In the present study, the labour market situation of beneficiaries of international protection in Hungary was reviewed and the impact of the economic recession caused by Covid-19 on this group was analysed. Based on the research, the following conclusions can be drawn:

- although beneficiaries of international protection have the same rights as Hungarian citizens in terms of employment, their employment entails a minimum additional administrative burden, which employers are often not aware of, making the integration of refugees and beneficiaries of international protection into the labour market difficult,
- according to expert interviews, the main barriers to employment for beneficiaries of international protection are insufficient Hungarian language skills, cumbersome recognition of qualifications and non-recognition of skills and competences,
- since beneficiaries of international protection urgently need to make a living after leaving the reception centre, in the absence of language skills and documents proving the appropriate qualifications, they are often employed in positions that do not require professional qualifications or a confident command of Hungarian,
- the experience of the experts shows that tourism, hospitality and construction are the sectors in which they are most likely to be able to find work; semi-skilled and unskilled labour positions are common,
- Regarding the employment structure, it is common to declare employees at minimum wage or with a number of working hours that do not correspond to reality, which, however, is sector-specific, so it affects members of the majority society the same way,
- in the years leading up to the pandemic, employers were open to employing beneficiaries of international protection because of the severe labour shortages. However, the first and second waves of the Covid-19 pandemic brought about a shift, as members of the majority society also lost their jobs en masse, so there was severe over-application for advertised positions. Furthermore, Hungarian

language skills were essential for many positions. The tourism and hospitality sectors were hit the hardest by Covid-19, with many people losing their jobs in these sectors, including beneficiaries of international protection. However, it cannot be concluded from the interviews that the economic recession has affected beneficiaries of international protection more severely than members of the majority society, or that they are the ones employers laid off first,

- at the beginning of the pandemic, beneficiaries of international protection were also more likely to seek informal employment than before, often relying on personal contacts to find new jobs,
- after the third wave of the pandemic, the demand for foreign workers has increased again due to labour shortages in the hospitality sector.

7. Recommendations to help beneficiaries of international protection integrate into the labour market

Based on the expert interviews, three areas emerged as obstacles to the labour market integration of beneficiaries of international protection: structural and legal barriers, the temporary obstacles caused by the Covid-19 pandemic, and practical difficulties that could be overcome without the amendment of the legal framework. The respondents agreed that targeted, state-subsidised Hungarian language courses, the opportunity to participate in some form of training or retraining courses, and the recognition of skills and competences would contribute most to the successful integration of refugees and beneficiaries of subsidiary protection into the labour market.

With regard to the general recommendations to promote labour market integration, it is important to emphasise that it is extremely difficult to keep people who need to make a living in any training program, even if it is free of charge. Therefore, the provision of state-funded Hungarian language courses or the opportunity to participate in a training program can only be successful and thus promote labour market integration if the housing and livelihood of the participants are provided or supported in some way during the training period. Previously, up until the closure of the transit zones, the period of several months or sometimes even over a year spent there could have been used for the provision of various training courses. However, in the current situation, the maximum of 30 days that can be spent at the reception centre is not sufficient

for refugees and beneficiaries of subsidiary protection to acquire any language skills or profession. And after moving out of the reception centre, despite the availability of language learning and other training opportunities provided by NGOs trying to adapt to the migrant's life situation, those concerned may no longer have access to these services, as they must provide for themselves.

According to the legal adviser interviewed, it would also be important not to only recognise formal, qualifications evidenced by documents, but to create an alternative assessment method or simplified procedure, in which beneficiaries of international protection may have their non-documented but existing expertise recognised or obtain a qualification under an accelerated procedure based on that expertise. The interviewed social worker with over ten years of experience sees the solution - especially in the context of Covid-19 and the economic recession - as the continued expansion of the network of support organisations and their active search for potential new employers who may be open to employing beneficiaries of international protection.

PUBLIC EDUCATION



LACK OF REGULATORY FRAMEWORK AND FINANCING



DIFFICULTIES OF ASSESSING REAL NEEDS



ABC
DEF
GHI



INCLUSIVE SCHOOL COMMUNITY, SUPPORTING PROFESSIONALS



RELATIONS WITH PARENTS



PROFESSIONAL ASSISTANCE AND TARGETED FUNDING FOR SCHOOLS



TEACHER OF HUNGARIAN AS A FOREIGN LANGUAGE

DANGER OF EARLY SCHOOL LEAVING



LABOUR

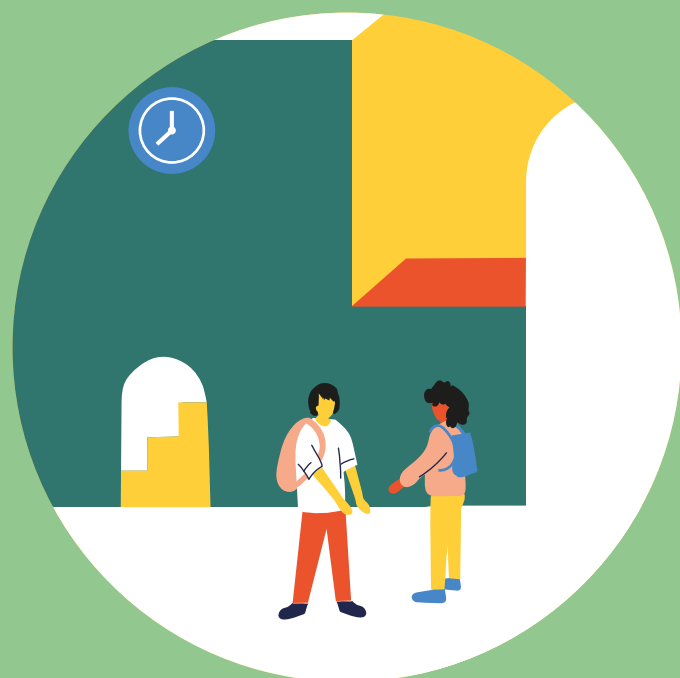


PREPARATORY COURSE

MENTORING NETWORK



Katalin Bognár
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**WHAT IS A GOOD SCHOOL LIKE?
SUPPORTING THE SCHOOL
INTEGRATION OF CHILDREN
GRANTED INTERNATIONAL
PROTECTION IN HUNGARY**

1. Introduction

In this study, we summarise and systematise the experiences of the past decade on the school integration of beneficiaries of international and make policy recommendations on how to improve access to public education for children in vulnerable situations.

The purpose of our paper is twofold: on the one hand, it is important for us to raise awareness among the lay public about the situation of refugee children in public education, and also, we want to motivate stakeholders to experiment with good local practices despite the difficult circumstances.

We hope that our recommendations will reach the decision-makers and that a task force on migrant children's education, coordinated by the relevant ministries, can be re-established.

For this study, a wide range of relevant recent professional papers were used, and professionals and pupils were interviewed. The main basis for our professional material is the personal experience of the authors: we have both spent a lot of time in recent years supporting the integration of internationally protected students in schools through various professional activities. As facilitators of teacher professional forums, mentor programme developers, school integration project designers and researchers, we have insights into the difficulties and challenges of the system, but also have experienced good local practices. Our expertise is based on over two decades of professional work of the Menedék Association, and we have also gathered important information from organisations active in the same field.

2. Situation – figures, trends, difficulties

The school enrolment and integration of refugees, beneficiaries of subsidiary protection and asylum seekers form one of the policy areas measured by the NIEM project indicators. Of the 170 indicators of the evaluation mechanism, 15 address access to education, the methods of accessing educational institutions and the existence and types of targeted, specific support available in schools.

It is already known from the MIPEX (Migrant Integration Policy Index) data that the Hungarian public education system is one of the weakest in Europe in terms of integra-

tion opportunities and support for foreign (migrant) students.²²⁰ When looking at the NIEM indicators specifically for beneficiaries of international protection, the situation is similar: the Hungarian score is very low by international standards.²²¹

What could be the reason for this? Looking at the data, four specificities can be identified. The first is that there is a strikingly large gap between the existence of eligibility and the absence of support ensuring equal opportunities. Hungary has a relatively high score (87.5 out of 100) for legal conditions, but only 16.7 for policy measures to ensure the exercise of rights and 0 for implementation and institutional cooperation.

The second structural reason for the lower score is that, contrary to the practice in many other European countries, beneficiaries of international protection cannot meet the conditions for attending higher education, even though equal rights are provided by law. And this is the case despite the fact that access to educational institutions, the possibility of enrolment and even compulsory education in primary and secondary education are available without any further restrictions.²²²

The third problem is that the entire public education system lacks specific, targeted programmes to help students granted international protection (and migrants in general) to integrate successfully and catch up in their studies and language skills. This is not included in the national core curriculum, nor the state complementary programmes, nor the teacher training and further training programmes. One of the aims of this policy analysis is precisely to present grassroots programmes and teaching and learning methods implemented by schools to fill this gap. The NIEM indicator framework, however, only explicitly examines policies and measures that are part of national integration programmes, i.e. those that have a legal, administrative and financial basis and do not operate on an ad hoc, project basis.

The fourth problem is that the statistical data available on the situation of pupils from migrant backgrounds in public education is extremely inaccurate and vague, making it almost impossible to identify and assess the situation of beneficiaries of international protection. This not only makes it difficult to evaluate policy programmes (although in the case of Hungary this problem does not even exist in the absence of programmes) but also makes it difficult both to design and professionally justify them.

²²⁰ Huddleston, Thomas et al.: *Migrant Integration Policy Index 2015*. Barcelona, Centre for International Affairs and Migration Policy Group, 2015, 30.

²²¹ Wolffhardt, Alexander – Conte, Carmine: *The European Benchmark for Refugee Integration: A Comparative Analysis of the National Evaluation Mechanism in 14 EU Countries. Evaluation 1: Summary Report*. Warsaw, Brussels, Migration Policy Group – Institute of Public Affairs, 2020, 36–37.

²²² See the analysis of Julianna Faludi and Zsombor Lakatos in the same volume.

Hungarian citizens, and their schooling and participation in public education are governed by Act CXC of 2011 on National Public Education.

Article 92 (1) Non-Hungarian minor citizens shall be entitled to access pre-school educational services and shall be subject to compulsory education in Hungary if they are refugees, beneficiaries of subsidiary protection, beneficiaries of temporary protection, or have been granted tolerated status pursuant to Section 25/B (1) b) of Act LXXX of 2007 on Asylum.

Asylum-seeking children are in a special situation: they have the right to participate in public education from the moment they apply for asylum and are obliged to attend compulsory education once they have been granted this status. It is the experience of both field workers and staff in reception centres that children currently in the Refugee Reception Centres²²³ face barriers to accessing education. Typically, the staff of the reception centre refer to administrative issues (difficulties related to address, social security, the NEK (National Uniform Card Scheme for Education) form²²⁴) and rarely support the access to the public education system. When this does happen, there are several examples of the catchment schools not fulfilling their statutory obligations. Occasionally, travelling teachers give 'lessons' in the reception centres, but these are purely for language competence development and teaching some subjects and cannot be considered part of the mainstream education system.²²⁵

Several professional recommendations and guidelines²²⁶ address the need to provide education initially in their mother tongue, but this is currently not provided to asylum seekers and children granted international protection.

It is worth noting that the Hungarian public education system has been showing a steadily worsening trend in the last decade in terms of equalising opportunities, reducing drop-outs and providing access to free quality education. Spatial disparities are increasing, teachers are leaving the profession, and it is becoming increasingly difficult to find suitable institutions for disadvantaged Hungarian children. The lowering of the

²²³ At present, the number of asylum seekers in Hungary is negligible due to the lack of access to asylum and the dismantling of the asylum system.

²²⁴ Although address processing is usually automatic, the social security card process is often lengthy. And the National Single Application Form is only issued for a social security number and an address card. The NEK form is required not only for applying for a student card, but also enrolment.

²²⁵ Interviewed staff of the Menedék Association.

²²⁶ for example Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013, which laid down rules for the reception of applicants for international protection

compulsory school leaving age in 2014 (currently 16) means that many young people are dropping out of the education system.²²⁷

All of these factors are key to determining the chances of beneficiaries of international protection with special educational needs to succeed in public education.

In the early 2000s, some policy recommendations²²⁸ on migrant children were formulated to enable schools to integrate these specific aspects into their pedagogical programmes at local level. The 2005 Guidelines of the Ministry of Education were progressive in defining the basic norms of an intercultural pedagogical system and formulating guarantees: *“The Hungarian public education system has an increasing number of children and pupils of non-Hungarian nationality. This poses a new challenge for kindergartens and schools, since many children and pupils are not Hungarian native speakers, have not been studying in Hungary and do not enrol in kindergartens and schools at the beginning of the school year. Pedagogical work is also influenced by the purpose of the family’s stay in Hungary and their future plans. The aspects of the treatment of foreign students are thus diverse, but – based on the experience of countries with a long tradition in the education of foreign students – there are principles that guide the development of a coherent system of goals and tasks, and procedures that are likely to enhance learning and teaching effectiveness.”*²²⁹

The introduction of the intercultural pedagogical programme was also made conditional on the so-called “migrant normative” (special support for foreign children), which could provide an opportunity and additional resources to provide professional support to foreign children and pupils.

As a consequence of the anti-immigrant campaigns of recent years, some schools that fear to lose students from the majority society, are passing on the responsibility of enrolling students.²³⁰

The care system is not equipped to assess children for school readiness or other special educational needs (such as language barriers). There also seem to be huge differences

²²⁷ For more details on this topic, [for example, see](#)

²²⁸ For example, the Artemisszió Foundation’s Babel Project, or the proposals of the working group run by the Immigration Office and the Ministry of Social Affairs and Family.

²²⁹ Ministry of Education (2005). [OM Bulletin on the publication of the Guidelines for the Intercultural Pedagogical System for the Early Childhood Education and Schooling of Foreign National Children and Students](#) (2005).

²³⁰ Several NGOs have had similar experiences in this regard, most recently at an education roundtable coordinated by UNHCR. School principals often argue that the growing number of migrant/Roma children is a disadvantage in the competition for pupils.

in this area: some professionals and institutions ask for help to solve the problem, but there are cases where children do not receive the appropriate care.²³¹

There are also many ways of recognising prior studies (whether in the country of origin or during the journey) of beneficiaries of international protection. Some heads of institutions have more experience with children granted this status and accept the student’s statement during the asylum procedure and previous studies. Other institutions, however, require the pupil to have assessment tests or do not take into account prior studies. In most cases, this diversity is due to a lack of central regulation and a lack of harmonisation between education and asylum legislation. The process of enrolment is often facilitated if an NGO raises awareness of the possibilities offered by the legislation.

Looking at the individual schooling paths of refugee children and pupils, it can be seen that, in addition to the institution they are placed in, the school grade (i.e. age) at which they enter the education system is a key factor in their integration into the school system. Children who enter Hungarian education at preschool or kindergarten age are much more likely to integrate and later succeed in school than those who arrive later.

Refugee students also face a clear disadvantage in secondary school admissions. The central admission test requires a native speaker level of Hungarian, and non-native Hungarian speakers are not exempt from this requirement (they only benefit from a longer time limit for taking the test).

It can be stated that while access to pre-school and primary education is mostly guaranteed, access to secondary and tertiary education²³² is very limited due to the reasons above. The fact that compulsory schooling is until 16 years of age, which in many cases leads to early drop-out of refugee pupils, is a disadvantage. Schools do not have many means to keep less-motivated students, who often opt to work out of necessity, within the system, and often they refuse to enrol them. Restoring compulsory schooling to 18 is not a solution in itself: a complex, flexible education system supporting labour market integration is needed.²³³ The 2020 reform of vocational education and training serves this aim, but some education researchers argue that it does not have a clear positive impact on the successful social and labour market integration of disadvantaged pupils.²³⁴

²³¹ We have information about this from the work of the Menedék Association: sometimes the parents of the children concerned contact the Association and sometimes the Pedagogical Specialist Service or the school asks for help with a specific case.

²³² See the analysis of Julianna Faludi and Zsombor Lakatos in the same volume.

²³³ [www.ofi.oh.gov.hu/sites/default/files/attachments/hany_eves_korig_tartson.pdf](#)

²³⁴ For example, a [review here](#): Krisztina Ercse - Péter Radó. *Iskolakultúra*, Vol. 29, 2019/7, 8-49. and [here](#)

In teacher training, there are no general pedagogy and psychology courses that prepare students to teach refugee (or even foreign) children. There are also very few courses available on multicultural education in general or on inclusiveness and integration. Furthermore, refugee-specific methodological training is often not available for teachers already working "in the field".

To sum up, equal status with Hungarian citizens and equal rights in education and training, might seem to create an advantageous situation for children granted international protection and ensure successful integration in school. However, data from indicator systems measuring the integration of third-country nationals and refugees (MIPEX, NIEM) also confirm that Hungary has fundamental structural deficiencies in the field of education, both in the legislative environment and in the mainstream and specifically targeted measures and policies.

A level playing field is by no means sufficient: although it legally allows participation, targeted support at both policy and micro-level is needed to enable the children and young people concerned to exercise their rights. This is completely lacking. Equal rights often do not mean real access or real participation.

3. Supportive schools – the educational needs of refugee pupils in Hungary

In this section, the specific needs of refugee pupils in the field of education and training are summarised. This will be examined from the Hungarian perspective, i.e. how the universal needs of the children concerned arising from their special situation but, at the same time, are specific to local education, are reflected in the Hungarian education system.

For refugee children, it is crucial that they receive as much education as possible throughout their flight (including before settling in the host country): during periods of uncertainty and emotional stress (in reception centres and temporary accommodation), "school" - even non-formal education - provides them with a daily routine and a sense of security. In Hungary, the amount of time and the conditions under which children spend as asylum seekers in reception centres have changed significantly over the past decade. During the application period, a more important priority than integration into the Hungarian education system is to ensure that children receive age-appropriate development and (if obtaining a status and settling down is a real option) acquire relevant

knowledge about Hungary, the culture and everyday life of the host country, taking into account the future educational goals. Ideally, during this period, children will also have access to education in their mother tongue (i.e. structured, educational sessions). Some children do not receive any schooling at all due to long journeys or their situation in their country of origin. For them, preparing for school, teaching them how to learn and supporting them as they adjust to the institutional framework is essential.²³⁵

Once the status is granted, the children are subject to compulsory education in Hungary. It would be extremely important for them to have immediate access to education. In the long term, however, it is also important that for children in vulnerable and unstable situations, this should represent stability, without having to frequently change institutions. It is, therefore, necessary to provide parents with timely, relevant and sufficient information about the Hungarian education system and institutions so that school choices can be made in a way that best meets the needs of the child and the family. School enrolment poses many difficulties for refugee families. It would be important that the enrolment process, which involves many administrative tasks, is transparent and understandable for those who do not understand Hungarian and often come from a fundamentally different school system (or even with no experience at all), and that they are helped to understand the system.

To ensure that refugee children receive an education that is suited to their needs and abilities, it would be important for their teachers to have a realistic and accurate picture of their competences, abilities and possibly special educational needs. As an entry point into the Hungarian education system, school readiness testing and, if necessary, assessments for special educational needs through specialist services and professionals can provide guidance. In the case of refugee children, these tests are not available at all or only in a very ad hoc manner. Likewise, prior studies and mapping of school life are not carried out in most cases. It is of the utmost importance that refugee children also have access to these assessments, as this is the only way to take account of their abilities and needs.

For refugee children, it would be ideal if they were placed in age-appropriate classes at school, and their language barriers and other disadvantages were compensated by targeted pedagogical responses (Hungarian as a foreign language (HFL), individual learning support, etc.) rather than by "holding them back". In Hungary, it is still

²³⁵ Since 2015, the Menedék Association has been implementing pre-integration and stabilisation sessions at the reception centres and the Károlyi István Children's Centre in Fót, in cooperation with the Jesuit Refugee Service.

common practice that children who speak little or no Hungarian are placed one or two grades below their age group - which does not provide a real and relevant pedagogical response, but may be the cause of further difficulties and damage: it increases the feeling of "being an outsider" and makes integration more difficult.

Teaching Hungarian as a foreign language is essential for successful integration. Language barriers are often perceived as the greatest difficulty by both the people concerned and the teachers. The need for a "language preparation year/class" etc. (which can be implemented in a segregated way) is often expressed by teachers. In Hungary, the presence of HFL teachers is not common (or rather rare) even in schools with a large number of non-Hungarian-speaking pupils, and it is administratively difficult (also) for heads of institutions to employ them. It is essential that the HFL teaching system be developed at policy level so that HFL development is available to the pupils concerned on an individual basis.

For refugee children to succeed in school, it is very important that they receive differentiated education, learning support based on their specific circumstances and individual needs, and they would need to meet a differentiated set of requirements. This seems obvious, yet in many cases, we find that these children sit in class, listen to the same things without any individual support, fail the same tests and get the same school report as their peers. As a class or group of pupils is always heterogeneous (even if it may be linguistically and ethnically homogeneous, there is some diversity in each group, based on the individual abilities of the pupils, their family and social background, their personality and many other factors), differentiated education is desirable. The development of each child is optimal when education is tailored to his or her individual needs and abilities. Education based on this pedagogical approach and methodology facilitates the integration of pupils with specific needs and thus benefits the majority of pupils. The main claim of our chapter is that such practice depends on individual, ad hoc practices of teachers, institutions and heads of institutions, whereas it is essential that heads of institutions and teachers are provided with clear policy guidance and tools for individual learning support, assessment and evaluation systems for refugee pupils.

For refugee children, it is very important to maintain contact with their own language and culture and to learn more about the customs and culture of the host country. Both worlds have a very strong impact on the children (often causing inner conflicts), and school can be a supportive environment for their search for identity and identity

development. It is important for schools to provide opportunities (including through non-formal education) for the development of their mother tongue, experiencing their own culture and learning about the culture of the host country.

For refugee pupils, access to secondary and tertiary education, in addition to primary education, is essential for their future life chances and successful social integration. As mentioned above, access to secondary and tertiary education in Hungary is a major challenge for them.

An important element for the successful integration of refugee pupils in school is the relationship between school and family, and communication with parents. This is complicated by language barriers and cultural differences. It is important for families to find a safe and welcoming environment at school, that parents have the opportunity to be actively involved in their child's school affairs and that teachers and parents can discuss any important issues affecting the pupil. School is one of the primary integration environments for refugee children and young people (and therefore families). Successful integration at school is largely determined by the school environment and community in which the child is received.

One of the most vulnerable groups of refugee children from an educational point of view is composed of those who are forced to stay in Hungary without their parents or are separated from their parents. Typically, they are no longer of school age and are often forced to work to make a living. A specific feature of the Hungarian care system is that in most cases, young refugees can only receive support as follow-up care if they are in education. Thus, the motivation to go to school is most often limited to obtaining a certificate of school attendance. Several schools, in cooperation with NGOs or church organisations, have taken on the task of supporting the school integration of refugee children in specialised care. For several years from 2008 onwards, they had the motivation, additional resources and professional support to do their job innovatively, through projects supported by grants. In recent years, there have been fewer and fewer institutions/professionals investing extra effort in supporting the education of refugee children. Some schools accept refugee students simply because it increases their budget and ensures their survival.

Raising social awareness about migration, "sensitisation", elements of multicultural education are also very important and useful for pupils from the majority society. It provides them with the knowledge and competences to cope competently in intercultural

situations, perform more successfully in a multicultural environment and be able to critically examine their wider social environment. And when refugee children arrive in the community or classroom, the previous preparation of the host group can be particularly important. Programmes that specifically promote reflective thinking, reduce prejudice and raise awareness of situations of potential intercultural conflict are essential for social inclusion and real equality of opportunity.

Last but not least, the work of well-prepared, competent, sensitive and supportive teachers is the key to the successful integration of children. Without teacher training, further training, support and sufficient wages, successful integration is difficult to achieve.

4. Innovative schools – good practices at local level

In the absence of a policy framework and uniform intercultural educational objectives, good practices have been developed to promote the integration of refugee children and pupils in the relevant educational institutions and targeted programmes of NGOs and church organisations. Recently, as a result of governmental measures, more refugee families have been granted protection. The number of foreign children in schools close to or linked to these organisations providing support to them has increased sharply. The main profile of these NGOs and church organisations is to support the integration of migrants/refugees, and supporting educational integration is an important part of this. Often, this proved to be a common ground between the NGOs/church organisations implementing programmes and the educational institutions receiving the pupils.

The emergence, consolidation and professional development of good practices are also hampered by the very low number of foreign students in most Hungarian institutions: at all levels of education, the proportion of foreign students is around 1%, and the number of beneficiaries of international protection is only a fraction of this.

Institutions where good practices have been developed, tend to welcome both refugee and other migrant students and have developed integration practices mostly in areas where needs are similar. Programmes specifically addressing the specific needs of refugee children are mostly implemented by NGOs and church organisations, often in close partnership with kindergartens and schools. The partner institutions are committed to making integration objectives part of their educational profile and to main-

taining them (with or without project funding) in the long term.²³⁶ As can be seen from the situation analysis, schools and teachers involved in the education and training of foreign students receive no financial, human resources or methodological support from the school maintainers or the responsible ministry. Nevertheless, they have been able to develop several methods and practices to successfully support the integration of foreign pupils (including beneficiaries of international protection) in schools. These practices are partly a result of previous funding programmes, partly the result of international and Hungarian methodological and training projects, and partly the result of experience-based self-development.

However, the practices and programmes that have been developed are ad hoc, fragmented, responding to a single need, and rarely holistic. This is reinforced by the fact that they are mainly grant-funded and project-based, making them difficult to plan and sustain in the long term, and real needs and development directions are often overridden by the expectations and indicators set out in the funding agreements. Yet, these programmes and good practices often provide real help for the integration of refugee children and their progress in school.

In terms of content, most good practice is directly focused on individual development and learning support for refugee children. Within this, the focus is also on Hungarian as a foreign language teaching, individual mentoring and learning support. These programmes are often complemented by social work and focus on supporting communication between the family and the educational institution. Many support programmes focus on the development of teachers and professionals. These usually focus on training courses and professional forums aimed at shaping attitudes and providing methodological support. However, the number of programmes aimed at raising the social awareness of the "host community" (i.e. other children and parents) is negligible. Unfortunately, this suggests that the two-way nature of the integration process is compromised, with the responsibility falling on refugee families. The clear benefits of intercultural pedagogy, which would apply to minority and majority participants alike, are thus not being reflected in the Hungarian educational environment.

Most of the support programmes were funded by the European Union (EIA, European Integration Fund, European Refugee Fund, Asylum, Migration, and Integration Fund),

²³⁶ For example, the Erzsébetváros Hungarian-English Bilingual Primary School (Dobsuli), Bem József Primary School in Kőbánya, BMSZC Than Károly Eco-School and High School

but the Hungarian state did not allocate funds to educational purposes after the reallocations following the "migration crisis" in 2015.²³⁷ Moreover, there is a negligible presence of other (international or state) funding programmes. Currently, UNHCR supports such programmes in Hungary: the Menedék Association provides complex school integration support services, volunteers provide subject tutoring, psychological support for children, age-appropriate children's clubs and social awareness programmes in schools. Intercultural mediators are working to bridge cultural gaps. The Jesuit Refugee Service provides Hungarian language courses and social support, while the Integration Service of the Lutheran Diaconate and the Kalunba Social Services Non-Profit Ltd., (which was formed from the Refugee Mission of the Reformed Church), implement educational integration projects. In addition to the above, there are fragmented projects, mainly ERASMUS+, many of which are implemented by organisations not specifically targeting refugees. As some of these organisations have difficulties in accessing the target group, in most cases they call on the help of experienced aid organisations.

The civil grassroots initiatives in support of refugees in 2015 resulted in the creation of support communities that are still active in providing lay assistance to people in need.²³⁸

Good practices in the field of the educational integration of children and students granted international protection are presented through the implementing institutions, drawing on the experience of experts and on several studies that discuss the topic in detail.²³⁹

The integration practices of educational institutions are largely determined by their number of foreign pupils. In Hungary, the proportion of foreign pupils (including those granted international protection) in public education is very low (in the 2018/2019 school year, the total number of asylum seekers and refugees was 30 in kindergarten, 52 in primary school and 84 in secondary school). This also shows that only very few institutions are impacted at all in Hungary.

5. 'Refugee-friendly' schools – institutions with a higher number of foreign students

Some schools are traditionally considered "refugee-friendly". Several things may play a role in a school becoming a refugee-friendly school in Hungary. A determining factor is location. In Hungary, the vast majority of refugees settle in larger cities, mostly in Budapest. And in Budapest, the neighbourhoods and districts where these people live and work are becoming more and more distinct. This is how an institution has become a school enrolling a larger number of refugees. It is common for refugee families to enrol their children in the catchment school. As these families often find housing in the same (poor, struggling) neighbourhood, the children are also sent to the same school. Other refugee families then also prefer to enrol their children in a school where refugee children are already enrolled - as this becomes a "well-trodden path", and other families provide them with information and help in finding their way around. And chances are that NGOs or church organisations collaborate with these institutions. Some migrant communities settle in a well-defined neighbourhood or district for employment reasons. In Budapest, a large part of the Chinese and Vietnamese community live in the area bordering the 8th and 10th districts as the markets are located there. Chinese and Vietnamese children are enrolled in kindergartens and schools in the 10th district. Where there is a strong sense of inclusiveness in a school, refugee pupils with similar needs as migrant children also enrol. When there is a conscious choice of institution, in addition to the catchment location, migrant and refugee families tend to favour bilingual (usually English-Hungarian) schools. Some of the children have some knowledge of English and find the opportunity to learn in English advantageous anyway, and assume that because English lessons are also a foreign language for Hungarian children, there are fewer language barriers for their children. The situation is quite special for those primary schools where, due to a fortuitous circumstance, large numbers of refugee children suddenly appear 'out of the blue'. Examples are the catchment schools of the temporary homes of families who are also hosting refugees, or (in the past, when families were allowed to stay in the reception centres for longer periods after they had obtained their status) the catchment schools of the reception centres. For schools, often completely unprepared and inexperienced, the challenge of integrating large numbers of refugee children is so overwhelming that in the few examples we know of, unfortunately, schools have been unable to cope and have shirked the task (either by simply not admitting them or making them home-school).

²³⁷ For a more detailed presentation of the projects click [here](#): Zsombor Lakatos - Nikolett Pataki: What next? *Educatio*, Vol. 26, 2017/3, 352-364.

²³⁸ For example, the informal Facebook groups Help Together for Refugees and the Holy One Community.

²³⁹ László Zsuzsa (szerk.): „*Tehát egymástól tanulni nagyon-nagyon sok mindent lehet.*” *Hazai és európai jó gyakorlatok az interkulturális pedagógia és a migráns gyerekek integrációjára*. Budapest, Menedék Egyesület, 2013.

In the case of secondary schools (where refugee pupils are less likely ad hoc and "easily" admitted for the reasons described above), we see examples of a consciously constructed "migrant-inclusive" school profile. A school may choose to do so for several reasons: for example, it may have a strong need to increase/maintain its student population in order to survive, or it may develop this profile in response to a specific situation. These schools then continue to develop professionally, taking advantage of funding opportunities and civil/church cooperation.

Although the majority of the small refugee communities live in Budapest, there are also schools in some rural towns where refugee and other migrant pupils are present in larger numbers. The Menedék Association has recently established a relationship with a primary school in a small rural town, where six refugee children from a single family are enrolled. The institution took up the professional challenge and initiated cooperation. Since then, several children of foreign workers are now attending the school, and the institution is now seen at regional level as a welcoming institution for migrant pupils. All these examples support our main conclusion that it is at the local level that the field of professional work with refugee pupils is potentially being developed.

In kindergartens and schools with a higher number of foreign/refugee pupils, good practices have been developed to help integration.²⁴⁰ They are well aware of the administrative conditions and procedures for enrolment and can help families with this; information materials are also often available in foreign languages. The network of contacts around the institution makes it easier for those concerned to obtain information. There is some practice in primary schools to take into account previous education – in many cases, this means recognising (or in the case of refugees, not requesting) certificates rather than assessing levels and mapping skills and competences. A pedagogical methodology for class placement has also been developed, sometimes following the practice of age-based class placement (although unfortunately lower class placement still occurs).²⁴¹ Admission to secondary schools is less smooth, and NGOs have taken on the task of preparing pupils for admission tests. The heads of the secondary schools have discretion to decide on the admission of students (they can enrol students during the academic year without admission tests or on the basis of oral examinations in addition to/instead of written tests), which option is used by the heads of the secondary schools.

²⁴⁰ For example Mocorgó Kindergarten in Kőbánya, Bem József Elementary School, Hungarian-English Bilingual Elementary School in Erzsébetváros, Bókay János Vocational High School of Szechenyi University, Dr. Mező Ferenc Elementary School

²⁴¹ Based on information from a [secondary school principal and school integration experts](#) from the Menedék Association

At all school levels and in kindergarten, there is a practice of communicating with parents. As NGOs also place great emphasis on supporting this, they delegate intercultural mediators to help parents and teachers to communicate and develop a network of contacts that can help new families. It is still common practice, however, for pupils (or their siblings or other children) to translate themselves, which is often a source of difficulty. Although most institutions recognise that using children as interpreters is neither conducive to the child's personal development nor to healthy parent-child relationships, it is often the solution that teachers and parents are forced to adopt. In addition to (or in combination with) overcoming language barriers, teachers working in such institutions are more open and confident in communicating with parents and less likely to fail to connect due to fear of the unknown.

Language barriers manifest themselves differently at different ages and institutional levels. In the kindergartens concerned, teachers emphasise and practice the integrative role of non-verbal activities (crafts, games, music, etc.) and strive to ensure that refugee children learn the language through play with their Hungarian peers. In primary schools, especially in the lower grades, the lack of Hungarian is less of a problem, and often there is a Hungarian as a foreign language (HFL) teacher present in the institution to help, either individually or in small groups. Even if this is not available everywhere, one-to-one assistance is almost always there, and usually teachers have developed a system of differentiated requirements and assessments for pupils who do not speak Hungarian (well) yet. At upper primary level, and especially in secondary schools, the lack of Hungarian is a major difficulty. However, teachers of Hungarian as a foreign language are generally employed in schools with larger numbers of foreign pupils: we see examples of HFL being integrated into the timetable and available to pupils (for example, instead of Hungarian literature or in special group lessons), and pupils can participate in an integrated way. However, there are also examples where a preparatory language class for refugees remains segregated within the school.

Differentiated standards, support for learning and assessment in schools receiving foreign students are mostly developed in an ad hoc way. Individual support and help in catching up in the subjects, even through self-developed teaching aids and lesson plans, is typical. These practices are ad hoc and often not uniform within a school, as the lack of a generally accepted method means that it is up to the individual responsibility/competence of teachers how to approach the issue.

The welcoming of pupils and families into the community is also more consciously carried out in these institutions. It means a great deal if the presence of children with different languages and cultures is not unknown to the kindergarten and school community, in fact, it is natural. Although the settling of conflicts arising from cultural differences does not yet always work well, there is a collective openness, experience and good practice. It is also typical to prepare majority children and raise their social awareness. In many cases, there is a need and aspiration to learn about the culture of the refugee pupils (e.g. holidays, customs), but this often remains at the level of exoticising practices, i.e. other cultures are often "presented" in a separate event or small lecture, completely separated from everyday school life and customs. Ideally, the presentation of refugee children's culture is integrated into everyday life, customs and practices, i.e. every celebration, common event or any topic of any lesson can be looked at, differences can be shown and traits of other cultures can be learned and thus organically integrated, and diversity becomes natural.

These institutions actively cooperate with NGOs and churches supporting refugees and successfully apply for funding programmes, thus improving their professional practice and resources.

6. 'Dissuasive' schools – institutions with fewer or no foreign students

In schools where there are only a few refugee children, the issue is often not addressed at all. In these situations, the strategy of "cold integration"²⁴² is more typical, with the teacher's attitude being "this child is just a child, the knowledge will come". Sometimes this strategy can work (it depends on the background of the families and the individual characteristics of the pupils), but the experience of the support organisations is that the problems can remain latent. In these situations, the refugee child may become isolated. A teacher may also instinctively or even consciously develop some of the good practices mentioned above, based on professional arguments. However, this is not always sufficient for successful school integration.

²⁴² In "cold or spontaneous integration", refugee children learn alongside majority children, but their specific needs are not identified and there is no conscious pedagogical response to their needs. Read more about the phenomenon here: Margit Feischmidt - Pál Nyíri (eds.): *Unwanted children? Hungarian Children from Abroad in Hungarian Schools*, Budapest, MTA National-Ethnic Minority Research Institute - Sik Kiadó, 2006, 136.

There are also institutions which, due to a specific situation (e.g. a catchment school of a state institution for unaccompanied minors, or a temporary home for refugee families), were intended to receive a large number of asylum seekers or refugee children and students, but did not or only partially did so. These schools have not received any state support (in a situation which is indeed a professional challenge) and have not been able to meet the professional challenges. Refugee children (or some of them) were not admitted or were made to home-school, which makes school integration impossible.²⁴³

7. Online schooling – the situation of refugee children in education during the coronavirus pandemic

The coronavirus outbreak has come as a shock to the education system, teachers, parents and children alike. Although we have heard of many developments in the public education system in recent years, including digitisation, the transition to the online space has been far from smooth.

The experience of distance learning,²⁴⁴ was that a significant number of pupils were unable to participate. There were many reasons for this: adequate digital equipment were not available (sometimes not even for teachers), and parents were forced to work from home at the same time as their children and the physical space (a quiet environment for learning and working) was often unavailable. The lack of an adequate internet connection was also a problem, and in many cases the digital competences of the children concerned, and their parents and teachers were insufficient,²⁴⁵ and a quarter of the students used a digital device with their parents. The compulsory and controlled use of the KRÉTA platform was also not conducive to effective support for learners and the creative and experiential delivery of learning material. Teachers who had a wide range of learning and teaching tools were more likely to overcome barriers. It could be said that motivation, performance assessment and feedback were not effective.

The difficulties of digital switchover have hit students and families with fewer opportunities hardest.

²⁴³ When reception centres were set up, insufficient attention was paid to informing the local population, for example in the case of Vámoszabadi and Debrecen. Resistance could likely be reduced if the population were involved in the placement.

²⁴⁴ www.qubit.hu/2020/04/06/minden-otodik-magyar-altalanos-iskolas-kimarad-a-kotelezo-online-tavoktatásban Qubit.hu, 6 April 2020

²⁴⁵ The [thematic issue of the journal *Educatio*](#) deals with the issue in detail.

In addition to the above, several other factors may have made it difficult for foreign children to thrive during online education. Lower primary school pupils could not do without parental support: a number of online forums were set up to support children's learning at home and to share techniques, as parents in mainstream society were not clear either about the methods they could use to help their children progress in school. Experience showed that²⁴⁶ parents' Hungarian language competence and skills were often insufficient to enable children to engage in lessons and prepare homework. Several reports were received by NGOs that some children had practically lost contact with the teacher. The staff and volunteers of NGOs supporting refugee children were able to respond more flexibly than schools to the needs and support the catching up of children who were not included in online education. The involvement of volunteers in supporting online learning has proved more effective, with more volunteers taking on teaching and tutoring from abroad. In some cases, problems were reported not only by teachers but also by school and nursery social workers, and cooperation to overcome difficulties was effective. Several private individuals, NGOs and municipalities have pledged to help with the purchase of technical equipment for learning, and the number of donors has increased significantly.

8. Inclusive school

In the following section, we outline our vision for an education system that is sensitive to the needs of refugee children. The systemic interventions that would be needed to make equality of rights a reality will be described. Reflecting upon all of this, we hope that it can guide teachers and heads of institutions in what they can do – even in the current situation - to support refugee children in school at local level. Of course, there is also a need to integrate good practice at micro and meso levels into a coherent system, supporting the work of the professionals involved.

To ensure that refugee children have continuous access to education (or at least as much access as possible), complex pre-integration education programmes need to be developed. This should be made available to them from the beginning of the application period. These programmes should take into account and respond to the psychological condition of the children, provide basic socialisation, health and hygiene skills as necessary, and prepare them for school (not only for learning but also for entering the school

community). This is where the development of the Hungarian language and familiarisation with the culture of the host country begins. Furthermore, children should have a basic assessment, but also in a complex way (i.e. responding to their individual situation). It is crucial that those who can should be enrolled in school as soon as possible, and those who are unable to do so should start a stabilisation period as soon as possible in the framework of a pre-integration programme at school. Intercultural mediators (who speak the children's mother tongue) and appropriately trained teachers should be involved in the implementation of these programmes.

It is of utmost importance to develop a complex set of tools accessible to refugee children (i.e. linguistically and culturally barrier-free), to assess prior knowledge, skills, competences, school readiness and special educational needs. The assessment of pupils' prior knowledge will take into account the specificities of the education system in the country of origin and the child's actual school history in that system, as well as his/her family background. A complex language assessment should be carried out in the child's first language, in addition to an assessment of Hungarian language skills (where relevant). The aim of all this is to enable the child to make the best use of his/her abilities and skills at school (both in terms of subject development and social integration) and for the school to be competent and able to make the best use of their potential.

After a period of stabilisation according to individual needs and participation in the pre-integration programme, it is important that the choice of school is made consciously, with the necessary information, taking into account the needs, abilities and life situation of the family and the child. A protocol for enrolment of refugee children should be developed: clear professional guidance should be available to schools on the specific situation, administrative and other issues that may arise. Information and forms available in the mother tongue of refugee families should also be developed.

Clear guidance is needed at legislative level on the recognition of prior learning and age-appropriate class placement, in addition to the harmonisation of education and asylum legislation (waiving the requirement to present a certificate, etc.). However, some of the teachers concerned stated that (after the first integrated year) repeating a year has a positive effect, if it is the result of a decision taken in cooperation with the family and the pupil, and does not reinforce a sense of failure.

The development of Hungarian as a foreign language is vital for (school) integration. There is a need to develop a system of HFL teaching: integrating HFL into the cur-

²⁴⁶ Teachers' Forum during Covid-19, organised by the Menedék Association.

riculum (and timetable) for refugee pupils, developing conditions for the employment of HFL teachers, its financing, and developing and making available a wide range of teaching materials and tools appropriate to different ages and language levels.

To develop a differentiated system of requirements and assessment for refugee children in integrated education, and to support their learning on an individual basis, based on personalised development plans. Methodological support and development tools are needed. to support the individual development of refugee children. These must be widely disseminated, and related training material must be developed. Professional guidelines should also be developed on criteria for the individual assessment of refugee children. Interoperability of their assessment should be ensured, i.e. a uniform system of assessment criteria should be developed.

A system of admission to secondary schools for refugees also needs to be developed. It is not acceptable for refugee students to take the same admission exams as Hungarians, with the same assessment criteria, because this significantly reduces their chances of continuing their studies. A competency-based admission system should be developed for them, which would also allow for individual differences (e.g. Hungarian language level).

Many professional recommendations address the importance for refugee children to learn their own culture and mother tongue. Ideally, school is the place for this. It would be important to build a network of intercultural mediators, travelling teachers and appropriately trained and professionally supported concerned parents and peer helpers to support children in accessing their own culture and language. The involvement of parents and stakeholders is also very useful to strengthen their integration. The quality of the relationship between school and parents is an important element in children's success at school and is also essential for family integration. The involvement of intercultural mediators, the use of interpreters and intercultural training for teachers would be a way forward in this area. The role of the host party in successful integration cannot be overemphasised. It would be essential to change government communication on migration and to develop national programmes to raise social awareness of refugees and migration. Social awareness-raising and intercultural sensitisation are also very useful for majority children but are particularly important when refugee children join a class and a school community. A wide range of methodological tools and supportive NGOs are currently available in this field. Training and preparation of teachers are necessary to ensure that the issue is addressed in all relevant places.

It should be a priority to ensure that teachers are adequately supported to work with migrant children. The theory and practice of intercultural pedagogy and basic refugee education should be part of the teacher training curriculum. As only a small proportion of teachers in Hungary are involved in working with refugee pupils, ideally, further targeted training would be developed and made available. Ongoing support for teachers could be provided through the establishment of professional platforms and the availability of expert teachers to mentor teachers.

In Hungary, there used to be a so-called "migrant normative funding" available - institutions received an increased normative funding for children from migrant backgrounds if the institution integrated and implemented an "intercultural pedagogical programme". We certainly believe that the increased normative is justified and that it is crucial to link it to the practices expected and already in place in the school to promote the integration of refugee pupils.

Until the implementation of the systemic changes outlined above, there is also a lot that teachers and heads of institutions can do to support the integration of refugee students. The most important prerequisites for school integration are a welcoming environment and as many positive and supportive (peer) relationships as possible. Heads of institutions have the discretion to decide on the admission of refugee children and have the possibility not to ask for school reports, or to place children in age-appropriate classes, which is essential for the development of these relationships. Preparing the class (and the school) for the arrival of a refugee classmate with a positive, sensitive approach is key. It can help if there are pupils in the class or school who can give an account of their own integration journey.

A range of methodological tools are available to support both educational and extra-curricular integration, and NGOs²⁴⁷ are also available to help. Above all, however, an open, approachable, supportive and needs-sensitive attitude can support those concerned.

²⁴⁷ In the absence of a coherent policy, NGOs provide educational support for refugee students, in cooperation with the institutions, alongside good practices in schools. In the context of systemic policy reform as outlined above, NGOs could be involved in supporting refugee pupils as legitimate professional implementers of the state's objectives (e.g. teacher training, school programmes, professional methodology, etc.). At present, however, the opposite trend can be observed: due to systematic governmental attacks on and obstruction of various social awareness-raising school programmes (especially on LGBTQ issues), schools are often less cooperating with NGOs, sometimes out of caution.

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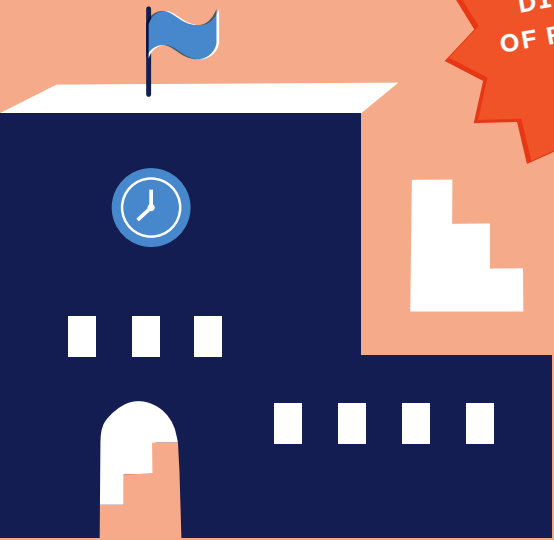
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SUPPORT FOR BENEFICIARIES OF INTERNATIONAL PROTECTION ATTENDING HIGHER EDUCATION IN HUNGARY

1. Introduction

Access to education is a fundamental human right,²⁴⁸ its implementation is more advanced in public education than in higher education. In addition to the integration of refugees into public education, the refugee crisis has made it timely to open up higher education opportunities for long-term labour market and social integration. Relevant measures have become a significant part of international political commitments over the past two decades. In this context, far-reaching programmes are necessary, beyond the minimum criteria set by the Lisbon Recognition Convention concluded in the European region in 1997. Accordingly, various support structures have (or have not) evolved in the different countries. The fourth of the 17 SDGs (*Sustainable Development Goals*) of the UN's Agenda 2030 set access to quality education as a global goal. This includes not only the eradication of illiteracy and access to public education but also a greater focus on higher education. The latter includes the expansion of higher education scholarship programmes in developing countries. In line with this, higher education is a priority area in UNHCR's strategic objectives for education 2012-2016.²⁴⁹ The programmes set up in this framework provide targeted assistance to refugees and to persons at risk of becoming refugees, by supporting the education of those interrupting their studies due to forced migration and by promoting their access to higher education.

The present study aims to identify possible directions of intervention for the higher education integration of beneficiaries of international protection in Hungary by analysing the above-mentioned international programmes and existing Hungarian practices.

The next section reviews the challenges of higher education and social and labour market integration, and the short and long-term consequences of the integration of asylum seekers as described in international literature. The third section presents a model of support systems based on the practice of the Member States that have signed the Lisbon Convention. In the fourth section, the legal framework and practices in Hungary are analysed based on the rights provided to beneficiaries of international protection by law as well as on primary and secondary data collection on access to higher education in Hungary.

²⁴⁸ Sen, Amartya: *Development as Freedom*. Oxford, Oxford University Press, 1999.

²⁴⁹ www.unhcr.org/protection/operations/5149ba349/unhcr-education-strategy-2012-2016.html

The last section of this study presents the possibilities of transforming the Hungarian institutions and the legislative framework to promote access to higher education for asylum seekers, taking into account the Hungarian legislative and institutional procedures and protocols.

2. The relevance of higher education and social and labour market integration

2.1. International literature review

Higher education is the most important stepping stone to social and economic mobility.²⁵⁰ At societal level, social mobility through higher education leads to improved health prospects, reduced burdens on law enforcement and social care systems, and higher levels of well-being, which strengthen social cohesion.²⁵¹ It is therefore in the national interest to support social mobility and to make higher education accessible to vulnerable social groups.

While the national policy and rhetorical expectation towards those settling in Hungary permanently are to participate in the labour market, measures to help them find work (such as language and cultural integration programmes, job placement, etc.) do not include promoting participation in higher education. A higher education qualification is a means to more secure, long-term and economically advantageous access to employment, and should therefore be supported within labour market integration measures, along with the promotion of access to and retention in higher education and the transition from higher education to the labour market.

Language skills and active labour market participation are essential for smooth social and economic integration in the host country. Tertiary education improves both the acquisition of high-level language skills and access to highly skilled jobs.

Given that after 2016 at least half of first-time asylum-seekers in the EU were aged between 18 and 35,²⁵² i.e. potential higher education students, the inclusion of refu-

²⁵⁰ Ma, Jennifer – Pender, Matea – Welch, Meredith: *Education Pays 2016: The Benefits of Higher Education for Individuals and Society*. New York, The College Board, 2016.

²⁵¹ Baum, Sandy – Ma, Jennifer – Payea, Kathleen: *Education Pays, 2013: The Benefits of Higher Education for Individuals and Society*. New York, The College Board, 2013.

²⁵² European Commission/EACEA/Eurydice, 2019. Integrating Asylum Seekers and Refugees into Higher Education in Europe: National Policies and Measures. Eurydice Report. Luxembourg: Publications Office of the European Union.

gees and asylum seekers in higher education has become a strategic issue in several European Member States. In Hungary, the number of first-time applicants for refugee status after 2016 was low, with one-third of them being of tertiary education age, i.e. aged 18-35. However, half of the asylum seekers (in 2019²⁵³) were under 18 years old, and 10% of those under 18 were of secondary school age (i.e. 14-17 years old), for whom access to higher education could be a long-term strategy in Hungary.

As Sarah Dryden-Peterson argues in her analysis titled *The Politics of Higher Education for Refugees in a Global Movement for Primary Education*,²⁵⁴ making higher education more accessible and supporting further education provides some stability in an inherently unstable life situation and is an important motivation for the progress in the public education system. At an individual level, it is a step forward in increasing labour market opportunities and creating contacts outside the diaspora. At community level, it can help to promote more effective advocacy and, at the same time, dialogue between the immigrants and members of the host society, and to redefine the role of women arriving from more traditional backgrounds, within the community. Another important dimension of participation in higher education is empowerment.²⁵⁵

Furthermore, with changes in the international situation – if there is an opportunity to return home – the knowledge gained can be put to good use in the rebuilding of the home country.²⁵⁶ Higher education also contributes to strengthening the self-esteem of traumatised survivors of war and torture, thus speeding up the adjustment to everyday life.²⁵⁷ Moreover, thanks to their embeddedness, refugees with tertiary education can engage with international institutions in innovative and proactive ways, both during their studies and after graduation.²⁵⁸ For example, one of the activities of the EU-funded HOPES-LEB project²⁵⁹ focusing on the support of refugees in higher education is the operation of an alumni network across Syria, Lebanon, Turkey, Jordan and Iraq, to support

²⁵³ [www.ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Distribution_of_first_instance_decisions_on_asylum_applications_\(from_non-EU-27_citizens\)_by_outcome,_2019_\(%25\)_1.png](http://www.ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Distribution_of_first_instance_decisions_on_asylum_applications_(from_non-EU-27_citizens)_by_outcome,_2019_(%25)_1.png)

²⁵⁴ See: *Refuge*, Vol. 27, 2012/2, 10–18.

²⁵⁵ Bajwa, Jaswant Kaur – Kidd, Sean – Abai, Mulugeta – Knouzi, Ibtissem – Couto, Sidonia – McKenzie, Kwame: Self-Esteem: Rebuilding Self-Worth and Value in Survivors of Torture and Trauma through Higher Education. *Canadian Journal of Community Mental Health*. Vol. 38, 2019/4, 93–107.; Zeus, Barbara: Exploring Barriers to Higher Education in Protracted Refugee Situations: The Case of Burmese Refugees in Thailand. *Journal of Refugee Studies*, Vol. 24, 2011/2, 256–276.

²⁵⁶ MacLaren, Duncan: Tertiary Education for Refugees: A Case Study from the Thai-Burma Border. *Refuge*, Vol. 27, 2012/2, 103–110.; Zeus 2011.

²⁵⁷ Bajwa et al. 2020; Crea, Thomas M. – McFarland, Mary: Higher Education for Refugees, Lessons from a 4-year pilot project. *International Review of Education*, Vol. 61, 2015/2, 235–245.

²⁵⁸ Crea–McFarland 2015.

²⁵⁹ www.hopes-madad.org/about-us

both entry into the international labour market and further education and networking. The embeddedness and knowledge acquired through higher education can thus also be used to strengthen the links between the country of asylum and the country of origin, for example in rebuilding the home country, if there is an opportunity to return or to maintain contact with the home country.²⁶⁰ In this spirit, for example, the recommendations for universities in the UK²⁶¹ explicitly propose to support post-conflict development skills and medical training within the higher education programmes for refugees. In many respects, this objective is in line with the objectives of, for example, the Stipendium Hungaricum scholarship established by the Hungarian state.

In addition to labour market and national economy considerations, higher education programmes play a key role in the areas of self-determination²⁶² and identity formation.²⁶³ Student status is a more universal status than asylum seeker or refugee status. Students with refugee status stated that they perceive the latter as stigmatising, especially as it is not something one would choose.²⁶⁴ Being a student is also the result of a choice, an individual decision, if the opportunity is given. Being a refugee is a life situation that is the result of an extreme necessity (usually war or natural disaster).

The right to education as a human right will be more prominent at the strategic level. In line with similar objectives and considerations, higher education is now included as a priority area for the integration of beneficiaries of international protection in the UNHCR Refugee Education Strategy 2012-2016 and the 2030 Agenda SDG target (see section 3) (in the past, this was typically not included in the humanitarian aid strategies).²⁶⁵

2.2. Analytical framework and data collection

The need for the integration of asylum seekers in society and more specifically in the field of education is increasingly reflected in international strategic objectives (see section 2.1). An important condition for long-term integration is therefore the expansion of

inclusion and support programmes and measures implemented by tertiary institutions, on the one hand, and restructuring based on better identification of specific needs, on the other.

This study aims to take stock of the measures and opportunities for asylum seekers to enter and remain in higher education institutions in Hungary in light of the practices of the countries that have ratified the Lisbon Convention. Given that Hungary has ratified the Lisbon Convention alongside several other states and has therefore developed its institutions according to the same set of minimum criteria, the model of international support systems in this study is based on these states' practices (see section 3). The model of support schemes (see below) thus summarises the approaches to integration policy of countries that follow the same Convention but implement it at different levels, and also serves as a theoretical framework for the analysis of the Hungarian situation (Chapter 4).

One of the aims of the analysis of the situation in Hungary was to show a comprehensive picture of the programmes available to foreigners, in order to assess the potential of existing institutional structures. Another objective was to learn about the experiences of implementation to identify possible obstacles and opportunities, for which we conducted primary research through expert interviews, which, in turn, also formed important feedback to the overall picture we identified.

The secondary analysis was based on the related publications of the Ministry of Education, the information materials of the Hungarian Equivalence and Information Centre (MEIK) and the research of the Tempus Public Foundation. The rules of scholarship programmes for foreigners were analysed in detail, with a particular focus on the Stipendium Hungaricum, the scholarship programmes for young Christians and the OLIVE (*Open Learning Initiative*) programme of the Central European University. The expert interviews were conducted with decision-makers (2) and coordinators (4) of higher education institutions in Hungary; a secondary school teacher of Hungarian as a foreign language (1), as well as social workers (2) and a lawyer (1) of the Menedék Association between 2019 and 2021. The interviews with experts from higher education institutions covered four blocks of questions: the success of programmes for foreigners, institutional conditions; integration challenges for students and teachers; possible conditions and obstacles for the integration of asylum seekers and refugees into higher education; experiences and further opportunities. Interviews with a secondary school teacher and

260 MacLaren 2010, Zeus 2011.

261 www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/higher-education-and-displaced-people-final.pdf

262 Zeus 2011.

263 Schneider, Lynn: Access and Aspirations: Syrian Refugees' Experiences of Entering Higher Education in Germany. *Research in Comparative and International Education*, Vol. 13, 2018/3, 457–478.

264 Lehr, Sabine: Germany as Host: Examining ongoing anti-immigration discourse and policy in a country with a high level of non-national residents. *Refugee Review: Re-conceptualizing Refugees and Forced Migration in the 21st Century*. Vol. 2, 2015/1, 113–130.; Schneider 2018.

265 www.reliefweb.int/sites/reliefweb.int/files/resources/Higher%20education%20for%20refugees%20-%20Migration%2C%20displacement%20and%20education%20-%20Building%20bridges%2Cnot%20walls.pdf

stakeholders' representatives explored cases of higher education aspirations and experiences of refugees and asylum seekers, the information barriers and obstacles to integration in the higher education system in general, as well as the opportunities and barriers to integration in education and other forms of integration.

3. Model of international support schemes

Most studies on the further education of refugees have been conducted from the perspective of the experience of settling in the host country.²⁶⁶ Studies on the further education opportunities and experiences of refugees highlight that students from refugee backgrounds face specific pre-migration experiences (sometimes trauma).²⁶⁷ Another challenge is that the settlement process often creates difficult situations, both financially and psychologically, as a result of which they often face specific challenges during their studies. Existing institutional structures often do not provide adequate support for students to cope with these challenges.²⁶⁸ The Lisbon Convention aimed to develop and standardise these institutions in host countries, as did the UNHCR's objectives (see above). For example, the UNHCR aims to achieve 15% higher education enrolment by 2030 compared to 3% in 2018²⁶⁹, é which is also justified by the demographics of refugees (according to UNHCR 2018 data, 40-50% of refugees are children, in Europe, 41% of them are under 18). To this end, the UNHCR has launched the *Aiming Higher* fundraising campaign in 2020²⁷⁰ which provides support for refugees in secondary and higher education. The fourth SDG target of the 2030 Agenda, ensuring inclusive and equitable quality education, has been expanded to include the right to universal access to higher education. The global goal is to promote scholarships and ensure equal access for women and men to affordable higher education.

266 Ramsay, Georgina – Baker, Sally: Higher Education and Students from Refugee Backgrounds: A Meta-Scoping Study. *Refugee Survey Quarterly*, Vol. 38, 2019/1, 55–82.; Gateley, Davina E.: A Policy of Vulnerability or Agency? Refugee Young People's Opportunities in Accessing Further and Higher Education in the UK. *Compare: A Journal of Comparative and International Education*, Vol. 45, 2015/1, 26–46.

267 Teclé, Aster S. – Thi Ha, An – Hunter, Rosemarie: Creating a Continuing Education Pathway for Newly Arrived Immigrants and Refugee Communities. *Journal of Teaching in Social Work*, Vol. 37, 2017/2, 171–184.

268 Berg, Jana: A New Aspect of Internationalisation? Specific Challenges and Support Structures for Refugees on Their Way to German Higher Education. In Curaj, Adrian – Deca, Ligia – Pricopie, Remus (eds.): *European Higher Education Area: The Impact of Past and Future Policies*, Cham, Springer, 2018, 219–235.; Hannah, Janet: Refugee Students at College and University: Improving Access and Support. *International Review of Education*, Vol. 45, 1999/2, 153–166.; Joyce, Andrew W. – Dantas, Jaya A. R. – Mori, Gabriella. – Silvagni, Genevieve: The Experiences of Students from Refugee Backgrounds at Universities in Australia: Reflections on the Social, Emotional and Practical Challenges. *Journal of Refugee Studies*, Vol. 23, 2010/1, 82–97.

269 [UNHCR 2018](#). Forced displacement. Report.

270 [DAFI Annual Report 2020](#) – Aiming Higher.

However, support and services for the integration of refugees in higher education do not present a uniform picture. Although the signatory states to the Lisbon Convention have agreed on the basic conditions for legal and institutional arrangements, its implementation varies. The main points of the Convention are the recognition of the qualifications of refugees, the creation of the necessary conditions for this and support for access to higher education. Such support is provided by international umbrella organisations and small funds.

There is a need for a more in-depth analysis, exploration and comparison of institutions aiming to support entry, retention and transition to the labour market.²⁷¹ Support instruments for higher education for refugees in different EU countries vary according to their purpose. In the following, based on the UN Higher Education Report (2019),²⁷² the Eurydice reports²⁷³ and some additional examples, we have organised the support schemes into a general model according to their type (see Table 1). The type of the support scheme is determined by the primary objective of the legislation: social inclusion, talent management or the promotion of targeted social mobility (undoubtedly, there is an overlap between these objectives - for example, the social mobility of talents often requires social support as well – but it is the mechanism of the support system established by the legislation – its design, institutional framework and conditions - that is relevant in this study). In the following, examples are therefore given of the types of support schemes (social transfer-based, quota-based-affirmative action and talent support, Table 1) and their variants.

Table 1.
Summary model of support schemes

Source: own editing by the authors

TYPE OF AID	FOCUS OF AID
Quota-based affirmative	Entry
Talent support	Preparation Entry Retention
Social transfer-based	Preparation Entry Retention

271 Arar, Khalid H.: Research on refugees' pathways to higher education since 2010: A systematic review. *Review of Education*, Vol. 9, 2021/3, Ramsay–Baker 2019.

272 www.reliefweb.int/sites/reliefweb.int/files/resources/Higher%20Education%20for%20Refugees%20-%20Migration%2C%20displacement%20and%20Education%20-%20Building%20bridges%2Cnot%20walls.pdf

273 www.esu-online.org/wp-content/uploads/2019/02/232_en_migrants_he-1.pdf

Solutions following the logic of social transfer generally provide support and social benefits to improve the economic situation of refugees within the system available to host country nationals.²⁷⁴ The practice of social transfer follows the logic of balancing basic economic inequalities. Displaced persons often arrive in forced migration, fleeing their country of origin, living on their last reserves until they reach their destination country. The financial situation of refugee families and individuals is unstable for a long time, and to alleviate this, in addition to basic humanitarian considerations, stable housing is needed that is a prerequisite for the continuation of studies, often interrupted by forced migration.²⁷⁵ A survey of Syrian refugee students in Turkey confirmed that their financial situation is characterised by very low income or no income after having earned mostly middle to high incomes before their migration.²⁷⁶ However, some countries link social benefits to a screening process in the form of a course or language exam, so that the support is conditional on participation in some form of integration programme, which may be limited to language acquisition but may also include other competences such as knowledge of the host country.²⁷⁷ In Croatia, for example, social assistance, grants and scholarships are conditional on language learning, but can be applied for on a social basis, just like for Croatian citizens. The disadvantage of this practice is that it puts refugees in 'competition' with nationals, ignoring the challenges and needs of different social groups. In most cases, refugees can only complete their higher education studies with family support.²⁷⁸ The legal restrictions arising from their status, for example in terms of employment, and consequently, the lack of stable housing and livelihoods are also significant barriers to further education.²⁷⁹ Social transfers should therefore also aim to compensate for these difficulties.

Social transfer-type assistance can be complemented by targeted language courses²⁸⁰ and labour market transition programmes, which leads to rapid integration and can

therefore be an effective integration tool. However, for those who remain outside the filter due to other disadvantages suffered (e.g. dropping out of the course due to financial or family difficulties, traumatisation, etc.), there is a risk of remaining outside the system or becoming enclaves within the economy - in which case additional support measures are necessary. The completion of language courses and the acquisition of integration skills is expected for all asylum seekers who wish to stay in the host country and obtain asylum in the long term.

Quota-based affirmative schemes ensure that refugees have access to higher education, subject to quotas. This practice ensures the presence of refugees in higher education on the one hand, and on the other hand, it compensates for disadvantages and promotes social mobility in a targeted way. In Italy, there are 100 scholarship places for refugees in higher education each year, allocated by the Ministry of the Interior in cooperation with the Rectors' Council. In Germany, refugees are subject to quotas for international students, which is often too competitive as they have to meet the same admission requirements. The Syrian refugee wave in 2015 has led to more preparatory courses provided by universities in Berlin, but the limited international quota (*Ausländerquote*) for non-EU nationals (between 5-8%) means that there is increased competition. University staff argued in favour of separate quotas for refugees due to increased competition and disadvantages, while refugee students stated that they can only get in as international students, resulting in double selection.²⁸¹

In Germany, the admission requirements for higher education²⁸² consist of an entrance exam and a German language exam.²⁸³ The German government has earmarked funds for language courses for refugees and asylum seekers, regardless of their entry to higher education. Experience shows that within the international student group, refugees, tend to go to German-speaking countries as a result of forced migration and not because of their career path. This may also explain their first exposure to German, in contrast to international students who have prior language knowledge due to their career path. A further disadvantage may be the linguistic distance and the very different cultural backgrounds, so their language skills need to be built up from scratch.²⁸⁴

274 For example, in Hungary.

275 Schneider 2018; Gateley, Davina E.: [Becoming Actors of their Lives: A Relational Autonomy Approach to Employment and Education Choices of Refugee Young People in London, UK](#), *Social Work and Society*, Vol. 12, 2014/2, 1–14.

276 Erdoğan, Armağan – Erdoğan, Murat M.: Access, Qualifications and Social Dimension of Syrian Refugee Students in Turkish Higher Education. In Curaj, Adrian – Deca, Ligia – Pricopie, Remus (eds.): *European Higher Education Area: The Impact of Past and Future Policies*, 2018, 259–276.

277 Julianna Faludi – Ildikó Schmidt: Language and the labour market. Migration and integration in Denmark. In *From language skills to political participation*. ICCR-Budapest, 2013, 131-154.

278 Anselme, Marina L. – Hands, Catriona: Access to Secondary and Tertiary Education for All Refugees: Steps and Challenges to Overcome. *Refuge*, Vol. 27, 2012/2, 89–96.

279 Watenpaugh, Keith David – Fricke, Adrienne L. – King, James R.: *The War Follows Them: Syrian University Students and Scholars in Lebanon*. New York, University of California, Davis – Institute of International Education, 2014.

280 Erasmus+ offers online language courses (OLS) for refugees.

281 Streitwieser, Bernhard – Brueck, Lukas – Moody, Rachel – Taylor, Margaret (2017) The Potential and Reality of New Refugees Entering German Higher Education: The Case of Berlin Institutions, *European Education*, Vol. 49, 2017/4, 231–252.

282 Asylum seekers without formal legal status can attend higher education programmes in general, but recognised refugee or protected status can be a condition for graduating. In this respect, the regulations of individual countries and individual universities do not always provide clear or universal guidance.

283 Mountain 2018.

284 Berg 2018; Schneider 2018.

In Turkey, many Syrian students already have some knowledge of Turkish because of their Turkmen origin, which facilitates their integration into higher education.²⁸⁵ Overall, therefore, when setting up quota-based affirmative schemes, it is important to distinguish between various groups, such as international students and refugees, and to create additional supports for the successful integration of those in priority quotas, for example through targeted (language) courses.

Higher education support schemes can also include refugees in talent programmes, with targeted scholarship.²⁸⁶ This can be done in a decentralised way, as in the case of Cardiff Metropolitan University Wales. Scholarship programmes provided by international umbrella organisations aim to improve chances in life and long-term socio-economic integration. However, there are (hybrid) programmes that assist refugees as potential higher education students before they arrive in the host country or in the first country of asylum, mostly in the Global South. An example of the latter is the *Deutsche Akademische Flüchtlingsinitiative Albert Einstein* (DAFI) programme, operated under an agreement between the UNHCR and the German Federal Government since 1992. It aims to provide local support to undergraduate students with refugee status in the country of asylum (i.e. in this case outside Germany), in line with SDG Goal 4. The primary objective of the programme is to provide scholarship-based support to overcome socio-economic difficulties in higher education. The scholarship covers tuition fees, housing costs, meals, language learning opportunities and psychological counselling. In over nearly thirty years of operation, institutional practices have been developed to reach the target groups in the partner countries. In 2020, scholarships were awarded in a total of 53 countries, 46% of which were in sub-Saharan Africa (Middle East and North Africa 26%, Asia 16% percent). Only 10% of asylum seekers in Europe benefited from the programme.²⁸⁷ The programme is therefore mainly targeted at the regions outside Europe from where most asylum seekers come. Schemes also differ according to the stages of integration into higher education (see Table 1, second column). There are measures to increase the chances of refugees in higher education and to accelerate integration, broken down by stages, such as: forms of support to facilitate the admission process, assistance in accelerating integration (catching-up, mentoring, etc.), tools to keep people within the higher education process (scholarships, grants, language courses, exam preparation, legal aid, etc.).

²⁸⁵ Erdoğan–Erdoğan 2018.

²⁸⁶ www.challenges.openideo.com/challenge/refugee-education/research/available-scholarships-for-refugees.

²⁸⁷ DAFI Annual Report 2020, issued by UNHCR and Albert Einstein German Academic Refugee Initiative, 10.

Pre-admission preparatory courses, easier admission exams and online information can target refugee secondary school pupils already living in the host country or vulnerable individuals in the sending country who are preparing to leave for the host country and apply for asylum through support organisations. A particular problem is the transition between secondary and higher education, which some organisations provide specific targeted support to bridge. An example of this is the language and skills development course offered to refugees and asylum seekers by the Université Grenoble-Alpes under the *DU Passerelle Solidarité* programme.²⁸⁸ The programme provides scholarships for students, mainly from war-torn areas, to participate in a specific training course focusing on French language and culture, which enables them to continue their studies in higher education in France – in a wide range of fields of study, such as natural sciences or economics. The programme has given students from Kosovo, Angola and Syria, among others, the opportunity to continue their studies by facilitating integration and transition. It was funded by the university's foundation and individual grants.

The University of Barcelona *Refugee Support Programme*²⁸⁹ targets refugees and people in conflict zones. One of the programme's priorities is to reach out to students who had to interrupt their studies, whether for economic or other human rights reasons. It should be stressed that the programme does not explicitly apply screening criteria for talent management, but provides support with the aim of social integration, thus alleviating the disadvantages faced by asylum seekers, refugees, people with refugee-like status and stateless persons. The social approach includes intensive 'soft' support such as mentoring, psychosocial, psychological, educational and legal counselling. These services are provided to the participants on their higher education journey from entry to their transition to the labour market, complemented by housing support, i.e. the provision of accommodation. The *Transition* bridge programme, with municipal support, recruits participants from outside the European Union, from refugee camps and conflict zones, including Lebanon, with its scholarship programme. 15 people are recruited each year, with a particular focus on women and members of the LGBTQ+ community. The catch-up course includes an intensive language course, training on human rights and labour market training.

²⁸⁸ www.fondation.univ-grenoble-alpes.fr/menu-principal/nos-projets/experimentation-pedagogique/du-passerelle-solidarite/du-passerelle-solidarite-102185.kjsp.

²⁸⁹ Erdoğan–Erdoğan 2018.

Catch-up courses, which provide a bridge to help students integrate into the host country's education system after admission, are often the same as programmes and courses already developed for foreign students or build on the experience gained with foreign students but are adjusted to the specific needs of refugees. Most of the tools to support retention in higher education are based on social needs and build on the resources generally available at the university.

Talent management programmes often provide scholarships through external organisations,²⁹⁰ or through a university's flagship programme, to keep refugees in higher education. An example is the *Integra (Integration von Flüchtlingen ins Fachstudium)*²⁹¹ programme of the German *Deutscher Akademischer Austauschdienst* (DAAD) organisation in Germany. The programme is in partnership with several universities, providing funding for the admission of refugee students who qualified in the admission process. The programme provides introductory and preparatory courses (German, English, orientation, etc.). Universities are now integrating students into other training programmes, such as the dual education programme with SAP in Mannheim, in which the company partly covered the training costs.

Regarding the support schemes for refugees in higher education we can distinguish between centralised or decentralised systems, and systems implemented either at national or at institutional level. An example of the former scheme is Germany, where all instruments promoting higher education for refugees are managed by the DAAD (with regional variations in the integration programmes). Italy has a quota system of 100 students. Places are allocated centrally to refugees wishing to study in higher education. An example of a decentralised system is France, where individual universities can apply for a total of 150 refugee integration projects per year, complemented by scholarships and social support. In Malta, state-funded organisations provide support to refugees. In the United Kingdom, only Wales has targeted, regionally organised assistance, based at Cardiff University. However, within the decentralised system, there is an exchange of experience and cooperation. The Universities UK is a voluntary membership-based inter-university body. A Guideline for Universities, published by Universities UK in 2021, outlines tools and possible programmes for the integration of refugees into higher education.²⁹² This Guideline covers both forms of support at university level and support

²⁹⁰ In Malta, for example, NGOs are working on this.

²⁹¹ www.2.daad.de/der-daad/daad-aktuell/en/43927-funding-programme-integrating-refugees-in-degree-programmes-integra

²⁹² *Higher Education and Displaced People. A Guide for UK Universities*, London, Universities UK International, 2021.

provided across borders, i.e. in the country of asylum or in the home country (see the DAFI programme discussed above, or the HOPES-LEB project).

The most commonly used integration tool is language teaching (followed by local knowledge and intercultural competence development), which is available to those who wish to study in higher education, and often serves as a basis for scholarship schemes. Another important tool is the granting of exemptions (used in six countries), where applicants take a simplified admission exam or have their previous studies recognised or are exempted from the admission process altogether. Recognition of prior higher education studies is a good solution, especially if supported by courses and bridging programmes to help with the transition and reintegration into studies. In Turkey, Syrian refugees who were forced to interrupt their studies benefit from a simplified and accelerated admission procedure. Moreover, the tuition fees of Syrian students are covered by public funds.²⁹³

4. Access of beneficiaries of international protection to higher education in Hungarian

From a policy perspective, an important question is to what extent targeted support provided to beneficiaries of international protection for higher education is a priority. Particularly in the context of the fact that in connection with public education almost exclusively the lack of targeted programmes, challenges and areas for improvement were emphasised (see the analysis of Katalin Bognár and Kata Hetzer in this volume), and also, the data of the Higher Education Information System show that the number of beneficiaries of international protection under the age of 25 participating in higher education has been constantly below 20 in the past three years.

Table 2.
Number of students under 25 in education by status

YEAR	REFUGEE	BENEFICIARY OF SUBSIDIARY PROTECTION
2019	16	3
2020	13	3
2021	10	1

Source: based on FIR data (2021)

²⁹³ Erdoğan–Erdoğan 2018.

Although programmes to support higher education do not necessarily help to reduce social inequalities – as they only allow a limited group of people, who are often in a better situation, to pursue their education – they do have a very important long-term impact in terms of inclusion, as discussed in detail in section 2.

The number of a group of students facing similar integration challenges in Hungary, namely, foreign students increased from 15,035 in 2009/2010 to 36,090 in 2019/2020. Their share of all students in Hungarian higher education was 6.2% in 2009/2010, rising to 17.7% in 2019/2020.²⁹⁴ This increase is mainly due to the continuous expansion of targeted programmes (e.g. the Stipendium Hungaricum programme)²⁹⁵ but the change in the proportions of foreign students compared to Hungarian students can also be attributed to demographic and structural reasons.²⁹⁶ In addition, while the proportion of students from neighbouring countries is steadily decreasing (from 51% in 2007 to 21% in 2017), the number of third-country nationals is gradually increasing. 58% of international students came from outside Europe in 2019/2020.²⁹⁷ This means that, as higher education systems are becoming increasingly international, institutions need to have a strategy for integrating students from different education systems, which could provide a basis for integrating refugee students, who are much smaller in number but face similar challenges.

4.1. Legal background

According to Article 39 (1) (b) of Act CCIV of 2011 on Higher Education, beneficiaries of international protection – refugees, beneficiaries of subsidiary protection and persons with tolerated status – enjoy the same rights in Hungary as those of Hungarian citizens in terms of access to education: they may enter higher education under the same conditions and are entitled to state-subsidised and fee-based education. However, there are shortcomings in the enforcement of their rights and, in general, their opportunities are much more limited.

²⁹⁴ www.oktatas.hu/felsooktatas/kozerdeku_adatok/felsooktatasi_adatok_kozzetetele/felsooktatasi_statistikak

²⁹⁵ The educational policy objective of the state-funded programme is to promote the internationalisation of Hungarian higher education and to strengthen the cultural diversity of higher education institutions, thereby supporting the development of the quality of higher education in Hungary. The programme started in 2013 with 68 students, and in September 2019, 9140 SH scholarship holders started their studies. This academic year, 521 programmes from 28 institutions in 66 countries were open to students. The institutional concentration within the programme (i.e. the predominant presence of classical universities in particular), which has been a feature of previous academic years, remained unchanged in 2019. The most prominent institutions in terms of the number of courses announced and the number of students admitted are DE, BME, BCE, BGE, ELTE, ME, PTE, SZIE, SZTE.

²⁹⁶ The reasons are: a significant decrease in the number of state-funded places, the transformation of secondary education, and thus the overall decrease in the absolute number of Hungarian students in Hungarian higher education.

²⁹⁷ www.oktatas.hu/felsooktatas/kozerdeku_adatok/felsooktatasi_adatok_kozzetetele/felsooktatasi_statistikak

The current legal system supports equal opportunities to a limited extent:

- With regard to the admission process, an important legislative possibility is that in cases where the beneficiary of international protection does not have certified documents attesting to his/her education, further education may be an objective on the basis of which the head of the educational institution (pursuant to Article 4(2) of Act C of 2001) may recognise the secondary school leaving certificate.²⁹⁸ Thus, the legal possibility to enter higher education exists even without secondary school leaving certificates. However, there is no protocol on the manner and conditions of admission in the case of an equity procedure. It is up to the head of the institution to decide whether or not to give the applicant this opportunity.
- The Hungarian Equivalence and Information Centre (MEIK) within the Education Office is responsible for the naturalisation of qualifications obtained abroad. If a person has completed part-time studies abroad (not a degree), it is up to the host higher education institution to decide whether to give credit for this. Likewise, if a person wishes to use a diploma obtained abroad for further studies in Hungary, the recognition procedure is the responsibility of the educational institution where he or she wishes to continue his or her studies.²⁹⁹

A beneficiary of international protection is granted asylum on the basis that he or she is at risk of persecution in his or her own country. Therefore, if he/she establishes any formal contact with the country of origin, the fact of persecution is called into question and therefore risks loss of status. A fundamental problem for a refugee applying for higher education is therefore the lack of formal contact with his/her home country, which creates serious obstacles in dealing with administrative matters. This calls for special procedures and a high degree of flexibility on the part of the host institution. In many cases, neither the applicants nor the institutions are aware of the possibilities offered by the legal system. Within the possibilities offered by the legal framework, there are no protocols for many procedures, despite the Lisbon Convention ratified by Hungary.³⁰⁰

²⁹⁸ www.oktatas.hu/kepesitesek_elismertese/kulfoldon_szerzett_oklevelek/felsofoku_oklevel

²⁹⁹ www.oktatas.hu/kepesitesek_elismertese/kulfoldon_szerzett_oklevelek/felsofoku_oklevel
www.felvi.hu/for_foreigners/useful_cues/in_hungary_with_foreign_certificate

³⁰⁰ Act XCIX of 2001 on the proclamation of the Convention on the Recognition of Qualifications concerning Higher Education in the European Region, signed in Lisbon on 11 April 1997 ([Recognition of Qualifications of Refugees, Recipients of Reception and Asylum, Chapter VII, Article VII](#))

4.2. Integration into the Hungarian system as a non-Hungarian native speaker

Beneficiaries of international protection in Hungary can apply for higher education courses under the same conditions as Hungarian citizens, provided they have the relevant secondary school leaving certificate:

- Secondary education in the Hungarian public education system and secondary school leaving exam.
- Papers certifying the completion of secondary education in another country (documents must prove the completion of a minimum of 12 grades and a secondary school leaving examination in four subjects.)³⁰¹ The higher education institution indicated in the admission letter decides on the recognition of foreign documents.
- In the absence of evidence of qualifications, students must apply directly to the higher education institution of their choice and the decision on admission is at the discretion of the institution.

For Hungarian-language courses, applicants must apply through the central admission system and are subject to the uniform scoring system. For English-language courses, however, it is up to higher education institutions to establish their own admission procedures.

According to the experiences of our interviewees, language competences are the largest barrier to studying for beneficiaries of international protection. The central admission system and the Education Office's Hungarian-only website make it difficult to navigate the admission system. For those who do not feel confident enough in their Hungarian language skills to pursue higher education in that language, the fact that state-funded courses in English account for just 4% of all state-funded courses, and the resultant high competition for admission, creates a bottleneck.

4.3. Unavailable support within higher education

During their university studies, admitted refugee students are legally entitled to the same benefits as Hungarian students. However, they often face difficulties in exercising their rights. Students granted international protection are entitled not only to state

³⁰¹ www.oktatas.hu/kepesitesek_elismertese/kulfoldon_szerzett_oklevelek/kozepiskolai_bizonyitvany

funding for their tuition fees but also to scholarships. There have been cases where the institution refused to provide any scholarship to a refugee student on state funding tuition fee programme, claiming that it was not available to foreigners. The eligibility was only acknowledged when the Menedék Association for Migrants intervened on behalf of the foreign student.

Claiming student social benefits for beneficiaries of international protection is a major challenge. Proof of need often requires documents that are impossible for a refugee to obtain as they cannot contact the authorities in their country of origin. As beneficiaries of international protection are treated the same way as Hungarian students, they receive all information and have to deal with all administrative matters in Hungarian, even if they study in English.

Refugees and beneficiaries of subsidiary protection are excluded from public scholarship programmes for foreign students, which provide a wide range of support not only for living expenses but also for intercultural and language difficulties. This is due to two reasons: most international scholarships are based on bilateral agreements, whereby the student has to apply in his or her own country, which is not an option for beneficiaries of international protection. Some scholarships are based on international, but not transnational agreements, and their rules of operation disqualify refugees and beneficiaries of subsidiary protection living in Hungary.³⁰²

The number of state-funded places in Hungarian higher education decreased by almost 30% between the 2009/2010 academic year and the 2019/2020 academic year,³⁰³ while the number of scholarships for foreign students is growing. Beneficiaries of international protection have to cope with an ever-shrinking higher education space, while being squeezed out of integration grants for non-Hungarian students in higher education.

In the following table, the model of support schemes outlined above is described in more detail, based on the typical forms of support available in the various schemes, during the preparation for tertiary education in the admission system and during tertiary education (the types of support available in the Hungarian system are also indicated in each category of the typology).

³⁰² www.tka.hu/docs/palyazatok/20200201_okf_hu-honlapra.pdf

³⁰³ www.oktatas.hu/felsooktatas/kozerdeku_adatok/felsooktatasi_adatok_kozzetetele/felsooktatasi_statisztikak

Table 3.
Support schemes – typology

	Quota-based affirmative <i>Providing exemptions or relaxed requirements during the recruitment process for the target group.</i>	Social transfer-based <i>Providing support to improve the situation of refugees within the system designed for host country nationals.</i>	Support for talent management <i>Providing targeted support tailored to the group through facilitative preparation courses and retention programmes.</i>
PREPARATION		No tailored training for groups. There are no state-funded language courses for refugees in the Hungarian system.	Public scholarship programmes: Language preparation year for foreign students on scholarships. Preparing Hungarians living beyond the borders for the matriculation examination.
ADMISSION	Providing exemptions when the applicant applies for admission with no requirements or relaxed requirements.	The admission is carried out through a central admission system with uniform criteria In the Hungarian system, it is easier for foreigners to take Hungarian as a foreign language at school, provided certain conditions are met.	In the Hungarian higher education system, universities assess the skills and knowledge required for future university studies according to their own procedures during the admission process for higher education courses in English.
RETENTION	Student benefits (administrative obstacles): - Study scholarship - Use of university infrastructure - Social support	Forms of support tailored to the needs of the group in the form of state scholarships for foreigners: - Social - Mental health - Study - Community	

Source: own editing by the authors

Based on the above typology of support schemes, the Hungarian higher education system provides social transfer-based assistance to beneficiaries of international protection in Hungary. In a centralised form, the state does not provide group-specific support through a programme to prepare for or remain in higher education. Since July 2018, the Hungarian state has not provided free language courses for beneficiaries of international protection outside the public education system. There are no targeted programmes to address the challenges and disadvantages of the specific situation of beneficiaries of international protection in higher education and, in the longer term, in economic and social integration. Furthermore, asylum seekers who have been forced to interrupt their studies are a specific group. In their case, preparatory, language and other competence courses would facilitate the continuation of their studies in the host country.

At institutional level, only the Central European University has set up a talent programme specifically for beneficiaries of international protection.³⁰⁴ The programme was launched in 2016 for the integration of refugees into higher education, jointly organised by CEU and MigSzol (*Migrant Solidarity Group for Hungary*), funded by an Erasmus+ programme. A basic criterion for participating in the programme was to be an asylum seeker or a beneficiary of international protection in an EU country.³⁰⁵ The OLIVE-UP programme was a full-time course, similar to the *Roma Graduate Preparation Programme* at CEU, which helped to prepare for university admission exam. Students accepted into the programme were offered on-campus courses, individual tutoring in English and in subjects of their choice. The lectures at CEU were also open to participants of the programme (no grade was given for the classes). As the programme was a full-time course, participants received a scholarship and dormitory accommodation. The programme also provided group supervision of students and teachers, separately. Unfortunately, as of 2022, this programme has moved to the university's campus in Vienna, and currently, only a weekend skills development programme is available in Budapest.³⁰⁶

At the same time, there is a growing number of centralised talent support programmes for foreign students in Hungary, and their experience could be useful for this analysis.

304 www.olive.ceu.edu/about-1

305 Although most of the participants in the programme were granted refugee status by the Hungarian State, there were also participants from other EEA countries (Germany, Norway, Serbia).

306 www.olive.ceu.edu/about-1; www.openeducation.group/apply/?fbclid=IwAR3FsDPVIZjY_P_Yg0xnsRwqdRABckaLuqVsOawAryOvyk8cWaPU65IsUC8

An example of preparation for studying in Hungarian is the Hungarian higher education preparatory course of the Liszt Institute (formerly: the Balassi Institute), integrated into the Ministry of Foreign Affairs and Trade, for Hungarian minorities from abroad who wish to study in Hungary. The aim of the scholarship is to prepare students for the advanced level secondary school leaving exam in various subjects.³⁰⁷ The admission exam preparation scholarship also includes free tuition in some subjects and Hungarian language training, free textbooks and free dormitory accommodation.

These two examples show that programmes have been developed which, in addition to language preparation (English in one case and Hungarian in the other), also provide tuition in subjects.

Good practices for a systemic, group-based form of support for beneficiaries of international protection include the Stipendium Hungaricum,³⁰⁸ and the state scholarship programme for young Christians, which support the studies of third-country students in their home country.³⁰⁹ The two schemes are structured in similar ways in terms of the scope of support. In addition to language courses, both programmes support students' institutional integration in several ways. For foreign scholarship holders, tuition fees are covered, and accommodation and study grants are provided. The Stipendium Hungaricum programme organises an *Integration Camp*, with the main focus on community building, establishing trust, sensitisation and gaining experience. In both programmes, scholarship holders are supported by mentors who advise them on academic and educational matters, help them find their way around student life, manage their on- and off-campus administrative affairs, find accommodation and they also organise programmes for foreigners.³¹⁰ The number of participants in these two programmes is regulated by the state through quotas.

As described above, there are higher education programmes in Hungary which could be used to support the access to higher education and training of beneficiaries of international protection in Hungary. Building on these models, it should be possible

307 HERA: [The social dimension of higher education. Research on access and participation of disadvantaged groups in higher education](#), Budapest, Tempus Public Foundation, 2016, 81.

308 www.studyinhungary.hu/study-in-hungary/menu/stipendium-hungaricum-scholarship-programme

309 The latter aims "to provide opportunities for higher education in Hungary for Christian young people in crisis regions of the world who are subject to religious persecution, threats or restrictions on the free exercise of religion in their home countries, to contribute to the social esteem of professionals returning to their countries of origin." [The fellowship participants are thus defined as those who have suffered persecution](#), but there is no aim to protect them in Hungary, and those already protected are excluded from participation

310 www.tka.hu/kiadvany/8345/mentorprogram-nemzetkozi-hallgatok-tamogatasara

to offer them scholarships with similar support. This is supported by the Action Plan of the Medium-Term Policy Strategy for a *Change of Degree in Higher Education* for the period 2016-2020, published by the Ministry of Human Capacities,³¹¹ which states that "The declining base in higher education due to negative demographic trends can be compensated by attracting more foreign students to Hungary." In this action plan, beneficiaries of international protection in Hungary are currently not included as a target group, although from the point of view of the national economy, the development of human resources for this group is in line with the objectives of the strategy and, also, the integration of refugees living in Hungary could be supported in many ways.

5. Summary

Young people in refugee situations face multiple challenges in the host country. As a result of forced migration, cultural and linguistic differences, as well as social difficulties and post-traumatic stress resulting from vulnerable living conditions and experiences make integration extremely difficult. Access to education is an essential condition for socio-economic integration. Access to higher education, as a personal goal, is a motivating factor in overcoming challenges, adapting to new circumstances and processing past trauma.³¹² However, studies also confirm that ensuring access to higher education is not sufficient to overcome the disadvantages faced by people in refugee situations; appropriate information provision, targeted programmes and support schemes are also necessary.

To analyse the Hungarian higher education system and develop targeted programmes, detailed and accessible statistics would be required on the proportion of beneficiaries of international protection among those admitted to higher education. Reliable data on the input side, namely, refugees and beneficiaries of subsidiary protection entering the public education system, could facilitate the comparison with the results of follow-up studies on the output side.

There is a need to develop a centralised procedure to address the absence of documents proving prior qualifications to ensure that fair treatment is not at the discretion

311 www.015-2019.kormany.hu/download/b/fa/11000/EMM1%20fokozatv%C3%A1lt%C3%A1s%20fels%C5%91oktat%C3%A1s%20cselekv%C3%A9si%20terv%20Sajt%C3%B3%20%C3%A9s%20Kommunik%C3%A1ci%C3%B3s%20F%C5%91oszt%C3%A1ly%2020170627.pdf_9

312 Watenpaugh et al. 2014; Streitwieser et al. 2017.

of the staff of higher educational institutions and thus subject to subjective judgment. The QPR (*Qualification Passport for Refugees*)³¹³ system developed by the Norwegian Quality Assurance for Education (NOKUT) could be a good practice to follow in Hungary. The QPR methodology is based on a combination of document analysis and structured interviews conducted by trained, experienced evaluators. The aim of the assessment is to map, summarise and present available information on the refugee's level of qualification.

In order to provide adequate information, it is of paramount importance that the websites of higher education institutions contain up-to-date information on the rights of beneficiaries of international protection to access tertiary education, available in at least two languages (English and Hungarian). This strengthens and promotes awareness of institutions, potential students and advocacy organisations of the rights. At the same time, it would be appropriate to also provide information face-to-face on support programmes and opportunities for the target group, which should ideally be provided by the institution running the programme.

Targeted programmes for refugees are needed to overcome the multiple challenges of living as refugees. To ensure success in their studies, psychosocial support and the following elements should be available as part of the programmes:

- Intercultural competence development. This serves as a basis for programmes that focus on the integration of refugees. The intercultural competence development programme should include administrators, teachers and foreign students. It is a common problem that neither the administration staff of higher education institutions nor lecturers have adequate skills in this area.
- Mental health support. The risk of traumatisation is a particular concern for beneficiaries of international protection due to their background. Post-traumatic stress disorder (PTSD) can develop after experiencing trauma, which can have a negative impact on integration into a community and on learning outcomes. A support system designed for this group of students should therefore include mental health support and, where necessary, psychological support.
- Student volunteer programmes. Preparation and delivery of information materials, counselling, interpretation, mentoring, complemented by a targeted legal

clinic: assistance on legal issues, advice, referrals to relevant organisations. Voluntary student mentoring schemes currently exist for Erasmus+ scholarship holders and other foreigners. Where mentoring schemes for refugees do not differ greatly, it makes sense to coordinate them.

Access to and retention in higher education may be different objectives in the design of each programme. While the former is aimed at facilitating admission, providing additional courses and enhancing both general and personalised information provision, the latter typically focuses on providing scholarships, legal assistance, mentoring and additional courses and personal counselling. The recommendations are summarised in the table below (Table 4).

Table 4.
Measures to promote access to and retention in higher education

	MEASURES TO SUPPORT ACCESS TO HIGHER EDUCATION	MEASURES TO SUPPORT RETENTION IN HIGHER EDUCATION
Measures to fill gaps in the supporting documents for qualifications	Uniform Rules of Procedure Obtaining information from the country of origin about the education and examination system there Competence Examination System	Competence Examination System Additional courses
Targeted programmes for refugees wishing to study	Measures to support the transition from secondary school to higher education Information provision (information days, targeted events, online information)	For students who have already started higher education studies
Mental health support	For potential students	For admitted students
Student volunteer programmes	For potential students (e.g. coaching)	For admitted students (e.g. mentoring, catching up)
Legal clinic		For students studying at the institution

Source: own editing by the authors

³¹³ www.nokut.no/om-nokut/internasjonalt-samarbeid/qualifications-passport-for-refugees

HOUSING



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THE HOUSING SITUATION OF BENEFICIARIES OF INTERNATIONAL PROTECTION IN HUNGARY

1. Introduction

Housing is an area of particular importance in the integration process of beneficiaries of international protection (hereafter: refugees)³¹⁴, often linked to employment and language skills. For refugees, the lack of local knowledge, the limited information resources available due to language barriers, difficulties in finding employment, and prejudice and discrimination against foreigners make it particularly difficult to secure independent housing. Their vulnerability is exacerbated by the fact that refugees, who are usually of working age, often cannot find a job that matches their qualifications, which puts them in a worse labour market position than their qualifications would allow and narrows their sources of income.

The set of indicators on housing produced by the NIEM project shows that there are basically no targeted public housing solutions or policies for refugees and beneficiaries of international protection. Most of the housing programmes and support included in the indicators were available in Hungary only on an ad hoc or project basis, implemented by NGOs or church organisations, rather than as part of a public housing policy programme. This situation assessment reflects the fact that in Hungary, in general, there are very few public housing policy programmes/subsidies for people in housing need. Therefore, refugees must cope with the same benefits system of scarce resources and capacities as Hungarian citizens in similarly vulnerable situations. An important constraint in this area is that the social rental housing sector in Hungary is very small (at the end of 2019, only 2.6% of the total housing stock was owned by municipalities)³¹⁵. The majority of existing social rental housing is owned by local governments, which tend to restrict housing application and allocation systems to long-time residents. In addition, recent developments in the Hungarian housing market have made it more difficult for all economically disadvantaged social groups to secure housing. Between early 2016 and 2020 housing prices saw the steepest increase in Hungary among the EU member states³¹⁶. And in the Budapest sublet market, rents have risen by 130% since 2011, almost two and a half times the original.³¹⁷

³¹⁴ The broader category of beneficiaries of international protection includes refugees and persons enjoying protected status. Hereinafter, for the sake of simplicity, beneficiaries of international protection will be referred to collectively as "refugees".

³¹⁵ KSH 2020: www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_lak0001.html

³¹⁶ Eurostat 2020: www.ec.europa.eu/eurostat/databrowser/view/tipsho40/default/bar?lang=en

³¹⁷ Habitat 2020, [Black Housing](#)

In this context, this chapter seeks to investigate the circumstances affecting refugees in particular. On the one hand, it describes the various policy measures that have affected the housing of refugees recognised in Hungary over the past decade, as well as housing programs that have specifically targeted or at least openly-supported refugees in some form. On the other hand, the analysis also aims to present these activities in a context that also takes into account the wider economic situation and the structural features of the housing market in particular.

In this chapter, we first briefly review Hungarian and international housing policy trends, as well as some European examples of housing policies affecting refugees. The analysis starts from 2008, which was a turning point in both economic and political opportunities due to the financial crisis as well as a somewhat-altered refugee policy in terms of housing. However, much of this study focuses on the recent past. The primary reason for this is the intensification of anti-immigration policies in Hungary following the 2015 European refugee crisis, which radically changed the role of the state in integration processes and dismantled the support system that had been in place until then. This has not been affected by government measures taken from 2020 onwards in the context of the coronavirus.

The second section of this chapter examines this recent, rapidly changing policy environment and how it affects the opportunities of various actors. It explores how the form of public involvement has changed in recent years in terms of financial support and the administrative capacity available; when formal cooperation has been effective and when informal links between public administration and social actors have been essential to make action feasible.

The third section looks at two structural factors of housing opportunities for refugees. On the one hand, the context of the housing market and, on the other hand, the situation of refugees in the labour market and structural changes in their employment are addressed. The two structural factors also show what support can be effective in improving the housing situation of refugees in a given period.

The fourth section details the housing programmes that have been implemented in recent years to support refugees, taking into account both public policy changes and structural factors. The programmes are grouped according to the type of support and the type of organisation providing that given support.

The fifth and final section deals with the policy steps that various key actors can take directly to improve the housing situation of refugees in Hungary in the future.

From a methodological point of view, the analysis was based on a secondary analysis of relevant legal and policy sources, as well as on interviews with experts. A summary table of the latter is attached (see Appendix).

2. Housing policy outlook

From a housing perspective, three turning points that took place in the past decade are worth highlighting: the economic crisis of 2008, the housing market turning point of 2015 and the coronavirus pandemic and its economic impact in 2020. These have all had an impact specifically on the housing situation of refugees.

The impact of the 2008 crisis on the housing market is widely known: the crisis started in the housing market itself, and one of its causes was the excessive mortgage market.³¹⁸ In the aftermath of the crisis, many households became insolvent and trapped in debt and the housing crisis became increasingly visible to the public and policymakers. In the decade or more since then, housing has been much more prominent on the agenda than before. The 2008 crisis has also brought about market shifts that have made it increasingly difficult to buy property. This affects younger households in particular, which is why, for example, the term "generation rent"³¹⁹ (or tenant generation) has become widespread in English-speaking countries³²⁰.

2015 is a less spectacular but important turning point for understanding the current situation. The housing market in many European countries (notwithstanding the European Central Bank's call for banks to clean out their portfolios of previous non-performing loans) has seen a new wave of mortgages, which has also seen house prices rise. In Hungary, this trend was reinforced by the introduction of new, and for certain social groups very generous, subsidies to help people to own property (Housing Subsidy for Families scheme (CSOK) and related subsidies) at around the same time.³²¹ 2015 was

318 Zsuzsanna Pósfai (2019): [The financialisation of housing and its consequences for households](#), Demnet Foundation, *Citizens for Financial Justice* project.

319 www.generationrent.org

320 Anna Balogi, Lea Kőszeghy (2019). [Habitat for Humanity Hungary. Annual report on housing poverty](#).

321 Zsuzsanna Pósfai (2020): [Polarisation in the Hungarian housing market – housing finance in a contingent economy](#). *Periphery Studies* 4.

also an important year for Europe and Hungary from the refugees' perspective, with the largest number of new arrivals in Europe until 2021. The period referred to as the "refugee crisis" unfolded as a result of the unresolved situation of people arriving in Hungary from the Middle East by land as well as the government's reaction. This has fundamentally shaped the housing programmes for refugees in Hungary – discussed in more detail below – which have thus had to be implemented in the context of steeply rising house prices.

2020 and the coronavirus pandemic brought the latest turning point in European housing markets, with less pressure from tourism on housing markets in major European cities and the possibility of tighter regulation of short-term rentals. On the other hand, the 'stay-at-home' call – initially the only generalised pandemic management strategy in place – led to a strong increase in public discourse on the importance of access to safe housing. What had previously only been talked about by housing activists and housing policy experts has suddenly become clear to everyone: housing is the first line of defence, the starting point. In the healthcare, social and economic crisis that has unfolded in the wake of the coronavirus, decision-makers have been more courageous in using what were previously considered unorthodox tools. For example, eviction moratoria were introduced, and hotels were converted into longer-term accommodation³²². Non-profit housing providers (e.g. housing associations), typical of Western Europe, have also often taken care to ensure that their tenants do not lose their housing because of the pandemic.³²³ However, after the initial period, when it became clear that the pandemic would be protracted, these very progressive measures were largely removed.³²⁴ The coronavirus outbreak has not altered the unbroken rise in house prices since 2015³²⁵ – and has even accelerated it in some popular locations (such as green belt areas). Overall, the coronavirus pandemic has highlighted the need for social, affordable housing and the high unmet housing need.³²⁶

If we focus specifically on housing policy interventions for refugees³²⁷, we can see that the concrete form in which they are implemented depends to a large extent on the housing institutions that already exist in the country. Refugee housing interventions

can be linked to existing institutional frameworks – even if targeted programmes are introduced for the target group. For example, if there is the provision that refugees have access to social rental housing under the same conditions as the country's nationals. However, these conditions and opportunities are very different: while in Germany, for example, there is a very extensive social rental housing system, in which refugees can be integrated through various special programmes, in Hungary and other Eastern European countries this sector is almost non-existent and, just as it cannot provide a solution for local citizens with housing problems, it cannot provide a solution for refugees either.

A good example of linking with existing housing institutions is the *Globaler Hof*³²⁸ project in Vienna, a mixed-use project of a large housing association, where the majority of tenants are from refugee backgrounds. Also in the Netherlands, local housing associations are launching schemes to provide housing for refugees or give them priority.

Where there are no large housing maintainer organisations, the most obvious solution is to act as an intermediary between market owners and refugees to provide housing for refugees (we have seen some examples of this in Hungary, which will be discussed in greater detail later in this chapter), such as the *Welcome Home* programme in Warsaw³²⁹, or the social housing agencies in Belgium³³⁰, whose clientele includes refugees.

As refugees face complex difficulties beyond housing, it is justified to launch housing programmes and interventions designed for them. Examples of this are housing schemes where tenants from refugee and non-refugee backgrounds live together (e.g. CURANT, Antwerp³³¹; REFUGIO, Berlin³³²), which provide intensive support for integration. In some places where crises have arisen in a given period (e.g. Greece), a number of grassroots initiatives have also helped the housing of refugees. One such example was the City Plaza Hotel in Athens, where housing activists occupied a vacant hotel to provide housing for refugees.³³³

It is also important to develop pathways from special housing programmes to longer-term affordable housing so that people do not find themselves in difficult housing sit-

322 www.london.gov.uk/what-we-do/housing-and-land/homelessness/covid-19-response-people-sleeping-rough

323 [The State of Housing in Europe 2021](#), Housing Europe.

324 www.nlihc.org/coronavirus-and-housing-homelessness/national-eviction-moratorium

325 www.ec.europa.eu/eurostat/cache/digpub/housing/bloc-4a.html?lang=en

326 [The State of Housing in Europe 2021](#), Housing Europe. www.stateofhousing.eu

327 The term "refugee" is still used here to refer to all persons under international protection.

328 www.sozialbau.at/fileadmin/pdf/aktuelle-meldungen/SozialbauStudyGlobalEstate2016.pdf

329 www.ec.europa.eu/migrant-integration/integration-practice/welcome-home-housing-support-refugee-families-poland_en

330 www.center4affordablehousing.org/wp-content/uploads/2019/01/Bridging-the-Gap-Between-Social-and-Market-Rented-Housing-in-Six-European-Countries.pdf, p. 86.

331 www.uia-initiative.eu/en/uia-cities/antwerp

332 www.refugio.berlin/ueber-about/ueber-uns

333 www.best-hotel-in-europe.eu

uations again after the programmes have ended. A good practice is to implement the housing programme in partnership with the local municipality and to allow people from refugee backgrounds to become municipal tenants after the programme, as citizens do.

Analysis by the United Nations High Commissioner for Refugees (UNHCR) of refugee housing programmes³³⁴ makes some general observations about the European experience. One important finding is the importance of coordinating policies at different scales – national and local. While the concrete implementation of programmes, the provision of housing or the organisational management of housing often depends on local authorities, the analysis highlights the importance of a national policy framework and funding. Furthermore, it highlights two important approaches to refugee housing that are typical of general housing policy: increasing the stock of affordable or accessible housing as opposed to providing subsidies to individuals. The former, where subsidies are used to increase affordable housing, can have a longer-term, more lasting impact, but is more difficult to achieve in the absence of a functioning institutional system. As will be seen in the following subsections, the vast majority of refugee housing programmes implemented in Hungary have fallen into the latter category and have provided assistance to persons. In addition, as the UN report above points out, it is important to maintain other elements of programmes that support integration (e.g. social work, job search, language learning, etc.).³³⁵ In particular, the analysis highlights the fact that housing policies and the housing sector in Central and Eastern Europe have been slower and less responsive to the housing needs of refugees.

3. Policy changes in the housing of refugees in Hungary and key social actors

When looking at the history of refugee housing policies in Hungary and the framework of institutional assistance from the perspective of guaranteeing housing security, a fundamental problem can be identified. In 2013, to make the related EU funds available, the central government prepared a strategic document (*Government Decree 1698/2013. (X. 4.) on the Migration Strategy and based on this, the seven-year strategy for the Asylum and Migration Fund to be set up by the European Union in the 2014–2020 financial period*, detail see below), which seeks to address in a complex manner,

³³⁴ UNHCR (2020): [Good Practices for Migrant and Refugee Housing in Europe](#).

³³⁵ UNHCR (2020): [Good Practices for Migrant and Refugee Housing in Europe](#).

international migration issues, including housing. Despite this fact, the framework of the connected laws and financial support is changing continuously, almost every year or two, since the plan was drawn up. And this makes it almost impossible for decision-makers and social service providers working in this field to develop a stable team with specific knowledge who can routinely help through familiarity with the current regulations, and with guaranteed resources.

In recent years, there has been a tremendous change in the role played by state or civil actors in assisting refugee housing in specific periods (see below). Based on interviews with relevant social actors, this section describes policy measures aimed at supporting housing for refugees and how the responsibilities and opportunities of those who play a key role in providing assistance have changed.

Government Decree 301/2007 (XI.9), uniformly enforced with Act LXXX of 2007 on Asylum, provided refugees and beneficiaries of international protection with a one-off settlement allowance, regular housing allowance to facilitate integration and housing-purpose support (see originally *Chapter V, § 37 of Act LXXX of 2007*³³⁶). From 2008, through amendment of *Government Decree 12/2001 (I.31.)*, it became possible for third-country nationals with a valid immigration or settlement permit to receive state housing support in Hungary, in the same form and manner as Hungarian citizens, without a separate ministerial permit. Although the amount of various subsidies for integration was relatively low compared to the actual cost of living, after 2008, this system of *subsistence support* (meaning housing, schooling, health care, etc.) meant stability in any case. If the applicant agreed to attend a 520-hour, free-of-charge Hungarian language course (which the regional refugee office was obliged to provide for the affected persons) the regularly allocated support was available monthly for two years. The 6 months that a person granted refugee status could spend in a refugee camp (with the option of an additional 6 months in case of need) was also fair in terms of the time needed to arrange independent housing. The one-time per person support of 171 000 HUF was enough to pay the deposit a private rental accommodation usually required.

Later, in 2014, the integrated support structure was introduced, one element of which was a tailor-made *integration contract* guaranteed by the central government, which sought to improve this smaller-budget and fragmented system. By signing this, those with recognised refugee status were able to apply for monthly integration support from

³³⁶ www.helsinki.hu/wp-content/uploads/Met_Vhr_egyseges_szerkezetben.pdf

the central budget: initially for 6 months in a net amount of HUF 90,000 (for families up to a maximum of HUF 215,000), and then on a declining basis every six months for a maximum of two years. This support could even be rescheduled and partially claimed in advance to cover the initial higher expenses, such as the deposit for renting a flat. However, if the recipient received any income or extra allowance in the meantime, the amount of the allowance had to be reduced to the extent that it would supplement the individual's total monthly income up to the amount of the support due in that period.

Another element of the integrated structure was the parallel EU funding scheme, the details of which were set out in the *Migration Strategy adopted by Government Decision 1698/2013 (4.X.) and the seven-year strategic plan*³³⁷, based on it, for the European Union's Migration and Integration Fund for Asylum (hereinafter AMIF) for the period 2014-2020. Within this framework, 8.75% of the available AMIF resources, i.e. a budget of 972.5 million HUF according to the preliminary plans, was made available to finance programs aimed at improving the housing situation of refugees.

With the new public funds from the central budget and EU funding available through the AMIF multi-annual programme, several social actors have been able to directly improve the housing security of refugees or take responsibility for this task. On the one hand, it was the task of local family support workers to guarantee that the social benefits provided under the integration contract reach those who actually need them, in an appropriate manner. On the other hand, NGOs could apply for funds to develop and implement housing plans for refugees and improve the capacities of the existing social infrastructures.

In practice, however, the number of family support workers who were required to monitor the refugees' commitments in the integration contract every week and to provide mandatory support and report to the then Office of Immigration and Nationality (BÁH) monthly, was limited. Partly because the central government did not provide state-financed training in advance to prepare for the new regulatory and practical situation and thus, in the absence of the specific knowledge and skills mentioned above, it was more difficult to effectively assist in the processes stipulated in the contract. Some family support workers were able to bridge this gap with the help of social workers who were more experienced in asylum matters. The more proactive actors turned for help to the NGOs that had more previous experience in refugee matters [interview 10,

³³⁷ See www.belugyialapok.hu/alapok/sites/default/files/MMIA_.pdf

interview 12]. The territorial concentration of local cooperation dealing with integration contracts was mainly determined by the fact that refugee customers, in the absence of local knowledge, mainly sought the assistance of family support workers close to transport hubs on their way from refugee camps to Budapest (e.g. Keleti Railway Station, Nyugati Railway Station or Kelenföld Railway Station) or to the national immigration office (see Budapest, district XI). Time constraints also justified this, as the 6 months that refugees were allowed to spend in reception centres after obtaining status was reduced to 2 months [interview 6, interview 10].

Given the lack of state-funded training and capacity building, the overburdened bureaucracy slowed down the processing of official documents. In addition, personal contacts and informal networks between administrators played an important role in the actual assistance of refugees, often due to differing interpretations of legislation at the local level. Therefore, it could happen that the geographical location of family support workers, who were in principle responsible for enforcing integration contracts connected to residence cards, in practice often differed from the location of the family support service belonging to the declared address (named by the refugees still in the refugee camp). Consequently, in certain districts of Budapest and some towns with county right in the vicinity of reception centres, local family support workers had to deal with a clientele of several hundred people at any given time, after a short transition period and with limited human resources [interview 10]. In addition, facilitating the integration process often required them to inform the administrators of other relevant state institutions (e.g. health, education, labour, etc.) about the special situation of refugees, sensitise them and explain their relevant legal obligations [interview 10, interview 12].

In addition to informal contacts between those working in the public administration and the welfare system, informal, sometimes formal, collaboration between family support workers and NGOs, churches or other municipal organisations, mostly relying on AMIF funding, also played a very important role (see Baptist Integration Centre, Budapest Methodological Centre of Social Policy and Its Institutions [BMSZKI], Jesuit Refugee Service, Refugee Mission of the Reformed Church, then Kalunba Social Service, Maltese Order, Menedék Association) [interview 1, interview 4, interview 8, interview 10, interview 12].

Focusing on the question of how to organise independent housing, these contacts helped to reconcile integration grants and participation in housing programmes available through AMIF funds. Furthermore, their role became important for language

learning, too, which was a priority issue in the obligatory communication with family support services, in the general facilitation of integration processes, as well as specifically in the search for housing. Indeed, after the modification of the legislation abolished the free-of-charge Hungarian courses, language courses were usually organised by NGOs, mostly relying on AMIF resources. Outside Budapest, where both the number of NGOs and language teachers is typically lower, this task was also left to overburdened family support workers [interview 12]. Based on our interviews, overcoming language barriers often seemed to be an important factor in finding accommodation, dealing with estate agents and, most importantly, dealing with landlords. Knowledge of the Hungarian language generally strengthened trust and facilitated communication, as the parties did not need to speak a foreign language (e.g. English), and thus it was not necessary to guarantee a contract in a foreign language [Interview 3, Interview 7, Interview 11, Interview 13].

The refugee crisis of 2015 marked a turning point in the government's migration policy: the government's response to the crisis made clear the systematic nature of its anti-immigration policy. The effective date of the integration contracts was changed accordingly: people with recognised refugee status could apply for integration support until the end of May 2016 at the latest, after which this possibility was completely abolished. In addition, the closure of the reception centre in Debrecen at the end of 2015 and in Bicske at the end of 2016 was an important part of the post-2015 trend. This significantly reduced the number of places available for asylum seekers and recognised refugees, and even if the organisations operating the housing programs with access to AMIF funds could work together to share information, hold informal consultations and improve the situation of individual refugees and people in need with shared responsibilities [interview 1, interview 2, interview 4, interview 8], these measures suddenly further increased the pressure on the support organisations.

At the same time, the critical conditions experienced in 2015 and the emergence of alternative financial resources through Western European church organisations increased the responsibility of churches in Hungary to support refugees, especially with regard to housing [interview 1, interview 5]. This was also the time when, for example, the Jesuit Refugee Service in Hungary and the Lutheran Diakonia started their refugee support programme. Specific housing programmes will be discussed in more detail in the next chapter. However, it is also worth highlighting that during the same period, the central government set up the State Secretariat for the Aid of Persecuted Christians,

which, through the *Hungary Helps Programme* launched in 2017, provided state funding to help Christian refugees recognised in Hungary with housing.

2017 brought another turning point in refugee housing policy: with the creation of transit zones, newly arrived asylum seekers had to stay in closed camps, from where they could move to open reception centres if they were granted refugee status, but could only stay there for a maximum of 30 days. During this time, often even official documents could not be obtained and finding accommodation was almost impossible. This made it very difficult to prepare for the integration phase, and direct contacts with organisations providing housing support became more valuable. Since 2017 the majority of refugees are only able to move out of the reception centre (especially if they do not have a network of contacts in Hungary) if the reception centre staff communicate about accommodation options with the organisations running the housing programme [interview 11, interview 3]. Reception centres will be discussed in the third section of this chapter in connection with institutional accommodation.

Thus, the civil housing programs were able to help solve the difficult situation for a short time, but in 2018 this possibility of support was also eliminated or at least greatly reduced. For political reasons, AMIF funds became unavailable to NGOs, the applications were withdrawn and only public bodies could apply for them. This made it impossible to maintain the housing programmes funded from this budget, which, according to all parties involved, was implemented administratively smoothly with effective and formal cooperation with the Ministry of Interior's delegated bodies [interview 1, interview 8]. The *STOP Soros law package that entered into force on 1 July 2018 (see T/333 on the amendment of certain laws to combat illegal migration.)*, in addition to explicitly criminalising civil assistance to refugees (see *Article 353/A of the Criminal Code*), introduced the concept of a "safe transit country".³³⁸ As a result, the number of asylum applications declared inadmissible and the number of asylum seekers able to enter Hungary and granted refugees status has decreased dramatically. This indirectly reduced the pressure on housing programmes.

³³⁸ The STOP Soros package consisted of three bills, the aim/content of which was (1) to criminalise "organisations supporting illegal migration", (2) to introduce an immigration funding levy, which would have accounted for 25% of the funds of NGOs from abroad, (3) to introduce an aliens' detention system, which would have allowed "persons supporting illegal migration" to be banned from the territory of Hungary. In addition to the provisions criminalising NGOs and persons supporting refugees, the introduction of the concept of a "safe third country" was also important, providing a basis for Hungary not to conduct asylum procedures on the merits. This was eventually overruled by Hungarian court practice in 2019-2020, and less use was made of this category in substance.

At the same time, the churches' service organisations continued to assist housing, mainly with the help of foreign churches, to a lesser extent with their own funds, but sometimes also with direct Hungarian state support. Thus, since 2018, there have been housing programmes run exclusively by church organisations or church-funded organisations (see Kalunba Social Services, which for simplicity will be included in the church organisations hereafter), including the operation of homeless shelters that also accommodate refugees, whose role seems to have increased in the last year or two. In the homeless care system, the Baptist Integration Centre and the Oltalom Charity Association are the main providers of targeted or at least openly committed support to recognised refugees. In addition to providing crisis accommodation (see night shelter), these organisations also provide temporary housing for those in need: for singles in temporary shelters and for families in temporary family homes [interview 8, interview 9].

In the summer of 2020, after the Court of Justice of the European Union in Luxembourg ruled that the transit zones were arbitrary detention under EU law³³⁹, the Hungarian government closed them. In the year and a half that followed (until the end of 2021), asylum seekers more or less disappeared from Hungary. The main reasons for this are, firstly, that experience has shown that most people leaving the transit zones wanted to continue their journey to Western Europe and, secondly, that the abolition of the transit zones made it virtually impossible to apply for asylum in Hungary. According to the regulations that came into force at the time (and will apply until the end of 2021), this is only possible at Hungarian embassies in Serbia and Ukraine, which have been declared safe third countries. For recognised refugees already living in Hungary, the central government provides housing or state support specifically targeted at certain groups of refugees almost exclusively through church organisations.

In summary, it can be concluded that as a result of political and funding changes, there have been no significant housing programmes for refugees, with the exception of a few years (2014-2018), which are described in more detail in section four. There were some exceptional housing programmes before 2014 (for example, organised by the Hungarian Maltese Order and the Refugee Mission of the Reformed Church, the latter of which became a satellite organisation of the later independent Kalunba Social Ser-

vice Non-profit Ltd [interview 11]), and there was also state housing support, but these programmes were typically small-scale.

In the aftermath of the refugee crisis in 2015, the number of integration programmes, including housing programmes, increased in response to the needs of refugees arriving in Hungary in much larger numbers than before, and with the funding available during this period (see AMIF funds provided by Western European churches). However, their main limitations were that in most cases they were application-based and did not have long-term guaranteed funding (also see: discontinuation of AMIF programmes) and, due to overburdened bureaucracy and lack of information, they were not as reliable in practice as might have been expected [interview 10] (see barriers to integration funding). This not only caused considerable uncertainty and unpredictability for the operating organisations and responsible social actors [interview 3, interview 11]; but the situation was confusing for the persons supported. The very nature of project-based operations also meant that at the end of the subsidy period, residents were unable to pay for the accommodation they had for a short period [interview 1, interview 8, interview 9], and downward mobility could set in. More detail on the programmes and their impacts is provided in section four.

In addition, the possibilities to enter Hungary as an asylum seeker have been severely restricted between 2018 and 2021. Since 2018, the number of asylum seekers has been steadily decreasing in Hungary, and the number of recognised refugees has been correspondingly low³⁴⁰. Data clearly show that the Hungarian government's strategy is to make it impossible to apply for asylum, and not to reject large numbers of applications. In 2018, this was done through the safe-third-country category introduced as part of the STOP Soros Act, which was used as an excuse for not assessing many asylum applications. However, after about a year, this was no longer applied in judicial practice. Accordingly, in the first half of 2020, slightly more people were granted status again. Yet, in the summer of 2020, when the transit zones were closed, the possibility of applying for asylum in Hungary was effectively abolished. Overall, as there are very few beneficiaries of international protection in Hungary, they cannot be identified as a separate target group with housing needs. To understand the decline in housing programmes, it is necessary to see the effects of anti-immigration policies in general.

339 Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals. Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection. Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection. Judgment in Joined Cases C-924/19 PPU and 925/19 PPU. [See also in more detail.](#)

340 According to the [relevant HCSO data](#), in 2018 there were 671 asylum seekers (403 with some status), in 2019 there were 500 asylum seekers (60 with some status), in 2020 there were 117 asylum seekers (130 with some status), in 2021 there were 40 asylum seekers (and 40 with some status).

4. Structural aspects affecting the housing of refugees in Hungary

4.1. General housing options

In Hungary, there is no universally available housing subsidy; subsidised rental housing is extremely limited (in 2019, municipal rental housing represented only 2.6% of the total stock)³⁴¹, and there are few exits available for people in institutional accommodation; systemically, people tend to remain in the social care system for years simply because they cannot afford housing³⁴². Refugees face the same situation. For several years, when major grants and public funds were available, the housing situation of refugees was relatively better than that of people living in housing poverty in general [interview 8], even though the amounts of funding provided under integration contracts were often not reliably available on time due to overburdened bureaucracy or were not very high compared to the real costs [interview 10]. The housing programmes organised with AMIF funds did not offer a solution for all those in need [Interview 2]. With the abolition of integration support and grant funding, refugees who are unable to secure their own housing are now in a similar situation to Hungarian citizens in housing poverty. Today, there are very few housing subsidies available for refugees, and in their absence, and with the increase in rents, the housing situation of refugees remaining in Hungary is particularly difficult.

4.1.1. Buying a home

As discussed above, market borrowing and state housing assistance schemes have been available to recognised refugees and Hungarian citizens on very similar terms since 2008. A difference in legal practice is that, when purchasing a residence, third-country nationals are obliged to apply for a permit for the acquisition of the property from the territorially competent authority (see Act LXXVIII of. 1993 on the lease and alienation of apartments and premises, § 1/A (2)). However, in the case of non-refugee foreigners, it is common knowledge that this is granted relatively easily. At the same time, both NGOs and church organisations interviewed, as well as other stakeholders reported that refugees are rarely able to buy their own homes [interview 3,

interview 4, interview 6]. Buying a home with cash is an option for very few and is only conceivable if the capital saved can be somehow taken out of the country of origin. Moreover, the housing boom in Hungary in recent years³⁴³ means that very large sums of money are now needed to buy. Borrowing to buy a home is not realistic for refugees because banks do not approve loan applications from people with fixed-term, low-paid jobs. Once someone has a stable and well-paid job in the longer term, a loan can be an option. Refugee families were also eligible for the state housing purchase subsidies introduced in 2016 (i.e. mainly the Housing Subsidy for Families (CSOK) scheme), but this was abolished by an amendment to the relevant Government Decree 16/2016 (10.2.2016) with effect from 15.3.2018. This latter amendment, unlike other measures that restrict access to the CSOK on the basis of a given social situation, is often overlooked by the wider public. It is worth reviewing the rules in general and specifically for refugees. However, the possibility of buying a home will not be discussed in the present chapter, as it is reported by those working in the field that it has only affected a small minority of refugees arriving in Hungary up to 2021.

4.1.2. Rental market

The segment of the housing market where the majority of refugees and families find accommodation, either individually or through some kind of subsidised scheme, is the private rental market. Although in principle, refugees can submit applications for municipal rental housing, their real chances are negligible according to the experience of social workers [interview 1, interview 2, interview 8]. Therefore, the already very small segment of social rental housing (2.6% nationally, 4.5% in Budapest³⁴⁴) is not actually accessible to them. Meanwhile, the private rental market in Hungary is very under-regulated: this creates a risky situation for both parties and puts all tenants in a difficult position (see Habitat Black Homeownership 3.0³⁴⁵). Another difficulty for refugees is that they do not speak the language, have no local knowledge, face discrimination and have an uncertain labour market situation. Registration of address³⁴⁶ is also a common problem in the Hungarian private rental market: many landlords do not allow tenants to register their rental property as a permanent address, even though this is a condition for many social benefits. A further particular relevance for refugees is that, to apply for citizenship,

341 József Hegedüs, Eszter Somogyi (2016): Moving from an authoritarian state system to an authoritarian market system: Housing finance milestones in Hungary between 1979 and 2014. In: J. Lunde and C. Whitehead (eds), *Milestones in European Housing Finance*. Oxford, Wiley-Blackwell, 2016.

342 Kata Ámon, Anna Balogi (2018): *A magánbérleti piac alsó szegmense, Éves Jelentés a Lakhatási Szegénységről*, Habitat for Humanity Magyarország.

343 www.habitat.hu/sites/lakhatasi-jelentes-2020/megfizethetoseg

344 www.ksh.hu/thm/2/indj2_7_7.html

345 www.habitat.hu/sites/feketelakas

346 www.utcajogasz.hu/szakmai-anyagok/lakhatas-es-lakcim

a minimum of three years of uninterrupted, settled residence status is required (and eight years for beneficiaries of subsidiary protection).

The private rental market is also of particular importance for refugee housing because the organisations implementing housing programmes for refugees also rent almost exclusively on the market (see Chapter 4). Thus, they also face the structural deficiencies of the private rental market. These difficulties stem largely from the ownership structure and under-regulation of the private rental market. In contrast to the institutional landlords³⁴⁷ in Western European countries, the vast majority of rented residences in Hungary are owned by private individuals who also have multiple considerations when renting out their properties. The regulatory deficiencies also increase the value of personal contacts [interview 8, interview 9, interview 11]. In practice, according to representatives of organisations implementing housing programmes, this means that many homeowners do not want to rent their homes to refugees or foreigners in general, or at least they request more in terms of guarantee. [Interview 6, Interview 11, Interview 13]. In this relationship system, the lack of a common language is often a further complicating factor. Even if the refugee or an organisation supporting him or her manages to rent the apartment, refugee tenants are in many ways still in a vulnerable position – especially once they are out of the support programmes.

4.1.3. Institutional housing

Housing poverty in Hungary is generally characterised by the lack of affordable housing options, with many people living in long-term social housing institutions (e.g. family transition homes, homeless shelters) the purposes of which are to solve crises.³⁴⁸ In the absence of affordable housing options for vulnerable groups, there are no meaningful exits from these institutions. And the gap between the fees charged by social institutions and the market rentals makes it difficult for low-income people and families to leave institutional accommodation.

This situation also affects refugees and beneficiaries of subsidiary protection, who may also end up in institutional housing due to the limited capacity of targeted housing programmes. A further difficulty is that many social care providers do not feel prepared to

³⁴⁷ These are non-profit or market organisations that specialise specifically in building, managing and renting out housing; in Hungary they are called housing associations. Non-profit housing associations dominate the social rented housing sector (they receive state or municipal subsidies and in return rent out their housing in a socially targeted way), while market housing associations create a situation that is easier to regulate in the private rental market.

³⁴⁸ www.habitat.hu/mivel-foglalkozunk/lakhatasi-jelentesek/lakhatasi-jelentes-2018/alberletek-also-szegmense

receive foreigners (for example, due to a lack of language skills or knowledge of specific refugee-related procedures) and are overburdened [interview 8]. Therefore, in practice, mainly two social care institutions receive refugees and families (discussed in more detail in section 4), although other institutions are willing to provide accommodation in a crisis.

When placed in a homeless shelter or a temporary shelter for families (TSF), there can be a sharp divide between the situation of Hungarian families experiencing housing poverty and that of refugee families, as our interviews with staff in these institutions suggest [interview 8, interview 9]. A significant proportion of Hungarian families entering the care system are unable to leave for years due to a lack of exits and a lack of affordable rental housing. However, for refugee families, this form of housing may indeed be temporary, because in their case a more marketable occupation, being of working age or the subjective strength of a new start in life may help them to move on more quickly (in contrast to Hungarian families in long-term poverty crisis) [Interview 8].

A form of accommodation between social institutions and independent housing is the workers' house, which is sometimes also used by refugees. In the period of labour shortages between 2017 and 2020, employers increasingly provided this form of accommodation for their employees.³⁴⁹ According to one of our social worker interviewees working in homeless care, this could also be a solution for refugee workers (for example in the construction industry) [Interview 9].

Reception centres are a special form of institutional accommodation where asylum seekers and refugees are placed for the initial period. As the focus of this chapter is on long-term housing options and the integration of recognised asylum seekers through housing, reception centres are not discussed in detail, although their importance for the housing of asylum seekers in the initial period after arrival in Hungary is inevitable. At the end of the period analysed, in 2021, there is only one reception open centre in Hungary, in Vámoszabadi. In addition, there is a so-called community shelter in Balassagyarmat, where persons under aliens' policing procedures are accommodated. In Nyírbátor, there is a detention centre for asylum seekers with non-recognised (or terminated) status who are already in detention. This is a fraction of the previous infrastructure, as in recent years several reception centres and accommodation facilities have been closed by the Hungarian state. As mentioned in part above, at the end of 2016 there were still more reception centres in operation: four of these were open reception

³⁴⁹ www.youtube.com/watch?v=oC1-maZ13nU

centres and eleven were closed centres of various types (see transit zones, guarded reception centres or detention centres for aliens policing). The analysis of the Helsinki Committee provides a comprehensive picture of the situation at that time.³⁵⁰

However, in addition to the reduction in the number of reception centres, there is also the problem that, as described in the previous section, the length of time spent in reception centres has steadily decreased, which increased the pressure to enter the housing market and increased the level of vulnerability.

In addition, it is important to highlight the situation of unaccompanied minor asylum seekers, for whom there is only one accommodation facility available in Hungary: the Károlyi István Children's Centre in Fót. This institution has the same status as the other children's homes. If the young people stay in aftercare, which requires them to be in education or waiting to be admitted to a social institution, they can stay in the institution until the age of 24; otherwise until the age of 18.

4.2. Housing and employment dynamics in relation to each other

Housing, work and language skills are closely interlinked conditions for integration, with education and health care as the main pillars. In this section, the employment situation is highlighted in relation to housing. Over the past decade, the political and economic environment and structural conditions for housing and employment in Hungary have changed dramatically, if not in the same way. While in the field of housing there was only a brief period of political support for the integration of refugees (which was then completely eroded by the withdrawal of financial resources), the labour market situation for refugees steadily improved over the same period until the coronavirus crisis [interview 2, interview 3, interview 11].

In the following, the housing market situation is compared to the labour market situation of refugees over the last ten to twelve years. This period had several phases. In the first phase, in the difficult labour market situation caused by the 2008 crisis, modest but reliable state subsidies and relatively inexpensive rents made it relatively easy for a recognised refugee to rent a flat on the market.

The second phase started with the intensive increase in house prices and rental costs from 2014 to 2015, when the employment situation had not yet improved significantly.

This, coupled with the anti-immigrant government policy following the 2015 refugee crisis and the resulting increase in prejudice, has made it particularly difficult for private renting offered independently or with the help of an organisation. [interview 2].

Between 2017 and 2018, a short third phase can be identified, when the employment opportunities of refugees improved slightly and thus their housing situation became somewhat more favourable [interview 11]. This was due to several reasons: firstly, fewer new refugees arrived in Hungary due to tightening anti-immigration measures, and, the number of Hungarian citizens emigrating (especially those working in the hospitality, transport and construction sectors) remained significant. At that time, housing programmes financed by AMIF and, to a lesser extent, integration grants were still available.

After 2018, however, rental prices peaked, while the rental market tightened due to the increased role of Airbnb. At this point, increased employment opportunities could not compensate for the housing shortage. Thus, the situation worsened in 2019-2020, the fourth phase of the downward trend in terms of opportunities. Project-based housing support programmes provided by NGOs were discontinued and unemployment increased due to the coronavirus pandemic. This has mainly affected the sectors where most refugees were previously able to find work (e.g. hospitality, transport, construction) [interview 3 and interview 11]. This also made it increasingly difficult for them to pay their rent. This was true even though lower rents may have been offered through the mediation of NGOs [interview 4], or the upward pressure on prices from Airbnb housing and tourism was temporarily alleviated. Consequently, it became increasingly common for refugees to become so marginalised that even for them, the homeless care system was only able to provide at least a partial solution to their housing crisis [interview 2, interview 10]. This problem and the circumstances of previous housing programmes will be addressed in more detail in the next section.

³⁵⁰ Hungarian Helsinki Committee (2017) [The future of refugee protection in Hungary](#). Page 13.

Table 1.
Periodic summary of housing and employment parameters

Period	National average rent ³⁵¹ (HUF/m ²)	Average rent in Budapest (HUF/m ²)	National average gross monthly salary (HUF/month)	Average gross earnings of sectoral labour ³⁵² nationally (HUF/hó)
2008–2013	911 ³⁵³ [100%] ³⁵⁴	1 406 ³⁵⁵ [100%]	211 366 ³⁵⁶ [100%]	167 246 ³⁵⁷ [100%]
2014–2016	1 272 [140% // 100%] ³⁵⁸	2 500 [178%//100%]	249 597 [118%//100%]	197 441 [118%//100%]
2017–2018	1 620 [178% ³⁵⁹ // 127% ³⁶⁰]	2 910 [207%//116%]	313 480 [148%//126%]	245 569 [147%//124%]
2019–2020	n.a. ³⁶¹	n.a.	381 617 ³⁶² [180%//153%]	290 842 ³⁶³ [174%//147%]

Source: own editing

³⁵¹ In this table, [average rents are shown based on data published by Habitat for Humanity Hungary](#), obtained from Jófogás.hu. With regard to the Jófogás data, it is important to note that they include advertising prices and that the average rents actually paid are lower than these prices (since rents paid under previously signed contracts are generally lower). However, we consider the advertising rents published by Jófogás to be more relevant to the problem outlined above, since those who are looking for housing at a given moment are faced with these advertising prices.

³⁵² [Based on sector averages for construction, hotels and restaurants and transport](#)

³⁵³ Due to a lack of data, only average prices between 2010 and 2013 were available.

³⁵⁴ Considered as a first base period.

³⁵⁵ Due to a lack of data, only average prices between 2010 and 2013 were available.

³⁵⁶ [Averaged over the period 2008-2013.](#)

³⁵⁷ [Averaged over the period 2009 \(I\) to 2013.](#)

³⁵⁸ Considered second base.

³⁵⁹ The base index for the first period.

³⁶⁰ The base index for the second period.

³⁶¹ The data of Jófogás.hu is available up to May 2018. The relevant KSH database is not available by square metre. However, based on the wage index data, it can certainly be assumed that in 2019 and early 2020, rents for apartments continued to increase, still fully in line with the previous trend. Stagnation or decline in the average national and metropolitan rents can only be observed from March 2020 onwards – [in Budapest to a greater extent](#).

³⁶² [2020 data only available for the period January-August](#)

³⁶³ [Due to lack of data, only 2019 data at sector level](#)

5. Housing programmes supporting refugees

Due to the factors described above, it is very difficult for refugees and beneficiaries of subsidiary protection to access housing without targeted housing programmes, especially in the first period after moving out of the reception centre [interview 3]. Most programmes were funded by grants and only operated for a few years – mostly between 2016 and 2018, when larger AMIF funds were available for this purpose. The other programmes that are currently operating select their beneficiaries on an individual basis and access to them is unreliable; there is no systemic, predictable and long-term housing support available. It is also important to note that there are no public housing subsidies specifically targeted at refugees (and general public housing subsidies, currently mainly CSOK, are not accessible to refugees for the reasons described above). All the programmes listed below are implemented by NGOs or church organisations (and in one case by a local council). The lack of housing support reinforces the tendency towards further migration, i.e. a significant proportion of refugees arriving here do not stay in the country due to a lack of real integration opportunities.

Below is a summary of the different housing programmes in Hungary that were identified in the research and are available for refugees and beneficiaries of subsidiary protection.

5.1. Housing schemes by type of housing assistance

5.1.1. Accommodation in flats owned by the organisation

This housing solution is rare; only one of the church organisations running a "refugee programme" owns 1-2 flats in which refugee families are accommodated. In the past, two other church refugee services had such an arrangement. In addition to these programmes, some church leaders or institutions hosted refugee or asylum-seeking families on an ad hoc basis [interview 4, interview 5, interview 11].

5.1.2. Accommodation in rented accommodation and organisational liability

In the case of these types of programs, refugee support organisations rent apartments from the market for which the organisation takes responsibility, pays the owner the rent, and arranges for those to live there for the period in question. This form is considered relatively rare because most organisations, for various reasons, did not want to enter

into tenancy transactions as a contracting party. Primarily at the Kalunba Social Service, this form was a defining framework of the housing program; where precisely this organisational responsibility was one of the main keys to success. Apart from the Kalunba, the Jesuit Refugee Service (1-2 apartments), the Lutheran Diaconia (earlier they had one apartment rented from the market, two rented from a Lutheran church; and they also rent hostel accommodation for the refugees) and the Maltese Order maintain a few apartments in this way for refugees [interview 1, interview 5, interview 8, interview 11].

5.1.3. Housing assistance through an organisation for rented accommodation by a refugee

This was the most frequent type of housing program; most of the apartments were included through such programs, especially in the period of the AMIF grants. Between 2016 and 2018, the BMSZKI and the Baptist Integration Centre had programs that provided direct financial support to refugees to cover housing costs. In the former programs, together with the family members, over 100 people received support over two years, and in the latter, there were more than 90 beneficiaries [interview 8, interview 9]. These two programs ended in 2018. In addition, the Lutheran Diaconia has been providing housing assistance for a few months in such a scheme continuously since 2015, assisting approximately 200 people annually. This support can be used primarily for rent or deposit payments, in rather flexible frameworks [interview 1]. The Maltese Order also support the home rental of their refugee clients. The common feature of these types of programs is that, if necessary, the organisation helps to find the apartment to rent, but the supported person contracts directly with the landlord and only receives the money (or part of it) to be spent on it from the supporting organisation.

5.1.4. Institutional placement

Primarily, the Oltalom Association and the Baptist Integration Centre provide crisis accommodation for refugees in night shelters, and the latter also places refugees in temporary accommodation (some reserved rooms) and temporary homes for families. The Baptist Integration Centre opened the Temporary Home for Families in 2014, whose operation was initially financed from AMIF funds; and on average, half of the places were occupied by refugees (this meant some 40 places out of the initial 80). In the period after 2015, it frequently happened that the refugee families first moved into this temporary home and went on to some supported housing program from there. These

two temporary homes burnt down in 2017, and since then this type of housing care has not been available. The Baptist Integration Centre opened its new temporary home in 2020, which is also open to refugees, but now they see that there is much less demand for it than earlier [interview 9]. In addition to these, the Jesuit Refugee Service provides a few places in the Jesuit hostel for students with refugee backgrounds [interview 5], and the Lutheran Diaconia occasionally places refugees in one of its social care institutions [interview 1].

5.1.5. Information

In addition to concrete housing solutions, several organisations offer assistance in the process of finding housing, for example by making phone calls and sharing information. In addition, the Menedék Association set up a mediation platform in 2015 where homeowners can offer their apartments to refugees [interview 2]. In the spring 2020 wave of the coronavirus pandemic, most refugee-supporting organisations helped mediate between homeowners and refugee tenants to reduce rents. The Helsinki Committee also supports refugees with housing-related legal representation [interview 4].

5.2. Housing programmes by type of operating organisation

5.2.1. Church organisations

In the field of refugee housing, organisations operating under the auspices of a church or in partnership with or under church funding are decisive (almost exclusive). Currently, the main source of funding for their housing programmes comes from their sister churches in Western Europe and North America and their associated organisations. Some church organisations also receive small government grants for their refugee-related programmes, but some church organisations have to finance their programmes entirely from their own resources.

In addition to these organisational programmes, some church actors have also taken action, taking asylum seekers from reception centres and transit zones to church properties. This type of assistance was of great importance in acute crises.

Houses rented individually vs. with institutional guarantee

As described in the previous section, the vast majority of refugee housing schemes operate by renting accommodation from the market. An important distinction is whether the organisation enters into a contractual relationship with the homeowner or the person supported. This issue is addressed separately in this text box.

Individual contracting options – BMSZKI, Baptist Integration Centre, Lutheran Diaconia, Menedék Association

It was the firm position of several organisations that the supported persons themselves should conclude the rental contract. This was partly because the organisation was unable or unwilling to provide a financial guarantee of such magnitude, and partly because the organisation could not carry out the management tasks (1). On the other hand, these organisations considered it preferable for the assisted refugees to take responsibility for their own housing and related matters (together with the support of a social worker) – which could also speed up the integration process [interview 8] (2); thus the housing programme does not „patronise” the assisted refugees (3). From the point of view of homeowners, the relative advantage of this arrangement is that, since they provide service to non-legal entities, in practice the obligation to conclude a contract can be avoided (4); its drawback is that the organisational guarantee is not as powerful as when the organisation acts not only an intermediary but also a contracting party. As long as resources were available for this type of housing programme, the Menedék Association could help with mediation, recruitment of homeowners, overcoming language barriers, contract writing, etc. Some other organisations also provided financial support.

Institutional contracting (quasi housing agency) opportunities – Kalunba, Maltese Order; to a lesser extent Lutheran Diakonia, Jesuit Refugee Mission

The main advantage of this scheme is that it creates more confidence among homeowners, and therefore there is a higher chance of finding rental accommodation. In this case, the organisation guarantees to pay the rent and maintain the condition of the property (which often means minor renovations). This type of scheme can only be successful if the organisation can add sufficient mentoring and social work capacity on top of the rent [interview 11]. This scheme certainly promotes long-term renting, as it overcomes the problem that even though refugees often move on from Hungary and thus the tenant changes, (1) the contract between the owner and the organisation remains. It also (2) reduces prejudices and (3) avoids language barriers. During the period of state integration support (until 2014–2016), the advantages of this type of rental agreement included the fact that, as it could

be accounted for as in-kind support, (4) it did not reduce the amount of integration support that refugees were eligible for; and, unlike cash grants, it also guaranteed that the support would be used in a targeted manner.

These housing subsidies were available on a relatively larger scale until specific programmes were in place and funding was available. 2021 figures show that only a few church organisations have housing contracts specifically for refugees. However, these assistance activities cannot be considered comprehensive programmes.

In both types of organisational involvement, the aim was to enable refugees to stay where they were living on their own at the end of the support period, although this goal was not always achieved. An important factor in this respect was the extent to which housing could be found for them at a low or realistic price, given their employment situation, at the beginning of the grant period. Another aspect of both forms of housing was help with overcome language barriers. The lack of a common language with landlords is one of the main obstacles identified by refugees (and foreigners in general) seeking housing in purely market conditions.

5.2.2. Civil Society Organisations

NGOs primarily provide housing assistance by helping clients to find housing on the market (or through another organisation's subsidised housing programme). This may involve individual mentoring, administration, information provision and mediation. The EU funds available for integration programmes until 2018 (AMIF) were also significant for capacity building.

5.2.3. Local government-run organisations

During the period of state integration support, (until 2014–2016/18) local governments were involved in the housing of refugees through local family support services, but they did not provide housing support directly. The only large-scale housing programme for refugees implemented by a municipal organisation was the AMIF-funded programme of BMSZKI, as a specialised homeless care and housing institution of the Municipality of Budapest, between 2016 and 2018. In this programme, BMSZKI supported refugee clients for two years in renting a flat on the market. The flats were predominantly found by BMSZKI staff, who provided intensive social work in addition to rental subsidies. As

BMSZKI is primarily a housing institution with mainly focussed on homeless people, this was the most purely 'housing' activity of the programmes in the survey. Other elements of integration (e.g. language learning) were less emphasised here, as the organisational view was that these services were more easily available to clients elsewhere. After the discontinuation of the AMIF grant, BMSZKI did not continue this type of activity, nor did it launch any other targeted programme for other refugees [Interview 8].

5.2.4. Flow of resources between organisations operating housing programmes

A controversial element of refugee housing programmes is that, as they are almost exclusively rented from the market (either by the organisation or by the refugee with subsidies), resources are channelled to the homeowners. The money is withdrawn from the system, thus it has an impact only once. Between 2008 and 2018, money was mainly channelled from the state to the market through housing and integration subsidies. Between 2014/16 and 2018, funds were channelled from the EU to market actors through central and local government and NGO actors. After 2015 and 2018, money from Western church organisations and, to a lesser extent, central government subsidies were channelled to homeowners.

In addition, as these schemes usually rented homes at market rates, the resources per unit were lower than if there had been a possibility to rent with lower rental fees (e.g. municipal rental housing). A better solution would be to offer housing programmes to refugees in some form of public or community-owned property, or perhaps to incentivise social housing through changing the regulatory framework (e.g. tax reductions) - using resources more efficiently or keeping them within the system.

5.3. Situation of different groups of refugees according to housing assistance

In addition, it is worth pointing out that, as with any legal status (such as refugee, asylum seeker, beneficiary of subsidiary protection), beneficiaries of international protection cannot be considered a homogeneous group, even though their social status is similar. In the next section, we will look at the situation of refugees who, according to the interviews, are particularly vulnerable in terms of housing.

Of course, some refugees did not need housing assistance, either because their financial situation allowed it or because they could organise their own housing with the help of family or friends [interview 6]. However, our interviews with representatives of local government, NGOs and church organisations focused on the housing difficulties of refugees who needed help. One such particularly vulnerable group is the relatively few single women who have arrived in Hungary as refugees.³⁶⁴ Although only a few women arrived alone until 2021, they certainly have specific housing needs that the assistance network was not always prepared to meet. Also, enforcing restraint orders³⁶⁵ for female victims of domestic violence has been a challenge – if the problem itself could be identified and the perpetrator could be prosecuted at all [interview 8]. Moreover, it seemed that often, it was more difficult to secure housing for older refugees, as they were no longer of working age, and also because the rules prevented them from benefiting from certain housing benefits together with their relatives - given that for certain social services (such as temporary shelters for families) in Hungary, grandparents are no longer considered as direct relatives and thus as dependants [interview 9].

Gaps in the care system also cause difficulties for refugees. For example, shelters are typically available for single men, with far fewer rooms available for single women. Homeless shelters are mainly for single adults, with very few places available for couples. For families, temporary shelters can provide accommodation, but only for families with children (not for couples without children). Therefore, for example, if an organisation operating a CSÁO wants to help family members arriving at different times to live together through family reunification, it has to be flexible in its approach, as children may arrive only after family reunification, but the head of the family already living in Hungary must be able to show that the housing conditions are adequate for the children. (see 114/2007 (24 May 2007) Government Decree on the implementation of Act II of 2007 on the entry and residence of third-country nationals, § 29 3b) [interview 9, interview 4]. From a housing perspective, unaccompanied minors are also a particularly vulnerable group, as confirmed by the Helsinki Committee's document.³⁶⁶ While children arriving with their families are placed with their parents in the reception centre and then in an institution (e.g. a temporary shelter for families) or a housing programme, unaccompanied minors are placed in the children's home in Fót (Károlyi István Gyermekközpont³⁶⁷).

³⁶⁴ Dés Fanni – Pósfai Zsuzsanna (2021): [Nők és lakhatás](#).

³⁶⁵ See [2009/LXXII. tv.](#)

³⁶⁶ [www.helsinki.hu/wp-content/uploads/szakmai_segedlet_web-FINAL.pdf](#)

³⁶⁷ [www.wp.kigyk.hu/gyermekotthoni-ellatas/kisero-nelkuli-menekult-kiskoruak-gyermekotthona](#)

Although the housing problem of undocumented or illegal migrants does not seem to be significant in Hungary, the few people who are not found by the authorities or cannot be deported are often staying in the already-overburdened homeless care system, although social assistance is officially only available to them on a limited basis and to prevent a life-threatening situation [interview 9].

These specific target groups deserve special attention when designing housing programmes and providing institutional accommodation.

It is worth pointing out that, in addition to the programmes of formal organisations, informal connections based on country of origin, native language, or religious affiliation can sometimes help to secure housing for refugees. This also depends on how long foreign nationals from the country in question have been coming to Hungary, and whether they can operate informal social networks.

Such informal network-based assistance includes employment of refugees (e.g. an Afghan businessman in the construction industry), crisis housing (e.g. Somali community), shared private rented accommodation and 'accommodation by courtesy', or workers' hostel [interview 2, interview 3, interview 4, interview 7].

In addition, "foreignness" as a solidarity-building factor was also present in a more general form in the assistance: experience showed that when the landlord was informed that refugees would rent the flat, foreign private homeowners were usually more open, as well as Hungarian citizens who had emigrated themselves and thus personally experienced the difficulties of living outside their country of origin [interview 2, interview 6].

From a housing perspective, at least one other specific group is worth mentioning. In recent years, many people have arrived in Hungary as students who, according to the experts interviewed, are otherwise similar to refugees in terms of their social status and situation. In their case, joining the student programme in Hungary can be seen as a kind of alternative to asylum. They can usually apply for help in several ways during their studies, mainly in dormitories, but once they finish their studies, if they are not able to find a job immediately, they may find themselves in a similarly difficult situation as if they had applied for refugee status [interview 5].

6. Policy actors' options to improve the situation

Building on the lessons and experiences of the housing policies and support programmes described above, the final section of this chapter will examine the options available to various policy actors to improve the housing situation of beneficiaries of international protection recognised in Hungary.

6.1. Central government

Central government is a key player in policy measures. Among other things, it can support the housing situation of refugees through financial support, favourable regulation and professional supervision.

One obvious way for central government to get involved is to provide financial support to various local actors who can ensure the best use of resources. However, this requires a trained and skilled workforce with sufficient capacities. Predictable financial support is needed to enable experienced social actors – be it NGOs, church- or municipality-run organisations – to run their programmes sustainably. In addition to this predictability, it is particularly beneficial from a structural point of view if public support for housing primarily finances the acquisition of social houses by organisations and municipalities or rentals organised through contracts concluded by organisations. This type of programme tends to have a longer-lasting impact than subsidies to individuals.

In addition to direct financial support, central government can also help refugees find housing through regulation. This could include targeted tax incentives for organisations that buy property to provide housing for refugees. Such incentives could include the abolition of property purchase tax.

A better and more sustainable way of organising preferential rental housing for refugees could be to integrate it into a wider social rental housing policy. One form of this could be for the state to support the creation of organisations that manage rental housing on a non-profit basis. Such a housing portfolio could include housing specifically for refugees.

Based on previous experience, it also seems important that the organisations implementing the programmes should receive, in addition to financial support, administrative support and also professional support from the relevant central government

bodies. It would also be beneficial if the state were to play a key role in the general coordination of cooperation between the relevant social actors. It is important for the relevant central bodies to consult with the organisations working in the field when drawing up programmes and policies (vertical consultation) and to establish well-functioning communication forums for coordination between these actors (horizontal coordination). Nevertheless, given that Hungarian language skills have proved to be a key factor for refugees, landlords and NGOs in the organisation of independent housing, it is preferable to provide language courses centrally and in-kind rather than giving direct financial support for language learning.

6.2. Local authorities

Of course, local authorities are also key players in the successful implementation of housing programmes. In the current Hungarian housing policy system, municipalities are the main owners of social rental houses and the main responsible authority for social housing policy. They also play a significant role in providing local information and social support and have a good understanding of the specific needs of particular social groups. This enables them to take on a major responsibility for improving the housing situation of refugees.

The practice so far has been that funds for refugee housing programmes have ultimately been channelled to market housing owners. This was mainly due to the structural characteristics of the Hungarian housing market, which allowed households to access housing easily and within a relatively flexible framework. On the other hand, it would be socially more beneficial if housing programmes for refugees were implemented in organisational or publicly-owned properties, such as those owned by municipalities. In this way, the same amount of money could be spent more sustainably, as affordable housing can be provided over a longer period for a given amount of funding. Moreover, with lower rents, it may be more realistic for refugees to maintain an apartment beyond the duration of the programme. Not to mention that the money spent would go to an actor that serves the public interest - i.e. the municipality. Overall, therefore, it is recommended that resources to support refugees should be available for targeted expansion of the municipal rental housing stock. Municipal social rental housing could also be integrated into refugee housing programmes in such a way that it is rented on a long-term basis by an organisation and used to provide housing for refugees. In this way, the municipality has a contractual relationship with the organisation.

Having said that, the refugee housing programme implemented by BMSZKI, described earlier, is a good example of how a municipal institution can implement this type of special housing programme. At present, the new EU financial period for 2021–2027 may open up new opportunities for municipalities to implement similar projects. It is worthwhile to find out about these funding opportunities and plan eligible projects.

Particular attention should also be paid to the needs of particularly vulnerable groups of refugees, such as women arriving alone, people arriving in Hungary for family reunification, unaccompanied minors, trauma survivors, people with health problems and inactive elderly people. It is justified to provide special institutional accommodation places for them, for which municipalities can be important partners, for example, by providing some places in their own institutions.

Within the redistributive tasks of municipalities, cash grants may also include benefits specifically targeted at refugees. In addition, municipal bodies can also assist by sharing information and mediating with relevant organisations. Given that many NGOs and churches are struggling with a lack of affordable premises, the municipality can also help by renting out its property to refugee-supporting organisations at a reduced rate to set up offices or community spaces.

6.3. Civil and church organisations

As we have seen from the above analysis, NGOs and church organisations active in the field are the third group of key actors able to support the housing of refugees. Like municipalities, they can help solve individual housing problems and can coordinate resources that require thorough local knowledge to be channelled.

Based on the analysis of the NGO and church housing programmes for refugees, it is considered a better solution for NGOs and churches to conclude housing rental contracts with landlords, acting as housing agencies. As long as there is no possibility for refugee housing programmes to be implemented in properties owned either by organisations or by the state, the housing agency approach seems to be the optimal method of attracting rentals on the free market. This creates a more transparent situation for both the homeowner and the assisted refugee. If the integration process of the refugee is more advanced and finding accommodation is no longer a problem, a scheme where the refugee only receives financial support to pay the rent could be a better solution.

6.4. Immigrant communities

In addition to institutional assistance, support within immigrant communities also plays an important role in housing solutions for refugees. This often takes place through various formal or informal organisations of already integrated communities. Therefore, it would be worthwhile to systematically identify and initiate cooperation with immigrant communities and organisations that play or have played a role in improving the housing situation of refugees in Hungary. The involvement of NGOs with extensive experience on the ground and links to immigrant communities is essential in this respect.³⁶⁸

³⁶⁸ The anonymised interview series for the analysis cover the following interviews: (1.) project coordinator of a church organisation, 31.08.2020; (2.) project coordinator of a non-governmental organisation, 26.08.2020; (3.) social worker of a non-governmental organisation, 11.09.2020; (4.) lawyer of a non-governmental organisation, 07.09.2020; (5.) project coordinator of a church organisation, 11.09.2020. 23.09.2020; (13.) private person, 15.09.2020.

HEALTHCARE



SPECIAL HEALTH PROBLEMS

DISEASES WITH A LONG LATENCY PERIOD

POST-TRAUMATIC STRESS DISORDER (PTSD)



NEITHER THE DOCTOR NOR THE PATIENT KNOWS THE REGULATIONS

TRANSLATION AND FOREIGN-LANGUAGE INFORMATION LEAFLETS



CLEAR PROTOCOL FOR SERVICES

PROTOCOL	
✓	_____
✗	_____
✓	_____
✓	_____
✗	_____



SOCIAL SECURITY NUMBER (TAJ) OR INSURANCE MISSING



OFFICIAL DOCUMENT



Judit Tóth



DIFFICULTIES IN ACCESSING HEALTHCARE AND PEOPLE IN NEED OF INTERNATIONAL PROTECTION IN HUNGARY

1. Introduction

People in need of international protection are exposed to significant physical and psychological stress in their search for safety, often for long periods, and therefore require health care and assistance from the moment they cross the border. However, health care workers (and social workers) have received very little training on (public) health care for people in need of international protection. Therefore, providing them with some kind of procedural protocol could improve access to care, improve treatment and thus indirectly help the health and integration of people in need of international protection. This is the reason I created the *Refugee Health Procedures Protocol* (MEP). This paper presents the arguments and explanations in favour of the introduction of MEP, but it first discusses the data gap, the current regulation, its positioning in health care policy, professional concerns and relevant WHO recommendations.

2. Specificities of refugee health

What are the specific health needs of refugees and (forced) migrants, i.e. people in need of international protection? Many of them do not have access to health services, and thus have to do without, inter alia, medical treatment and care, including mental health services (especially services for post-traumatic stress disorder).

Women have limited access to gynaecological, obstetric and reproductive health services and face particular threats to their rights, even though they are most vulnerable to sexual violence and other gender-based abuse, as well as to trafficking. Patients and professionals involved in refugee health care may face the following problems, among others:

- mobility can lead to a lack of regular access to vaccinations and medicines and medical supplies, which can lead to antimicrobial resistance; lack of access to integrated health services despite their particular vulnerability to HIV infection and tuberculosis;
- food insecurity and nutritional problems (including malnutrition, including micronutrient deficiencies linked to the unavailability of disease prevention services) can be a serious problems;

- if they come from areas where communicable diseases are present, they pose a risk of infection to the host and transit populations;
- they may be at risk of communicable diseases (food and water-borne) due to the dangers during travelling, poor living and working conditions in the host country and lack of access to basic health services;
- a high proportion of people in need of international protection are disabled, elderly and children. They may seriously lack paediatric care, treatment appropriate to their condition, assistive devices and palliative care;

Displaced persons make up 3.4 per cent of the world's population, totalling 82.5 million (2020). This number is not evenly distributed around the world (for example, 73 per cent of them flee to countries closest to them).³⁶⁹ This raises an important question: should they be cared for as part of the general health care system, or in isolation and based on international cooperation if a (host) country cannot provide care on its own. The former was advocated in the UN Declaration adopted in 2016,³⁷⁰ drawing on good practices and experiences of WHO, UNHCR, IOM, as health care is an essential part of both aiding refugees and good governance.

The WHO Programme for Action 2019-2023 has identified six target areas and priorities:³⁷¹

- promoting the health status of refugees and migrants through a combination of short and long-term public health interventions (e.g. vaccination of children and adults; treatment of acute, chronic and communicable diseases, injuries, mental and behavioural disorders; and provision of sexual and reproductive health services to promote health promotion, disease prevention, timely diagnosis and treatment, rehabilitation services and palliative care, especially in humanitarian crises;
- promoting the continuity and quality of basic health care, while developing, strengthening and implementing occupational health and safety measures;
- integrating health care for refugees and migrants into global, regional and national strategies. This is crucial to promoting refugee and migrant sensitive

³⁶⁹ www.unhcr.org/refugee-statistics (23 October 2021)

³⁷⁰ [UN General Assembly resolution on refugees and migrants](#) 71/1 (2016)

³⁷¹ [WHO, SEVENTY-SECOND WORLD HEALTH ASSEMBLY](#) A72/25 Promoting the health of refugees and migrants. draft global action plan, 2019-2023

- health care policies, as well as legal and social protection (including gender equality; intersectoral, intergovernmental and inter-agency coordination; capacity building in the health care sector; reducing communication barriers; and training health care professionals in culturally sensitive service provision);
- for health care to cover the entire global population (coverage), the training, recruitment and regulation of (international) health care professionals working with refugees must be organised;
- health care monitoring and information systems must be strengthened, which require standardised and comparable registers at global, regional and national levels. Policymakers need to develop evidence-based policies with an understanding of the health risks. The information system is also necessary for the development of portable health records and health cards, including the introduction of health cards for people on the move to ensure continuity of care;
- evidence-based health care communication, tackling misconceptions about refugee health, as the host population is not sufficiently informed about migration and refugees nor the impact on local communities and the health care systems,³⁷² which makes advocacy, public communication and education within the health care sector difficult.

This is in line with the priority objectives of health care set out in the UN's Global Compact on Refugees.³⁷³ Resources and expertise must be provided in accordance with national health care legislation, policies and plans, and at the request of the host country. This could expand the health care system and improve the quality of care, thus improving the situation of refugees and host countries, in particular for women and girls, children, adolescents and young people, the elderly and people with chronic diseases (tuberculosis and HIV). Furthermore, it would assist survivors of trafficking, torture, trauma or violence, including people with disabilities and victims of sexual and gender-based violence. Assistance can take the form of financial or technical support to build or equip health care facilities or to strengthen service provision (capacity building). Equally important is training for health care professionals working with refugees, including the fields of

³⁷² Especially if there is a directive on public television that instead of the word refugee, only migrant can be used, even for recognised refugees, and instead of refugee camp, only reception camp can be said, i.e. in the world according to MTVA there are no refugees at all, just as there is no realistic picture of the pandemic. The M1 journalists have been exposed, they had to paint a false picture of the pandemic. [Index](#), 11 Nov 2020.

³⁷³ Global Compact on Refugees, United Nations, New York, 2018, pp. 72-73.

mental health and psycho-social care. The main target areas are disease prevention, immunisation and health promotion activities, including participation in physical activities and exercise. Furthermore, access to adequate supplies of affordable medication, medical equipment, vaccines, diagnostic tools and preventive tools must be ensured.

The reception of irregular migrants (i.e. the majority of applicants for international protection) and the processing of their applications can cause public health (mainly epidemiological and occupational health) problems.³⁷⁴ They may bring in diseases with a long incubation period, often preventable by vaccination, because their epidemiological profile is different from that of the host countries (HIV/AIDS, tuberculosis, hepatitis B/C). At the same time, the EU as a whole is struggling with the differences in vaccination policies between Member States. There is a high turnover of asylum seekers, and the time available for recording the data required for asylum applications is minimal, placing a huge burden on health care staff to carry out health screening and examinations in reception centres/alien policing centres. It is a contradiction that the relevant national legislation requires the identification of persons suffering from certain diseases when examining asylum applications. In other words, in addition to the immigration aspects, the required screening tests to establish the health status of the asylum seeker and cooperation in any therapy are essential for granting a status. If an applicant carrying a potential pathogenic condition refuses treatment, his/her asylum application might be rejected. However, lack of screening data can also be a problem, as screening (blood sample, stool sample collection and lung screening) requires applicants to attend different health facilities, i.e. cooperation is necessary.³⁷⁵ (As an example, the highest screening rate among asylum seekers was 76%, while the lowest was in 2014 when only 6% of asylum seekers had a blood sample taken. The data on the bacterial carrier conditions of syphilis, bacteriophyphoid and paratyphoid are lacking even more if the asylum seeker leaves for an unknown destination before the screening result is in or, in the case of a positive test result, while on drug therapy.) It is clear, therefore, that adherence to screening protocols is almost impossible and that the cumbersome reporting process, the long time between placement and the screening test being carried out, and the onward journey/disappearance of asylum seekers are obstacles to effec-

374 Zoltán Katz: The health status of asylum seekers in the light of mandatory screening tests – Facts, conclusions, recommendations. In: Gyula Gaál, Zoltán Hautzinger (eds.), 2016, Pécs, 253-261.

375 For example, between 2007 and 2014, a total of 3727 blood samples were taken at the Debrecen Reception Centre, but only 1687 asylum seekers appeared for screening, while between 2012 and 2014, 1072 stool samples were taken, see Decree 32/2007 (27.VI.) of the Ministry of Health on diseases endangering public health related to the stay of persons with the right of free movement and residence and third-country nationals in Hungary.

tively addressing the health care challenges associated with migration. Also, it is clear from the literature on screening and care of people living with HIV³⁷⁶ that high latency is a problem and that those who are already confirmed infected often do not have access to health care services.

According to the Code of Ethics of the Hungarian Medical Chamber,³⁷⁷ in the case of serious or incurable diseases, gradual provision of information is desirable, provided that it is in the patient's best interest. Information on HIV infection is usually not provided gradually, so it can often trigger a suicidal mental state. The Code also states that it is unethical to justify financial decisions that restrict patient care on medical-technical grounds,³⁷⁸ i.e. a doctor must not give the impression that the patient is receiving optimal care despite financial constraints.³⁷⁹ However, patients do not necessarily disclose their infection to their doctors, according to a survey of people living with HIV.³⁸⁰ More than half of respondents did not even tell their GP that they were infected. Most people do not talk about their HIV status for fear that others will find out, or to avoid being stigmatised or denied care. One in ten respondents had been refused specialist care because of their HIV status, and one in four hospitalised patients had experienced discrimination. There were several cases of people not having their sensitive data handled properly, for example writing HIV in large red letters on their medical chart or medical staff talking about their HIV status in a way that others could hear. The dignity of several respondents was violated by being placed in isolation and unnecessary precautions were taken, such as being approached by nurses wearing a mouth mask or rubber gloves. There is no evidence that the situation has changed.

There is a high turnover of asylum seekers (a significant proportion leave the country or their first accommodation before the decision on their case) and the timeframe for collecting the data required for an asylum application is inherently minimal. Therefore, the medical examinations and screening to be carried out in reception centres/detention centres place a barely manageable burden on their health care staff. When assessing asylum applications, the legislation on mandatory screening requires the performance

376 Judit Tóth: HIV and AIDS in the international migration regulation. Hungarian Law, 1994/12: 730-734; Judit Tóth: The Role of HIV Status in Alien Policing. In HIV/AIDS and Human Rights in Hungary. Szerk: Csernus Eszter. Társaság a Szabadságjogokért, Budapest, 2003, pp.87-109.

377 II. point 5(7)

378 II. point 14(1)

379 Máté Julesz: HIV/AIDS and the law in Hungary. Medical Weekly, 2016/47: 1884-1890.

380 www.tasz.hu/cikkek/hiv-vel-elok-tapasztalatai-az-egeszsegugyben-1

of screening tests for specific diseases, pathogen-carrying conditions, health conditions and the subsequent treatment of the patient. The cooperation of the applicant is essential, but without thorough information, interpretation and knowledge of their place of accommodation, this is hardly possible.

The lack of data is also due to the fact that in recent years irregular migrants have been pushed back at the Greek or Hungarian borders in an informal procedure, and there are frequent cases of abuse, and hindering entry to the country with violence.³⁸¹ The cornerstone of the international protection system is the obligation for the state not to expel or return a person to a territory where his or her life, safety or freedom could be at risk. The prohibition of torture in Europe is an absolute rule, allowing no derogation, exception or restriction³⁸² even when migrants arrive en masse at borders or when there is a health emergency such as the Covid-19 pandemic. Therefore, the LIBE Committee of the European Parliament has proposed a draft regulation³⁸³ to establish a uniform regime for pre-checks at borders, i.e. the identification, registration and fingerprinting of persons in need of international protection and for conducting security and health checks at the EU's external borders. This proposal requires a quick decision: the migrant either must return to the border crossing or for applicants for international protection, a normal, an accelerated or an asylum procedure is launched. The aim is to create a new "independent mechanism for monitoring fundamental rights" to ensure that they are treated in accordance with EU and international law, as similar monitoring mechanisms are already in place for the forced return of migrants (expulsion, deportation), including the swift and appropriate handling of their complaints. In case of evidence of push-back, national judicial authorities must investigate the violation of fundamental rights, identify the responsible actors and provide compensation to victims. Judicial proceedings in various EU Member States (e.g. Italy and Slovenia) highlight how judges assess responsibility and provide both criminal and civil remedies to third-country nationals affected by push-back. This procedure, if implemented, would also provide for medical measures and data collection.

381 Setting the right priorities: is the new Pact on Migration and Asylum addressing the issue of pushbacks at EU external borders? Forum on the new EU Pact on Migration and Asylum in light of the UN GCR Contribution by Marco Stefan and Roberto Cortinovis (CEPS, Brussels, 25 November 2020)

382 Non-refoulement principle: based on Article 33(1) of the 1951 Refugee Convention and Article 3 of the 1984 UN Convention against Torture, Articles 2-3 of the European Convention on Human Rights

383 Proposal for a Regulation of the European Parliament and of the Council introducing a screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817, COM/2020/612 final

The WHO is also addressing the issue of migrant and refugee health,³⁸⁴ to which the International Centre for Travel Health and Vaccines within the National Centre for Epidemiology should respond more strongly. The slow response may be explained by the lack of significant practice in travel health before 2004, which includes not only assistance medical services (medical care and repatriation of tourists abroad) but also health care for asylum seekers and beneficiaries of international protection. Finally, an amendment to the Health Act (§ 74/A), which entered into force on 28th October 2015, empowered the Chief Medical Officer of Hungary to order screening of asylum seekers in the time of mass immigration or other health crises. People in transit zones had to prove that they had taken the necessary samples for the screening test to be allowed to enter Hungary. The public health authority (district government office) communicates the screening test result to the asylum authority, but the result cannot serve as a basis for rejecting the asylum application unless the asylum seeker is not cooperative.

The association of paediatricians has declared:³⁸⁵ refugee children and young people need special physical and mental support. To this end, age assessment is essential to determine eligibility. However, there is no objective and culturally accurate method for age assessment. Therefore, paediatricians and other health professionals must be involved in planning the reception of these children and young people and in implementing clinical and public health programmes and protocols. Physical, mental and social assistance must take into account the traumas they may have experienced in their country of origin or during their flight. Upon arrival in a place of safety, their physical and mental condition must be assessed to ensure that they receive the curative-preventive care appropriate to their needs, identifying those in need of urgent care, assessing risks and protective factors, including a non-stigmatising assessment of family members or any other accompanying persons. They must be provided with a full range of primary care and locally available specialist care. The main objective of the assessment of developmental and behavioural status is to ensure that the placement is appropriate to their needs. Interpreters must also comply with health care rules.

UNHCR's regional office has urged that refugees in Central Europe should have easier access to health care services.³⁸⁶ Although the EU Qualification Directive (2011/95/EU)

384 Éva Kereszty – Máté Julesz: Migrants in Hungary – Some legal and public health considerations. *Hungarian Science* 2016/4:438-451

385 Budapest Declaration on the Rights, Health and Well-being of Refugee Children and Young People. International Society of Social Pediatrics and Child Health Conference, Budapest, October 2017

386 [UNHCR Regional Representation for Central Europe](#), Budapest, 2009.

provides that refugees have access to health care under the same eligibility conditions as nationals, it does not necessarily cover the full range of services, often limited to basic and emergency care. Experience in the EU shows that refugees are often not familiar with the health care systems of their host countries. Without basic language skills or interpretation and translation services, they are often unable to communicate with medical professionals; they are often not referred for appropriate treatment. Health care providers may not be familiar with the forms used to prove refugees' eligibility for health insurance and thus refuse to treat them or refer them to specialists. In Member States where participation in integration programmes (e.g. language training) is compulsory, refugees with special needs who are unable to attend the course (elderly or survivors of torture and trauma) may lose their health insurance eligibility, even though they are the ones who need medical care the most. Furthermore, there are significant regional, municipal and social disparities in the EU in terms of health care. There is a need for a health care comprehensive policy that includes measures specifically targeting vulnerable groups (people living in poverty, disadvantaged migrants and ethnic minorities, people with disabilities, older elderly people), as this affects their fundamental rights.³⁸⁷

In 2016, the WHO Regional Commission for Europe published a situation analysis on migration health in Hungary, prepared jointly by the Ministry of Human Capacities and with the involvement of international and civil society organisations working in Hungary.³⁸⁸ In 2015, at least 400,000 irregular migrants arrived in Hungary, but only 161,000 sought asylum and only 30,000 were screened, while the government requested WHO's assistance in providing public health facilities for refugees. The report is based on an onsite investigation that took place in October 2015, as well as in-depth interviews and discussions with stakeholders. The report highlights that many vulnerable refugees, suffering from chronic illness or acute infections (victims of human trafficking, victims of torture, post-natal women, infants) would have needed suitable care within realistic timeframes, proper documentation of care, and follow-up. However, Hungary did use its emergency (disaster) plan in 2015-2016. Although the police and ambulance service had set up mobile screening stations, there was no strategy for screening, psychiatric care, child

387 The relationship between health and solidarity is discussed in several institutional communications. See COM (2009) 567 final: Solidarity in health: reducing health inequalities in the European Union. On the above-mentioned communication, see the opinion of the Committee of the Regions (2010/C-000/01) and the opinion of the European Economic and Social Committee (2011/C-18/13).

388 Hungary: [Assessing health system capacity to manage sudden, large influxes of migrants](#). A joint report on a mission of the Hungarian Ministry of Human Capacities and WHO Regional Office for Europe. 2016.

care or treatment of infectious diseases in place. There were no means of communication to inform the general population and refugees, no interpretation, no professional platform of specialists to deal with cultural conflicts and no comprehensive centralised communication with refugees concerning infections. This was particularly the case due to the high number of decentralised places of care (transit zones, reception centres, detention centres, civil and religious institutions, health care services) and the lack of coordination between central authorities. The lack of relevant training for health care professionals also became a source of problems. The national public health (crisis) plan and, especially at the frontline (at the border, at primary entry points and shelters), the emergency plan, the data collection plan on refugees and the communication plan were not implemented at all.

In the field of occupational health and safety, frontline border guards and police officers on the receiving side were not fully prepared to deal with migrants and prevent health risks.³⁸⁹ In 2009, the level of preparedness along the EU's eastern Schengen borders (Poland, Slovakia and Hungary) was assessed focusing in particular on public health safety and the specific health problems of migrants,³⁹⁰ but by 2015-16 the situation had only improved little.³⁹¹

3. Availability and lack of accurate data

For decades, health care data collection has been based on the statistics on diseases and interventions and their financing units (ICD and HDG).³⁹² Therefore, the statistics do not show the number and nature of doctor-patient visits, nor the actual need of patients, as it is mainly health interventions that the health insurance finances.

389 István Szilárd – Árpád Baráth: Migration and health security: new occupational health challenges. Pécs, Pécs Border Guard Scientific Publications, 2011, 269-278.

390 For example, in most of the interview rooms where migrants are strip-searched, there were no hand-washing facilities; medical examiners meeting health standards were only available in the guarded accommodation; the uniforms of police officers who go to the green border or interview and search applicants with unknown health backgrounds and potential infections are washed at home with the rest of the family's clothes.

391 Gábor Éberhardt: The possible public policy implications of overload migration. PhD thesis, Budapest, National University of Public Service, Doctoral School, 2021.

392 The WHO introduced the BNO (The International Statistical Classification of Diseases and Related Health Problems) code system, so that the diagnosis of a person who has fallen ill or sustained an injury in any country can be classified according to a uniform code system. Based on the standard coding used by the OEP, the various statistics and country reports can be collated according to a uniform coding. The homogeneous disease groups (HBCSs) are used in the financing of inpatient care, classifying active hospital cases with a similar performance value in terms of size, i.e. with almost the same professional-technical input requirements, into a financing group, and the classification is medically acceptable. The classification is primarily determined by the diseases justifying the care and the medical interventions prioritised for the classification. The system of homogeneous disease groups is not only used to classify hospital cases, but also those that can be treated without the patient having to stay in hospital all day.

To optimise expenditure on health insurance, from 2004 onwards, a maximum level of performance volume was set for health care providers (i.e. the number of interventions in a given period), and financing is only available within this limit. Consequently, the statistics only show the interventions actually performed (and not those claimed). This led to a capacity shortage and waiting lists³⁹³ (active state capacity planning instead of responding to needs or the market) because only the reserved specialised care capacity is subject to a financing agreement.

The weekly/annual statistics of the National Health Insurance Fund (NEAK), also provide information on communicable diseases, deaths, hospital occupancy and expenditure. However, none of the data sets are disaggregated by age, sex, nationality or legal status.

With the creation of the National eHealth Infrastructure (EESZT),³⁹⁴ the data gap could in principle at least partially be closed. Public health care must be recorded in the health profile since 2018 and private health care from the second half of 2020, creating a large database with a wide range of data. For example:

- the type and value of the personal identity card (social security number) of the patient. However, only a small proportion of asylum seekers and people in need of international protection have this, i.e. they are not included in this register,
- for primary care, the reimbursement category is listed, which would allow collection of data on financing (the patient, the health insurance or the national budget),
for emergency (ambulance) care, the nationality of the patient, the referral and the patient's further medical history,
- the information to be uploaded to the health profile for the patient includes:
 - name of the vaccination, date of vaccination for the immunity (disease),
 - the dates of closed or inactive medical problems, previous surgeries and interventions,

³⁹³ [NEAK's national waiting list register](#), which shows how many patients are waiting for priority operations in each hospital and what the waiting times are, the number of patients waiting and the waiting times in each region and country

³⁹⁴ Chapter III/A of Act XLVII of 1997 on the management and protection of personal data related to health and related personal data and the annexes of EMMI Decree 39/2016 (XII. 21.) on the detailed rules related to the Electronic Health Service Space define the continuity of on-call, emergency patient care and rescue tasks, while the provisions of Act No.47/2004. (V. 11.) Ministerial Decree on certain organisational issues of the continuous operation of health care and the detailed rules for the financing of health services from the Health Insurance Fund are defined in accordance with Government Decree 154/2020 (IV. 27.) amending Government Decree 43/1999 (III. 3.) on certain organisational issues of the continuous operation of health care and the detailed rules for the financing of health services from the Health Insurance Fund.

- current medical problems/diagnoses, therapeutic suggestions,
- current medication,
- description of a disability,
- lifestyle factors,
- pregnancy,
- the medical documentation (final hospital report, outpatient form, surgery report, ambulance form) and the report on the laboratory tests.

This wealth of information would help to obtain partial statistics only if there was no obstacle to only allowing the querying of the EESZT database based on the social security number and the data on the general practitioner service³⁹⁵. In connection with inpatient care, only care provision can be financed that are recorded in the EESZT, i.e. not all treatment events are recorded there, but only those that are financially relevant.

The health insurance register is kept by the health insurance body designated to manage the Health Insurance Fund. The personal data contained in the register may not be deleted for 30 years after the death of the natural person concerned. In principle, certain statistical data could be collected ex post from this database.

The NIEM health care data types³⁹⁶ (indicators) overlap and are closely linked to the indicators related to social benefits, so it would be important to know the proportion of people receiving health care based on social need and the proportion of people receiving health care based on their social security status. However, this is also not available because the database is based on the Social Insurance Identification Number (hereinafter: SID).

³⁹⁵ The purpose of the relationship check is that all publicly-funded healthcare providers, in compliance with legal obligations, check online at each doctor-patient appointment whether the patient is registered with the health insurance company. But the check based on the social security number/other personal identification data is not the same as a relationship check. The notification of the absence of a relationship will be given to the patient by the provider if the patient does not have a relationship. The notification is not part of the patient's documentation (under Article 12/B of Government Decree 217/1997 (XII. 1.) on the implementation of Act LXXXIII of 1997 on the benefits of compulsory health insurance.)

³⁹⁶ Indicators: procedure for health care needs of asylum seekers, beneficiaries of international protection; identification by groups (asylum seeker, refugee, beneficiaries of international protection, long-term resident, resettled refugee, family member) on the basis of residence permits (temporary and permanent access, family reunification); access to health care (as foreigners or as Hungarian citizens); administrative barriers to access (waiting, documentation...); involvement in the health care system; extent of health care coverage (emergency only, life-saving only, primary care...); access to health care when special needs arise (child/infant care, antenatal care, maternity care, psychiatric and mental health care, elderly care, victims of torture, trauma); information to health care providers on entitlements/eligibility (authorities/providers regularly inform their staff); information on entitlements and use of health services (institutional or individual); unmet needs; free/easy access to interpretation services (institutional or individual); average integration of beneficiaries of international protection in the health system (how refugees are included in ministerial policies, monitoring of health care for refugees, regular review of refugee legislation); health budget (proportions), cooperation of authorities, municipalities in health care for beneficiaries of international protection (if any, how), partnership with health professional NGOs (if any, how).

Beneficiaries of international protection are becoming a hidden population, as no data on them can be extracted from statistics. This in turn makes their social representation, acceptance and integration more difficult. There are hardly any asylum seekers and beneficiaries of international protection in Hungary,³⁹⁷ and statistics (whether microcensus, decennial census or by social security number)³⁹⁸ include only a fraction of people in need of international protection (for example, due to undercounting, optional responses or migration abroad or lack of social security number) and no statistics whatsoever on asylum seekers.

Overall: the data underlying the common European research (Baseline: age, gender, vulnerability – single parent, disabled, unaccompanied minors, victims of torture) and other data disaggregation are not available in Hungary, even for the asylum procedure and for the assessment of vulnerability. At most, only partial data are available on health care expenditure for certain groups.³⁹⁹ As the Hungarian data collection system is also structurally different from the NIEM indicators, basic data relevant for health care are missing for the usefulness of the indicators. Health statistics are not collected separately for asylum seekers and beneficiaries of international protection (by legal status or vulnerability groups), so only partial and sporadic data will be available. With the proposed introduction of the Asylum Health care Procedures Protocol MEP, data could be generated in Hungary on people subject to an asylum procedure and subsequently receiving health care services.

397 According to HCSO, 73 people applied for asylum in Hungary between January and March 2020, and only 22 between April and June. In the summer, the transit zones in Röszke and Tompa were closed, and the 300 or so people staying there were transferred to reception centres in the interior of the country. In other words, the maintenance of the crisis caused by mass immigration (until 7 March 2021) is legally unfounded, because it is not justified either by the number of applicants or by the situation at the border, especially if asylum applications can be lodged under a preliminary procedure at Hungarian embassies outside the EU (see the procedure under Act LVIII of 2020 and Government Decree 292/2020 (17 June 2020) on the declaration of intent to lodge an asylum application, which will apply from 18 June 2020).

398 Anna Sára Ligeti: Circular migration in Hungary. *Statistical Review*, 2019/4:327-346.

399 For example, the Ministry of the Interior paid the OEP 72.2 million for the medical care of refugees in reception centres in Hungary in 2015 and 15.2 million for the care of refugees until 31 August 2016. From January 2015 to August 2016, the Hungarian state spent a total of 87.4 million forints on medical care for refugees, while one and a half times this amount was spent on publishing anti-refugee referendum posters in a government newspaper during the same period. By September, the total advertising campaign had reached HUF 20 billion (see We paid one and a half times as much for migrant care in Magyar Idek alone as for refugee care. Zsolt Kerner, 24.hu, 23 September 2016)

4. Policies

To apply the legal obligations and international standards on refugee health care in Hungary, it is not sufficient to incorporate them into legislation, but they must be incorporated into various public health programmes and health care action plans.

Over the past decade, a plan to save the health care sector has been drafted⁴⁰⁰ however, it does not even mention people in need of international protection. The aim of the document, which is addressed to the medical profession and the health industry, is to ensure that health care is available to all citizens based on their needs, in proportion to the performance of the economy, social realities, public spending and the principle of solidarity. Self-financing is complementary and patients could pay to jump the waiting lists. Respect for human dignity and patients' rights (such as freedom of choice of doctor) is a means to other objectives. The essence of the reform is IT development and institutional concentration (consolidation into national centres and university clinics) to save money. Although it would have been an improvement in terms of legal protection for people in need of international protection, the proposed National Centre for Patients' Rights was not created, despite the fact that the former insurance oversight and complaints handling body has been dismantled.⁴⁰¹

In 2015, a short paragraph of the reform to strengthen primary care states that primary care should be made fully available to asylum seekers, refugees and beneficiaries of subsidiary protection within the period allowed by the Act on Asylum (i.e. during the procedure and for up to six months afterwards).⁴⁰² The concept states that the eligibility to primary health care services is regulated by various levels of legislation (general practitioners, dentists and public health nurses) and that "the provision of services is not uniform across all regions and creates problems of interpretation. As the resolution of this situation is important for the protection of the persons concerned and the general public, clear access and eligibility to primary care for these persons should be

400 Semmelweis Plan to save health care. Professional Concept, State Secretariat for Health of the Ministry of National Resources, October 2010, page 64.

401 The Health Insurance Supervisory Authority 2010. Its general successor is the Ministry of National Resources, its partial successors and partly exercising its former competences are: the National Office of the Chief Medical Officer of the State Public Health and Veterinary Service, the former regional institutes of the State Public Health and Veterinary Service, and currently the public health administration bodies of the regional government offices, the National Health Insurance Fund. The OBDK, which investigates patient complaints, was integrated into the Ministry in 2017.

402 The 2015 Act CXXIII of 2015 on primary health care finally passed does not cover refugees

established as soon as possible."⁴⁰³ In other words, it is not urging the development of basic services from a constitutional or human rights point of view, but from a perspective of enforcement of the law.

The Health Care Sectoral Strategy for 2014-2020, and the Public Health Strategy to be developed on its basis, do not take into account the foreign patient population, except for health tourism. It can be highlighted that the need to promote targeted actions to improve universal access to public health services, systems and their standards was also urged for 2017-2018.⁴⁰⁴ Based on the conclusions of international indicators, this could help to examine health care inequalities and the effectiveness of care. The selection of the statistical data set could contribute to the use of some of the common European Core Health Indicators (ECHI)⁴⁰⁵ for monitoring improvements. The introduction of EESZT has slightly improved patient data security, but the potential of the cloud-based system is not fully exploited in daily practice. There is a need for the development of professional registers that would also point health care policy planners at the necessary intervention areas. Any development can only be based on reliable data, and although there is extensive data collection at all levels of the care system, its reliability is questionable. The National Strategy for Health Informatics (NES)⁴⁰⁶ aims to apply the tools of informatics, digitalisation and artificial intelligence to the Hungarian health care sector to improve the effectiveness of care. The professional coordination of the implementation of the NES system is carried out by the National eHealth Board, whose members include representatives of the Ministry of Interior, Ministry of Human Capacities, Ministry of Innovation and Technology and the Prime Minister's Office. The NES is mainly funded by the European Union, but the actual sub-objectives and expenditures are not public and are only reported annually. The National Public Health Strategy (2017-2026) is subject to a limited public debate.⁴⁰⁷ In 2019 it was communicated that it aims to strengthen outpatient and primary care, promote broader collaboration through tenders, develop a community of practice, and also care close to the population through the network of Health Promotion Offices (HPEs). Although 116 of

⁴⁰³ The concept of strengthening primary health care. State Secretariat for Health, April 2015, Health Care for Asylum Seekers, Refugees and Protected Persons, p. 36.

⁴⁰⁴ 1886/2016 (XII. 28.) Government Decision on the Action Plan of the "Healthy Hungary 2014-2020" - Health Sector Strategy for 2017-2018

⁴⁰⁵ The ECHI is essentially a public health oriented indicator system: out of a total of 88 indicators (for which sub-disaggregations are available in several cases, so that in total there are several sub-indicators), about 20 relate to the description of the operational levels of the health care system beyond the public health system (e.g. primary care, hospital care)

⁴⁰⁶ Government Decision 1455/2021.(VII. 13.) on the National Health Informatics Strategy

⁴⁰⁷ Budapest, 4 April 2017, www.parlament.hu/irom40/14478/14478-0001.pdf

these are operational on paper, some of them have not adapted to the needs of the population, and there is no standard or methodology for this, which will be provided by the National Centre for Public Health. Stakeholders have been critical,⁴⁰⁸ of this Strategy, stressing that patient pathways should be shortened (which would also simplify access to appropriate care for people in need of international protection).

Another problem is that development strategies and reform plans in the health care sector are not prepared in accordance with legislation. Since 2011, legislation can only be presented after an impact assessment,⁴⁰⁹ and since 2012, it has been mandatory to prepare strategic planning documents for all policies (country forecast, national 5-9 year medium-term strategy, ministerial programme, institutional work plan, 10-15 year long-term concept, white paper, and based on these, policy strategy, policy programme, institutional strategy and green paper).⁴¹⁰ These can be adopted by the government and then by the parliament after an intensive public debate and after the disclosure of public information. As a result, refugee health would certainly not be left out of the professional strategies.

It is not clear from these documents, therefore, whether people in need of international protection are not mentioned in the past documents or current strategies because they are treated in the same way as the general population or because separate, specialised care solutions and institutions would be created for them. Policy has long been in arrears in developing a concept of development in one direction or another for the needs and care of people in need of international protection.

Until then, we have to make do with the sub-targets of improving overall access to care and data management. However, the reduction of inequalities, its universal nature and the necessary steps should be emphasised, in connection with the most common situations of discrimination. Examples include facilitating access to contraceptive methods, significantly improving emergency care (e.g. clear demarcation of competences and responsibilities, alignment of geographically appropriate emergency care with operational conditions), increasing the capacity of patient transport, drug prevention, significant improvements in community care for people with mental disorders, support for people discharged from psychiatric treatment, and strengthening patients' rights by

⁴⁰⁸ Orsolya Tarcza's [report](#) on the Medicina Forum, Medical Online, 9 October 2019.

⁴⁰⁹ 1144/2010 (VII. 7.) Korm. h. (part of the Government's Rules of Procedure), KIM Decree 24/2011 (VIII.9.) on the preliminary and ex-post boundary assessment, and the MvM Decree 12/2016 (IV. 29.) on the preliminary and ex-post impact assessment

⁴¹⁰ Government Decree 38/2012 (III. 12.) on strategic government management

introducing an effective and transparent complaints handling system. All this would be essential for those in need of international protection.⁴¹¹ However, as long as the system is wasteful, the government will not provide more resources for health care, as the real issue is that health care is simply not a priority for the government.

5. The legal environment

The legislation includes universal, regional and national sources of law on health care.

The 1951 UN Refugees Convention provides that refugees who are legally resident in a country must have the same rights as nationals in accessing social security benefits (Article 24).⁴¹² This includes care in case of accidents at work, occupational diseases, pregnancy, sickness, incapacity for work, old age, death, unemployment and maintenance obligations under national law. The United Nations Covenant on Economic, Social and Cultural Rights (1966) aims to guarantee social security and access to social security to everyone (Article 9) and the right to the highest attainable standard of physical and mental health, including health care and medical treatment (Article 12).⁴¹³ The right to human dignity and protection of children, including the right to health care, is enshrined in other international conventions (e.g. UN Convention on the Protection of the Rights of All Migrant Workers and their Families, Convention on the Rights of the Child), even for irregularly working refugees.⁴¹⁴

The United Nations Convention on the Rights of the Child (1989)⁴¹⁵ gives all children under the age of 18 the right to medical care, including prenatal care and infant care, in the best interests of their health (Article 24), protection against all forms of violence, abandonment and neglect (Article 19), and even a state guarantee of family reunification for refugee children (Article 22).

Under Article 168 of the Treaty on the Functioning of the EU (TFEU), public health is a shared competence between the European Union and the Member States. This means

that EU actions are complementary to national policies and that the EU is primarily intended to support actions taken by Member States, for example, monitoring, early signalling and tackling serious cross-border threats to health. Member States coordinate policies and programmes among themselves in the public health area covered by EU actions. In the wake of the Covid-19 pandemic, the Commission has stressed the need for rapid and strong coordination and information exchange to strengthen key areas of preparedness and response, and a commitment to implement these measures where they fall within national competence.⁴¹⁶ For example, the EU may adopt binding health care rules, for example on serious cross-border threats to public health (Decision 1082/2013/EU of 22 October 2013), which also applies to communicable diseases, on the grounds of protecting public health. This Decision lays down rules for epidemiological surveillance, monitoring, early warning and response to serious cross-border threats to public health, including preparedness and response planning for these activities, in order to coordinate and complement national policies. Member States are also required to coordinate their Covid-19 pandemic response in the so-called EU Health Security Committee, chaired by the Commission and composed of national health ministers. The EU Commission can take all initiatives to promote the coordination of Member States' policies and programmes, in particular by developing guidelines and indicators and organising the exchange of best practices.⁴¹⁷

Under the EU's Common Asylum System, beyond the rules of the Charter of Fundamental Rights (2000),⁴¹⁸ when residing in Hungary

- asylum seekers have the right to appropriate health care, i.e. at least emergency care, including medical treatment and substantive treatment for mental illness, while asylum seekers with special needs must be provided with reception and psychiatric treatment appropriate to their needs, including rehabilitation for child victims;
- beneficiaries of international protection (i.e. independently from the category of their status, until the end of their status) must be provided access to health care under the same conditions as nationals and in an appropriate manner, including

⁴¹¹ The Society for Civil Liberties has expressed its concerns about the "Healthy Hungary 2014-2020" health sector strategy and the amendment of health-related legislation, see: www.tasz.hu/files/tasz/imce/2015/tasz_allasfoglalas_eustrat2015.pdf

⁴¹² Promulgated by the 15. tvr. 1989

⁴¹³ Promulgated by the 9. tvr. of 1989

⁴¹⁴ Bell, Mark: Irregular Migrants: Beyond the Limits of Solidarity. In Malcolm Ross - Youri Borgmann-Prebil (ed.) Promoting Solidarity in the European Union. Oxford, Oxford University Press, 2010, p. 164.

⁴¹⁵ Promulgated by Act LXIV of 1991

⁴¹⁶ Communication from the Commission to the European Parliament, the Council, The European Economic and Social Committee and the Committee of the Regions on Short-term EU health preparedness for COVID-19 outbreaks

⁴¹⁷ Friedery, Réka: Free Movement of Persons versus COVID-19: National Restrictions and EU Law. MTA Law Working Papers, 2020/38.

⁴¹⁸ Dir. 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted, Art.30; (Qualification Directive) Dir. 2013/33/EU laying down standards for the reception of applicants for international protection, Art.19 and 23 (Reception Directive)

psychiatric care, prenatal care, care for people with disabilities, treatment for victims of violence, torture, exploitation and armed conflict, taking into account their specific needs.

Health care in Hungary has been publicly funded since 1992, but it is insurance-based. Under compulsory health insurance, which is a sub-system of social security, beneficiaries can be divided into two main groups: the insured (persons who pay contributions to obtain all health insurance benefits, including health services and cash benefits) and social beneficiaries of health care services (persons who pay no contributions or fees and their care is paid for by the central budget through transfers to the Health Insurance Fund).

Applicants for international protection can fall into both groups and their eligibility to health care⁴¹⁹ are summarised in Table 1, including benefits based on social need,⁴²⁰ insurance status⁴²¹ and nationality.⁴²²

419 Metv. 5. § (2) d.); 10.§ (4) b.); 22.§ (2) c.); 26.§ (1); 27.§, 29.§, 29/A.§, 30.§ (4), 31/A. § (8)(10), 31/F § (2), 32.§ (1a)(2); 301/2007. (XI.9.) Government Decree § 3-4, § 4/A, § 15-16, § 26-28, § 32-36, § 44, Act CLIV of 1997, § 142, Government Decree 43/1999 (III. 3.), Act CXXII of 2019, Act III of 1993

420 It is established by the district or district body of the Government Office dealing with social affairs, upon application and by issuing a certificate, for persons whose monthly income per person in their family is 120 per cent (HUF 34,200) of the current minimum amount of the old-age pension (HUF 28,500) or who live alone and whose income does not exceed 150 per cent (HUF 42,750) of the current minimum amount of the old-age pension and whose family has no assets. III. law of 1993.

421 The compulsory health insurance (Act LXXXIII of 1997) has been tightened, from 1 July 2020 it is no longer possible to settle the outstanding health insurance service contribution (HUF 7710/month for nationals, based on the minimum wage for other people) after three months, i.e. the patient must pay the service and the monthly premium if he/she has been treated, but emergency care must still be provided.

422 Hungarian: a Hungarian citizen with a registered place of residence in the territory of Hungary pursuant to Act LXVI of 1992 on the Registration of Personal Data and Addresses of Citizens, a person with immigrant or settled status, a person recognised as a refugee or a person granted protection, and a stateless person.

Table 1.
Who is entitled to health care under national law and what kind of health care?

Applicant	Person in asylum detention centre	Refugee	Beneficiary of subsidiary protection	Tolerated status	Beneficiary of temporary protection
eligible to: screening, vaccinations, treatments prescribed by the authorities, epidemiological care, primary care, emergency care, including specialised outpatient/inpatient care, medical aids and medicines, dental care, prenatal care, obstetric care, post-mortem examinations, emergency health care, patient transport, rehabilitation, psychological and clinical psychological care, as well as psychotherapeutic treatment, for people with special needs		eligibility: screening, vaccinations, treatments ordered by the authorities			
		eligibility: for 6 months after the status is finally granted, if the person is in need of primary care and general medical care, specialised care, medicines, emergency care, patient transport, obstetric care, prenatal care	after the status has been validly granted, if the person is in need, for general medical care, ambulance, emergency care, post-mortem and emergency care	eligibility. after the status has been validly granted, if the person is in need of primary care and emergency care, patient transport	
		eligibility: 0-18 years old (minor), if resident or staying in Hungary, entitled to full health care	Eligibility: 0-18 years (minor) if the person has a place of residence in Hungary, they are eligible for comprehensive healthcare		
		if the person socially deprived and have a registered place of residence, if the person is entitled to full health care ⁴²³			
		full-time student (over 18) entitled to full health care			
		homeless (as a user of a social assistance institution) entitled to full health care			

423 It is established by the district or district body of the Government Office dealing with social affairs, upon application, by issuing a certificate to a person whose monthly income per person in his/her family is 120 per cent (HUF 34,200) of the minimum old-age pension (HUF 28,500) or who lives alone and whose income does not exceed 150 per cent (HUF 42,750) of the minimum old-age pension and whose family has no assets. III. law of 1993.

Applicant	Person in asylum detention centre	Refugee	Beneficiary of subsidiary protection	Tolerated status	Beneficiary of temporary protection
		the right of a resident ⁴²⁴ to health care for up to 45 days after the termination of his/her employment (passive right under social security)			
eligibility: rescue					
Eligibility to health care for other categories of persons:					
a foreign minor temporarily placed or taken into care by a Hungarian authority under the Act on the Protection of Children and Guardianship Administration is entitled to full health care					
a third-country national who is placed in a community shelter or transit zone or who is a victim of trafficking in human beings is entitled to epidemiological, rescue, emergency care, post-mortem examination, emergency health care, including medical aid, medication, and compulsory vaccination as provided for by specific legislation (a refugee who is a victim of trafficking in human beings can prove this with a humanitarian residence permit or a temporary residence certificate)					
as a detainee, the person is entitled to full medical care (specifically: prison doctor/central prison hospital as primary care, specialised care and inpatient care)					
those who are insured (through work, business, regardless of nationality) ⁴²⁵ are entitled to full health care					

Source: own ed.

This table shows the general trend: blue refers to care paid ex-post by the asylum authority, pink the care funded from the national budget and green the care available through social security contributions. It is due to the fact that several pieces of legislation apply simultaneously, without clearly referring back to other eligibility.

Laboratory screening tests are compulsory in the context of the stay of third-country nationals in Hungary to identify diseases and pathogen-carrying conditions that pose a risk to public health:⁴²⁶ such as tuberculosis (TBC), HIV infection, lues, paratyphoid fever, hepatitis B. Therefore, screening is paid for by the national budget/health insurance. Covid-19 screening is not listed, but would be a justified to add to the list.

424 Hungarian: a Hungarian citizen with a registered place of residence in the territory of Hungary pursuant to Act LXVI of 1992 on the Registration of Personal Data and Addresses of Citizens, a person with immigrant or settled status, a person recognised as a refugee or a person granted protection, and a stateless person.

425 From 1 July 2020, it will no longer be possible to settle a claim after three months by paying the unpaid health insurance service contribution (HUF 7710/month for nationals and the minimum wage for non-residents), meaning that the patient will have to pay the service and then the monthly premium if he/she has been treated, but emergency care will still be provided.

426 Decree 32/2007 (VI. 27.) of the Ministry of the Economy

The list of life-threatening conditions and illnesses covered by urgent care is set out in a decree,⁴²⁷ which lists 31 cases (e.g. childbirth, kidney attack, electric shock, infectious disease, amputation). According to the definition, all health care activities that must be carried out in the context of in-patient care from the time of diagnosis until the first treatment of a condition in order to provide medical care for life-threatening conditions and diseases and to prevent lasting harmful effects until the patient's condition is stabilised, or in the context of in-patient care, from the time of diagnosis until the first medical treatment of a condition in order to provide medical care and to prevent lasting harmful effects. This is quite a considerable discretion for medical practitioners when emergency care is included in a piece of legislation.

Specialised healthcare can be provided by a health service provider with an obligation of territorial coverage. The health care provider reports the provided service to NEAK on a form provided for the reporting and accounting of the care in question, as prescribed by the legislation on the detailed rules for the financing of health care services from the Health Insurance Fund. The report, broken down by health services, are sent monthly by NEAK to the asylum authority, which then reimburses them.

In the case of prescription medicines, the healthcare provider can claim back the cost of the treatment by presenting a receipt showing the applicant's (humanitarian) residence permit number and a summary invoice issued to the attention of the asylum authority as the purchaser, stating the name, price and quantity of the medicine. The prescription and the invoice must be forwarded by the healthcare provider to NEAK.

If the health care service is not covered by the Fund or the national budget, it is provided by the health care provider against payment of a fee set by a specific law. This is where the medical staff's understanding of what constitutes an emergency service and what is covered by primary care becomes relevant. People with no valid social security number due to failing to pay social security can only receive not urgent medical care after paying the bill in advance. Emergency care used to be free for everyone, but now people with no valid social security number must pay for emergency care. The bill can be paid after the procedure, but the patient or a family member must be informed of the expected costs before the procedure. Hospitals can charge as much as they would receive from NEAK for the treatment, up to a maximum of HUF 750 000. In other words, the treating doctor cannot provide the patient with medical care from public funds in the absence

427 Decree No 52/2006 (XII. 28.) of the Ministry of Economic Affairs and Labour

of a social security number.⁴²⁸ Part of the legal environment is that quality control is neither general nor specific to foreigners (the social insurance supervision body has been abolished), and to protect patients' rights, complaints can be submitted to the maintainer, or to the patient advocate,⁴²⁹ who suggests mediation⁴³⁰, or mediates himself, investigates complaints and tries to prevent lawsuits. Hungarian law has not established a specific liability regime for compensation issues related to health care providers, but judicial practice takes into account the specific nature of the legal relationship between doctor and patient, in particular concerning liability.⁴³¹ Although there is no legal practice in connection with beneficiaries of international protection claimants in relation to liability for damages against a medical service provider, it would serve to prevent litigation if medical staff and institutional managers were made aware that this practice could be established with the provision of adequate legal advice. In particular, because the care provider is not prepared to meet the needs of this particular group of patients. The conditions for proper communication and the use of informed consent are lacking, medical mediation is not helpful (as is the case with other forms of out-of-court settlement), and the lack of preparation of the necessary medical documentation constitutes a breach of the duty of care in both form and substance.

The Hungarian legislation has three main features of concern for people in need of international protection:

1. The main feature of existing national health legislation is that it is not specific, because it does not regulate health care provision based on diseases or life situations, but according to forms of care and eligibility. Asylum legislation is not sufficiently detailed as regards health status, accommodation conditions and individual life paths, because it is linked to certain stages of the procedure (asylum seeker, detained, person placed in a reception centre, acquisition of status). It is therefore doubtful whether the European standards have actually been transposed.

⁴²⁸ 28/2020 (VIII. 19.) EMMI Decree on certain rules of health care for persons residing in Hungary who are not entitled to health care services under social security and on certain rules of agreements on the provision of health care services. The new rule could have unforeseen consequences. It is possible that the person who goes to the emergency room with a stroke, or a relative, will simply not seek care after hearing the cost of the intervention because they know they cannot afford it. The new social security law will come into force in July 2020, and the six months after that are already being monitored by the tax office. Anyone who accumulates six months of arrears – the first possible date is January 1, 2021 – will have their social security number cancelled by the NEAK.

⁴²⁹ 381/2016 (XII.2.) Government Decree on the Integrated Legal Defence Service

⁴³⁰ 2000.évi CXVI.tv. on the health mediation procedure

⁴³¹ András Pethő: Difficulties in the liability of a healthcare provider. *State and Law*, 2019/2:50-62.

2. The lack of a specific application rule for people in need of international protection is an obstacle to equal access. For example, the regulation on termination of pregnancy does not take into account how the public health nurse receives the refugee woman's application, whether the refugee woman is seen twice by the Family Protection Service and how she could communicate there, whether she is informed of her rights, whether it is discussed with her in which institution she wants to have the intervention. Similar problems exist in the system of care for pregnant women in need of international protection in the absence of specific rules.⁴³² The right to access these services does not guarantee access and equal treatment.

3. Regulatory deficiencies also hinders effective access as required by EU directives, because either the living situation (e.g. homeless) or the status (e.g. refugee, beneficiary of subsidiary protection) or both (e.g. immigrant minor) is required by law, while a refugee can be homeless or a full-time student or even a person in need. This regulatory technique, based on single/main criteria, makes it difficult to apply the law because it is not clear what the legal objective is: to address certain life situations or to distribute rights between people with different statuses; it does not provide an answer to what should happen to cases that can be classified in more than one category. Therefore, there is no priority given to those who need special attention and care (e.g. persons requiring a different placement due to psychiatric and psychological need, therapy, physical and psychological rehabilitation, disability, old age or traumatisation). This is further limited by a lack of knowledge and communication difficulties, on the part of both providers and recipients.

⁴³² 32/1992 (XII.23.) NM Decree on the application of Act LXXIX of 1992 on the protection of foetal life, 26/2014 (IV.8.) EMMI Decree on prenatal care

6. Lessons learnt from the pandemic

It is not yet possible to take full stock of how the restrictions imposed by the Covid-19 pandemic have affected access to care, border entry and exit, infection prevention and patient treatment specifically for those in need of international protection.

The starting point is that epidemiological measures are universal. For example, "chain tracing" is the task of the epidemiological authority: in the case of a specific disease, requiring the patient to name the persons from whom he or she may have contracted the disease. Therefore, the epidemiological authority also cooperates with the WHO, which has a prominent role in international cooperation on epidemiology, as regulated by the International Health Regulations (2005)⁴³³. The WHO Regulations aim to prevent the international spread of communicable diseases without unnecessary disruption of international traffic and trade. Thus, they include the obligation of States Parties of notification (surveillance) and authorise the WHO Director-General to decide whether an international public health emergency exists, to issue interim and permanent recommendations for epidemiological measures. It is determined whether an event constitutes a public health emergency of international concern on the basis of the information received, in particular from the State Party on whose territory the event occurs.⁴³⁴ For example, if the public health impact of the event is severe, i.e. the population at risk is particularly vulnerable (e.g. refugees, people with low immunity, children, elderly, people with low immunity, malnourished). But there is no indication that there are (practised) measures in the Hungarian regulatory framework for public health emergencies in relation to people in need of international protection.

According to the secretary of the Hungarian Medical Chamber, the weakness of the pandemic management has highlighted the fact that the National Public Health Centre, the capacities of which were reduced by a tenth in 2017, cannot perform its basic functions, such as contact research. Professional control has been lost due to lack of capacities and, with the issuance of mandatory official licences, it is questionable whether they will be regularly monitored. Their working group named Redesign has proposed in vain to renew the minimum conditions of care and then to monitor them rigorously. The Chamber is not invited to engage in the work on health care reform. The Boston Consulting Group

was commissioned by the government to draw up a restructuring concept but it is not public. The Chamber has no insight into the details of the reform plans, because the government does not seek consensus concerning policy decisions; there is no cooperation with professional platforms. Consequently, there can be no social consensus on health care reform. The pandemic has set back reform.⁴³⁵

According to Eurostat's August 2020 analysis, Hungary is below the EU average in both treatable and preventable mortality; and its mortality rate for treatable diseases is almost twice the EU average. Preventable mortality, i.e. mortality that can be avoided through a conscious, healthy lifestyle, is the worst among the EU countries, i.e. unhealthiness is a safety risk, but the National Safety Strategy⁴³⁶ does not cover the challenges of health care, in spite the destroyed epidemiological care system, inadequate public communication and a shattered health care system.⁴³⁷ In addressing the epidemiological risk, the Strategy states in paragraph 169: 'Health security, which includes operational and regulatory response capacity to public health and epidemiological challenges, natural or manmade, in addition to a high level of health care, must be a priority. In extreme cases, it must be ready to deploy military forces to prevent an epidemiological crisis (in evacuations and quarantine, control of movements of persons, control of migration and crime, operation of military hospitals)." So, it seems, health and public health care is at most a military matter, but not a security or strategic one.

People without a social security number, in particular asylum seekers, refugees, beneficiaries of subsidiary protection, people with tolerated status and their family members (with different legal statuses) perceived that they were treated differently in the measures against Covid-19. They⁴³⁸ did not have access to vaccinations and free screening/testing was only available to them in quarantine and under official obligation. This changed after 17 months:⁴³⁹ From May 2021, foreigners living in Hungary (and Hungarians living abroad without a social security number and Hungarian minorities living outside Hungary) could finally register for vaccination at www.vakcinainfo.gov.hu.

⁴³³ Promulgated by Act XCI of 2009

⁴³⁴ Marianna Fazekas: Health policy. National University of Public Service, Institute of Management and Continuing Education, Budapest, 2014.

⁴³⁵ Orsolya Tarcza: [A conscious communication silence surrounds the transformation of the health sector](#). MedicalOnline, 2021. 09.11.

⁴³⁶ Secure Hungary in a volatile world. 1163/2020 (IV. 21.) Government Resolution on Hungary's National Security Strategy

⁴³⁷ Tamás Csiki Varga – Péter Tálas: On Hungary's new national security strategy. *Nation and Security* 2020/3: 89-112.

⁴³⁸ It is in vain that Americans living in Hungary ask for vaccination. Index, 26 April 2021..

⁴³⁹ Government Decree No 221/2021 (3 May) amending Government Decree No 479/2020 (3 November) on additional protection measures to be applied in times of emergency

7. Opinions and recommendations

The consultations, interviews and debates organised as part of the project have revealed the following views that served as a basis for recommendations, and indicating what is missing in the provision of care.

Refugees in Hungary generally refrain from using the health care system because even if they know they are eligible for benefits, it may turn out that their employer did not register them legally, and does not pay their contributions, and therefore would not receive free care. If possible, they prefer to choose a dentist from a private practice. Those who have had their own experience with Hungarian health care had good rather than bad impressions, but they did mention that their statements (e.g. I am cold, hungry) were not taken seriously, either for language reasons or because of work overload. It is depressing that it is unclear for them who and where would provide them with medical care, meaning that access is often difficult.

Hungarian health care staff have argued that as long as their work is socially and financially not recognised, the level of empathy of health care workers will not be high. If the health service is adequately staffed and paid, refugees will not encounter doctors and nurses who are overworked and spend little time with patients. On the other hand, as long as the propaganda frightens the population with refugees and the diseases they bring, people will remain hostile to refugees. There was no epidemic risk in Europe during the 2015 refugee wave, but still, there is fear-mongering communication, which seriously hinders and even blocks the integration of refugees. Communication with patients is a common problem, which makes it impossible to learn about the symptoms, the condition, the medical history, which means that treatment is nearly impossible. If there were a list of available and trained interpreters who were properly paid (by the authorities or the Health Insurance Fund), a large part of the related problems could be addressed. Professional interpreters are also excellent on the phone, most of them are refugees integrated into Hungarian society.

According to doctors there is an urgent need to find a way to ensure that the care of asylum seekers and refugees is not linked to their social security number. The pandemic has drawn attention to the fact that an increasing number of Hungarian citizens and foreigners are unable to do Covid-19 tests, because they do not have a social security number, even though the general practitioner is responsible for the epide-

miological measures. As refugees and asylum seekers frequently change their place of residence, it would be of vital to include them in the EESZT (cloud-based data service) with their own ID, as the change of residence and without access to their medical records, their care will be inefficient, and generating unnecessary additional administrative work, too. It would be particularly important to have at least their immunological data accessible in a cloud-based database (vaccination data, for example). The age of the patient and, in this context, the suitability of treatment is of particular importance. Age determination is not a law enforcement task, but health care competence, which requires well-established professional cooperation involving endocrinologists, psychologists, paediatricians and cultural anthropologists. Standards developed to determine the age of an average American young person cannot be applied to people from other parts of the world, because of their different lifestyles and diets. As this is a time-consuming and complex task, time must be devoted to it. A suitable procedure should be developed for age determination. If an adult patient appears not to know his way around a strange environment and exhibits understanding at the level of a child, health professionals need guidance and training on how to communicate with him.

According to social workers, there is an urgent need to fill absolute health care gaps, such as adult and child psychiatric care. It is difficult to identify progressive and territorial jurisdiction of care, which is a double disadvantage in cases requiring rapid assistance.

Based on the above, a number of proposals can be formulated, according to the European, national and institutional levels, without rigidly defining the lines of response between them.

At European level:

- there is a need for further action in the EU to address the health needs of vulnerable social groups, especially with public health cross-border relevance. Member State authorities need institutional cooperation to promote health screening, access to services, preventive care for migrants, ethnic minorities and other vulnerable groups, through the identification and exchange of good practices of the health care system. The ways in which the Fundamental Rights Agency can collect information on vulnerable groups should be examined, and the extent to which they suffer from health inequalities in the EU. Sensitisation and exchange of good practices should be initiated in cooperation with

Member States to improve access to and adequacy of health services and to prevent the lack of care for vulnerable groups;

- the EU should harmonise the existing testing protocols in each Member State and create an interoperable eHealth IT system. The Hungarian institutional system's electronic record system and database could be adapted to this, so that it could be used for the planning of separate care, prevention and research based on the health data of asylum seekers and beneficiaries of international protection. In other words, there is no need to standardise care for all foreigners, but specific epidemiological profiles must be taken into account;
- cooperation between Member States' authorities should be strengthened, particularly in the field of primary care and the admittance of people in need of international protection and vulnerable groups, to ensure patient-centred, compassionate care that responds to the health needs of refugees. More research on gaps is needed. This is also how appropriate training materials can be developed.⁴⁴⁰ These should also be made available to Hungarian GPs, for example.⁴⁴¹

At national level:

- a strong coordination mechanism should be established between the actors of the decentralised care system, including a rationalised system of administrative channels, financial and professional data exchange (e.g. updated website, non-stop telephone service, regular forums);
- the health care of beneficiaries of international protection should not only be remunerated by the provider on the basis of the standard ICD code, but also by a multiplier/allowance that could be included in the legislation and budget to take into account the additional skills and time needed to provide care;
- the list of competent institutions providing care and their services should be regularly updated on their websites, a database of rules and procedures should be set up, and a 24/7 telephone helpline should be set up, accessible to anyone, in foreign languages (for refugees, ambulances, social services, police, civil helpers);

⁴⁴⁰ For example, under Horizon 2020, in 2016, the Consumer, Health, Food and Agriculture Executive Agency (CHAFEA), under the supervision of the European Commission, funded a survey in seven countries in the EUR-HUMAN project.

⁴⁴¹ Imre Rurik et al: Refugees, migrants in primary care. What can we learn from the results of the EUR-HUMAN project? Medical Weekly, 2018/35, 1414-1422.

it would be necessary to organise the translation of medical documents of persons in need of international protection into Hungarian and foreign languages. A central on-line database of appropriately trained interpreters should be set up. Translation services should be available free of charge to health care providers; this should be covered by NEAK funds; professional interpreters are also excellent on the phone, most of them are refugees integrated into Hungarian society, and thus able to assist in other ways in the medical work;

- screening tests of beneficiaries of international protection should be ordered immediately upon launching the administrative procedure, including their medical assessment and access to emergency care (epidemiological, gynaecological, addiction and mental health assessment and treatment at least);
- doctor(s) should be present in accommodation facilities (reception centre, detention centre) at all times, depending on the capacity and the number of asylum seekers and their state of health. The aim should be to promote small, home-like accommodation facilities, which would also improve the mental health of residents, so that the mass accommodation would be temporary;
- the assessment and testing of the vaccination status of adult asylum seekers and the individual assessment of need of vaccination should be developed, as one of the main public health risks, according to the WHO, is the re-emergence of vaccine-preventable diseases;
- medical needs assessment should take into account the physical and mental health state of beneficiaries of international protection and the psychological stress of integration, and therefore provide for greater capacity in emergency care, primary care with flexibility in the provision of adequate professional and infrastructural conditions (e.g. mobile medical units, adult and child psychiatric care);
- the basis of trust between the patient and the caregiver is a two-way information provision on health status and treatment, which requires basic training, data protection, information materials in foreign languages and confidence-building measures, especially in the context of HIV testing, treatment and other health care for people living with HIV;

health care provision should take into account linguistic, cultural and ethnic backgrounds, ensure informed consent and participation in medical decisions, as well as the trauma they experienced;

- professionals working with refugee children need specific language and cultural training (e.g. how to work with interpreters). Paediatricians and child health organisations should work with major international organisations (UNICEF, WHO, UNHCR, International Organisation for Migration) and regional and national organisations, as age assessment and safe care for children requires a holistic approach and careful consideration. A comprehensive "Child Health Action Plan for Refugee Children and Adolescents" should be jointly developed with the IPA (International Paediatric Association): to provide clinical care for refugee children in a non-discriminatory and non-judgemental manner, regardless of their legal status, within a publicly funded high-quality service, protecting their human dignity. Health policies should ensure that refugee children and young people receive equitable care, and that paediatricians and other child health care professionals work according to evidence-based protocols and guidelines. This requires inter-professional cooperation, and the use of trauma-mitigating methods in medical-psychological care, with continuous evaluation and development of programmes, and the integration of children's rights.

At institutional level:

- migration and refugee health should be made part of medical training,⁴⁴² just as public education should pay attention to the various cultures within the society;
- the performance of border and asylum tasks requires specially trained and qualified staff and safe working conditions, stress management and mental health services, which need to be ensured and monitored at the ministerial and institutional level;
- information materials, preferably video/visual materials, should be produced, published in all reasonable places and disseminated in foreign languages to persons in need of international protection;

⁴⁴² For example, at the University of Szeged it was introduced into the foreign language training programme from 2012, and at the University of Pécs six modules were added to the Master's degree in migration health in 2011: (1) public health and applied epidemiology, infectology; (2) social and behavioural aspects of migration; multicultural aspects and their role in medical and social care; (3) applied fields of occupational health; (4) economics of integration; (5) mental health and psychosomatic care of migrants; community-based health promotion programmes; human rights of migrants; (6) 'Migrant-friendly' health and social care systems and related systems management skills and tasks.

- forums should be organised to help train health care staff, prepare and disseminate educational materials on what it means to provide health care, screening, treatment and communication to beneficiaries of international protection.

8. Procedural proposals similar to the Refugee Health Procedures Protocol

Based on the joint experience of the EU and IOM, a set of procedures for the medical examination of refugees and asylum seekers has been developed.⁴⁴³ It proposes the recording of a personal data and the use of ICD codes (e.g. A15-19, B20-24), which can be stored in an electronic database. The proposed procedure consists of four main elements:

- medical history, including vaccinations (with appropriate questionnaire, assuming the lack of vaccinations);
- assessment based on physical examination, recommendation for tests, further travel, treatment, vaccinations for under 18s and adults separately; this may include assistance with daily living (e.g. bathing, feeding, fitting prostheses, whether assistance is needed with toileting based on sphincter condition), regularly/regularly/regularly/regularly;
- mental assessment (e.g. dementia screening, early childhood development assessment for children aged 0-5 years);
- suggesting laboratory tests, controls or treatments and immunisations, and informing the patient of these, as documented. This will also avoid duplication, chaos, damage to public health, the spread of infections and worsening of conditions.

The Council of Europe and the United Nations High Commissioner for Refugees (UNHCR) recommend the involvement of refugees in health care provision. This could serve a dual purpose.

On the one hand, it encourages states to make use of refugee health professionals to keep national health systems functioning.⁴⁴⁴ There are people in Europe in need of international

⁴⁴³ [Health assessment of refugees and migrants in the EU/EEA](#). European Commission, Directorate-General for Health and Food Safety – IOM, 2015, Brussels

⁴⁴⁴ www.coe.int/en/web/education/recognition-of-refugees-qualifications

protection who have the appropriate medical training and experience and are willing to help. As most health professions are strictly regulated, the competent national health authorities must authorise refugees to work. To facilitate this, in the Council of Europe launched a pilot project in 2017 and developed a European *Qualification Passport for Refugees (EQPR)*⁴⁴⁵ or refugees with medical qualifications. Ten Qualification Recognition Centres have been set up and, with their help, the first five hundred refugees in these countries could be employed in 2019.⁴⁴⁶ The EQPR does not replace the necessary professional certificates and licences, but it helps authorities to speed up the licensing process by carrying out certain procedures and obtaining documents. To fill the shortage of national health workers, interpreters and mediators, it would be useful to assess the availability of qualified refugee health professionals using the EQPR. Knowing their data and numbers, health and asylum authorities could plan to employ these people, or at least to involve them as volunteers. Drawing on UNHCR's experience, innovative methods could be used to ensure access to refugee communities, to identify health professionals who could be recruited as volunteers or employees, and to assess their skills and qualifications.

On the other hand, the paid or voluntary involvement of beneficiaries of international protection in the care and treatment of their community, their fellow citizens, also helps them to integrate and to improve their self-esteem.

9. Refugee Health Procedures Protocol (MEP)

In order to make complex use of the requirements, criticisms, shortcomings and suggestions described in detail, I have created a protocol called "*Refugee Health Procedures Protocol*" (MEP). My aim is to work through it to define a set of procedural steps for health care staff (authorities and carer givers) in relation to people in need of international protection, to promote their safety and integration, as well as the protection of public health. It is not my aim to undermine the protocol for preventive health care or to influence the content of preventive health care work through any professional forum. I merely intend to develop a procedural guide that could, for example, be published and promoted by a medical association or primary care institution to standardise procedures.

⁴⁴⁵ Use refugees in healthcare, Legal World, 15 April 2020

⁴⁴⁶ Armenia, Bosnia and Herzegovina, Canada, France, Germany, Greece, Italy, Monaco, Norway, Belgium

The procedure can be divided into 12 units or tasks, as summarised in Table 2:

- The *first step* is to be able to identify the patient in some form, not specifically instead of the authority responsible for this task, but actually to be able to assign to them certain personal data in the healthcare system and care activities in the NEHP. The most important information is that as a rule of thumb asylum-seekers and beneficiaries of international protection do not have an SSN/SS card (except if the social worker requests it for those living in reception facilities, or their employer requests it for them when they start working). Therefore, they can be identified based on the number and data of their currently valid (and from time to time replaced) residence permit. They rarely have other documents and their naming is different from what is used in Hungary. In the light of these circumstances the SSN used as a healthcare personal identification number should be issued in a much more simple, automatic manner and not depending on the eligibility for care as in emergency care and ambulance care the identification of the individual has a great role when there is a medical intervention (e.g. to be aware of allergy, blood type, acute illnesses). In the long run the creation of a separate healthcare identification number (using a random number generator) is suggested in the NEHP for the health care administration of asylum-seekers and beneficiaries of international protection which can be entered into a common electronic refugee database (European electronic database for Healthcare of refugees) in the EU also resolving the portability and accessibility of data this way, since complying with the GDPR is mandatory in each member state. It is relevant to: authority, National Health Insurance Fund, legislator, healthcare workers doing patient admission.
- The *second step* is the verification of the financing of care, which requires substantial legal knowledge. The starting point is that care for people who have no SSN/SS card as an applicant or beneficiary of international protection shall be financed from budgetary sources (based on legal regulations or a decision based on social eligibility) or with the support of civil organisations or rarely the person covers the costs from their own funds, and there is a difference in who the invoice is issued to (reporting to OEP/NEAK,⁴⁴⁷ Ministry of the Interior, or directly to the financing entity). During invoicing we did not specifically mention the application of ICD/HDGs codes and the rules on local fees, because

⁴⁴⁷ NEAK receives a report on emergency care from the health care provider [see](#).

these are explained in detail in the financial rules of hospitals, specialist clinics, although these documents often provide insufficient suggestions specifically on how to compensate for the lack of data, documents and communication related to beneficiaries of international protection, which do not follow the changing legal regulations and merge certain personal categories.⁴⁴⁸ It is relevant to: personnel conducting patient admission.

- The *third step* is the verification of the existence and content of healthcare data accumulated so far about the patient. In case of asylum-seekers it rarely happens that a GP would follow their life, which means they meet different staff and care providers and they are even moved within the country. On the other hand, the health status of asylum seekers changes between the date of leaving and arrival and even during the asylum procedure. Finally, it rarely happens that refugees have treatment (outpatient) records, documents from countries they have transited through. For this reason, greater attention must be devoted to whether they have any historical data or healthcare documentation. If they do, or it can be obtained through cooperation among care providers and can be replaced, obviously some of the following phases can be skipped. It is relevant to: doctors providing primary care, personnel involved in patient admission.

The *fourth step* is determining the age of the patient. As they often do not have any valid documents, their age can only be recorded according to their statement although their age is extremely important for validating several legal guarantees (childhood/ elderly age, single, adolescent pregnancy, victims of abuse before reaching the age of sexual self-determination, the prohibition on child labour and child military). If the age is not known, it must be clarified with the right examinations based on the available instruments with the best possible approximation except if age has no significance in the independent action, self-determination and treatment of the person. It is relevant to: personnel conducting patient admission, treating physician, authority, relatives.

- The *fifth step* is to clarify whether the patient belongs to any vulnerable group (unaccompanied minor, victim of torture, violence, traumatised person, very elderly, living with disabilities). This is not necessarily revealed at the first meeting with the doctor, the language-related, psychological reasons and the uncer-

tainty about their age together may justify further inquiries, examinations of the person or their family. Therefore, later at the data recording this question must be revisited. It is relevant to: personnel conducting patient admission, treating physician, authority, relatives.

- The *sixth step* is to record whether and how it is possible to communicate with the patient. Language skills, perception and psychological disorders and the cultural distance altogether can explain communication disruption (for example if the doctor, healthcare professional is not the same gender as the patient, absence of parents, lack of better knowledge of mediating language, lack of trust can be in the background). Therefore, it must be documented, whether the person conducting the examination or treatment can communicate/talk, in what language, with an interpreter or directly with the patient also including the situation when it is visible that the person does not understand medical expressions/terminology. Interpreters, let alone interpreters of tribal languages and sign language, are unfortunately not available, so the request for interpreters and potential communication disturbances must be recorded and knowing about these helps the other people providing treatment in future examinations and meetings with the patient. It is relevant to: personnel conducting patient admission, treating physician, authority, interpreter, relatives.

The *seventh step* is providing sufficient information to the patient on the healthcare and treatment data pertaining to them. This is important also because only based on this the patient's consent can be obtained for various invasive examinations, interventions and medical treatment. The patient's right to self-determination is not a matter of citizenship, the patient is entitled to it at all times. The information provision greatly depends on what age, physical and mental state the patient is and whether it can be provided independently to them, or only in the presence of a relative, legal representative (parent, guardian, caregiver) and whether their status can be explained and their consent requested for treatment only personally to them or together with others. It is relevant to: treating physician, interpreter.

- The *eighth step*, which can be interchangeable with the previous step, is revealing the medical history, which is the phase preceding the treatment process. Here, we point out that in countries with compulsory vaccination systems, including Hungary, it is important to know which vaccinations the person has

⁴⁴⁸ For examples see [here](#), [here](#) and [here](#).

received (in the absence of documentation, it is assumed that all age-related vaccinations are missing). Furthermore, it is important to clarify what illnesses, operations, injuries the patient has had which is determined by what severe effects have impacted the person before arriving in the country before and during the migration, escape, travel, and after arriving in the country (such as accident, abuse, oppression, torture, pregnancy, rape, STDs, parasites, malnourishment, stress). Who is relevant: treating physician, primary care provider, public authority (epidemiology).

- The *ninth step* is the physical examination of the patient, partly by recording general data and partly by taking a look at his/her current perceptible condition (injuries, infectious diseases, acute health problems and symptoms, pregnancy, emergency and acute treatment as an outpatient/hospital referral). Obviously, a number of laboratory and specialist tests will lead to a diagnosis. It is relevant to: treating physician, primary care provider.
- The *tenth step* is a mental examination of the patient. This includes PTSS and dementia, the identification of addictions, treatment of people who are traumatised, suffer from depression or mental disorder, furthermore examination of infants and toddlers for age-appropriate development, and the early identification of disorders. These should be registered, but the list is not exhaustive. Relevant to: treating doctor (psychiatrist).
- The *eleventh step* – naturally in parallel with the points above – making various recommendations so that the identifiability of the person, the coverage of care and the existing healthcare documentation could be revealed. On the other hand, the professional recommendations for laboratory tests, treatments, control and immunisation required for treatment and diagnosis are also formulated here. At this point it becomes significant what recommendation is made for the person's onward travel/return, transfer in another institution. The former is a recommendation pertaining to the ability to travel (e.g. exclusion of the deterioration of health status, fixed pose, exclusion of air travel, care provided in the receiving country) and for the placement conditions (e.g. tolerability of closed institution, exclusion of detention centre, placement in serviced residence together with family members or isolated placement). At this point the recommendations of must be recorded for what help the patient needs until recovery and how often (e.g. washing, feeding, placement of

prosthesis, help with toileting based on the condition of sphincter muscles, daily, occasionally, continuously). It is important to cooperate with the various authorities, because it is legally relevant if someone carries marks from beating or abuse (creating an injury report because of domestic violence or ill-treatment by law enforcement officers), if the patient is a minor (informing the child protection signalling system not the abuse, neglect or if the supervision of the unaccompanied minor is not resolved), or if the patient is suffering from mental disorder (for example their statements in the asylum procedure cannot be assessed, for example due to alcohol or drug abuse, or PTSD, which is important to document and indicate, or the family reunification must be organised for them, because this significantly influences their psychological state and physical). It is relevant to: personnel conducting patient admission, treating physician, authority, interpreter, relatives

- Finally, the *twelfth step* is to ask whether, if the refugee has any medical qualifications and/or experience, this could be put to good use in the community, either as a volunteer or by formally recognising his/her qualifications. So far, this retention and integration force has not been exploited, although it common practice worldwide, and the opinion of a health professionals would be important in this regard. It is relevant to: treating physician, authority.

Schematic structure of the Refugee Health Procedures Protocol (MEP)

1. Does s/he have a social security number?

YES, S/HE HAS

The data available in the registration system and the data declared match

Data don't match → **Point 11**

NO SOCIAL SECURITY NUMBER

The data available based on the residence permit and the data declared match

Data don't match → **Point 11**

2. Verification of financing:

financing from budget/public funds

means-tested funding

willing to pay promptly

covered by others

cannot pay → **Point 11**

3. There is historical data:

YES

NO (has never been examined, not included in EESZT, no file) → **Point 11**

4. Age determined?

BASED ON EXAMINATION cca:

NO → **Point 11**

5. Does the patient belong to a vulnerable group?

YES, i.e.:

NO → **Point 11**

6. Can you communicate with the patient?

Yes, in language:

Only with an interpreter: → **Point 11**

- interpreter provided

- no interpreter

Through a relative, cause:

No, reason: → **Point 11**

7. Informing the patient

On their health status:

- orally

- with an interpreter

- writing

- via a relative → **Point 11**

- with legal representative → **Point 11**

- in part

On the necessary examinations

- orally

- with an interpreter

- writing

- via a relative → **Point 11**

- with legal representative → **Point 11**

- in part

On the necessary treatment

- orally

- with an interpreter

- writing

- via a relative → **Point 11**

- with legal representative → **Point 11**

- in part

On other recommendations

- orally

- with an interpreter

- with an interpreter
- writing
- via a relative → **Point 11**
- with legal representative → **Point 11**
- in par

8. Medical history

- illnesses, operations, injuries
- vaccinations (assuming their absence):
- how long the patient been travelling (from to):
- victim of torture?
- medication (takes it, has it...):
- therapeutic appliances (glasses, crutch...):
- number of children, births, pregnancy:

9. Physical examination

- general (weight, height, blood pressure):
- immunisation status, communicable disease:
- HIV
- complaints, symptoms: → **Point 11**

10. Mental examination

- mood, perception memory, concentration, orientation:
- addiction, dependence: → **Point 11**
- trauma/PTSS: → **Point 11**
- dementia: (mini-mental state) → **Point 11**
- early childhood development (0-5 years)

11. Recommendations

- verification of personal data:
- issuing invoice for financing
- sending invoices/sending data:
- obtaining historical data (where from, what):
- specialist medical examinations:

hospital treatment, referrals (emergency):

To determine the order of tests:

- Treatment proposal,
- medicine:
- medical aids:
- lifestyle: (food, exercise, accommodation)

Vulnerable group screening:

- Recommendation for care:
- Periodically:
- Continuously:

Laboratory testing:

Diagnostics:

Recommendation for immunisation:

Which vaccinations:

Check-up:

Notification to authority:

- with special regard to: injury report, guardianship authority/child protection authority,
- how can the asylum authority take into consideration the statements of the patient, other

Travel/relocation proposal:

- If the person can travel, under what circumstances:
- If he/she is to be transferred to another institution, under what conditions:

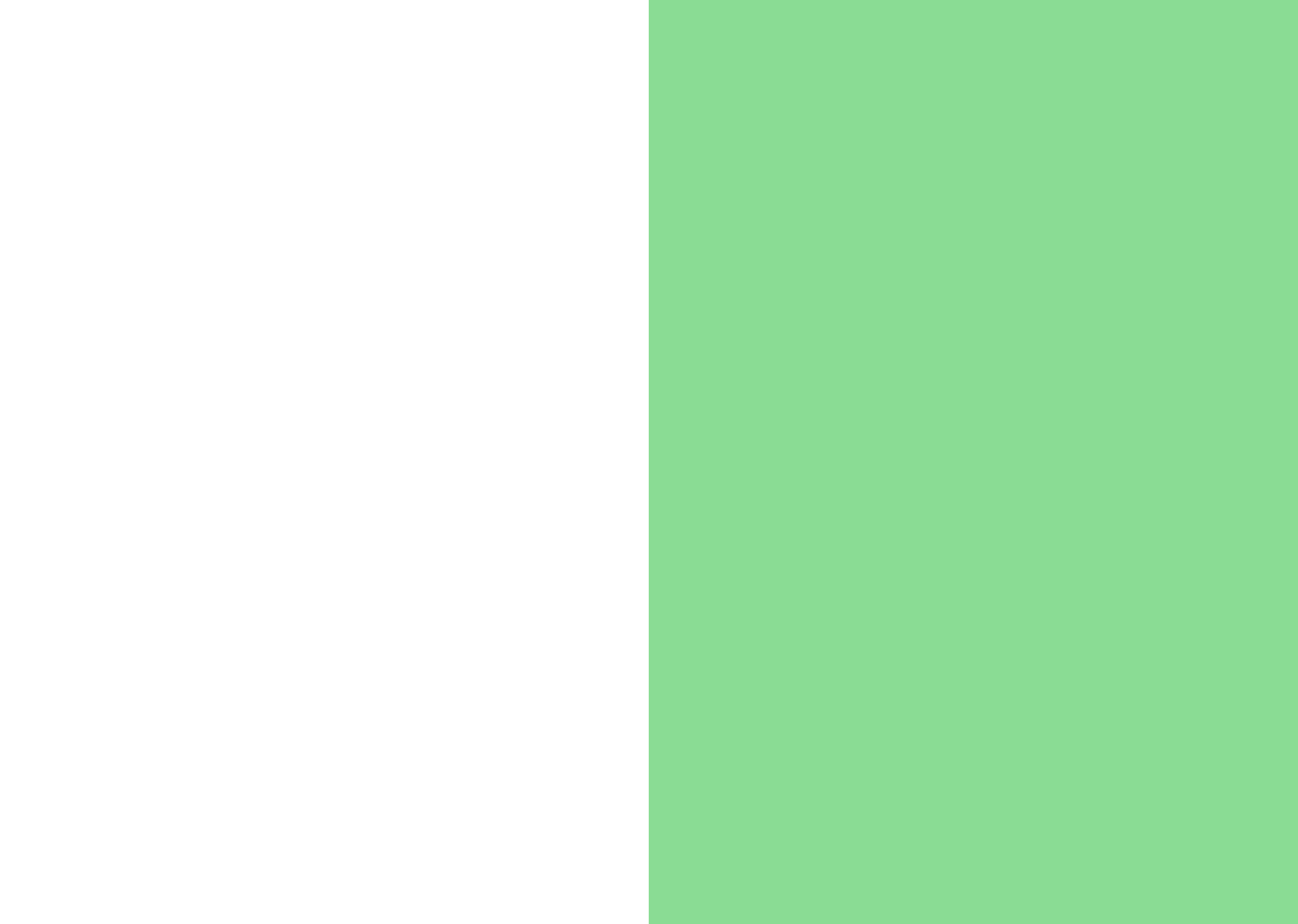
12. Medical education

THERE IS, and that is:

THERE IS NOT

COULD BE USED

(in which area, under what conditions/proposal)



After the 2015 crisis year, the Hungarian government cut down domestic programmes supporting the social integration of refugees. The European Union's financial support has largely become inaccessible to NGOs dealing with refugees. The creation of transit zones made social work with asylum seekers very difficult. Lodging of asylum applications has hardly been possible since the closure of transit zones. Although formally still in existence, by 2020 the Hungarian asylum system has practically withered.

And yet there are people living in Hungary who started a new life here as refugees or beneficiaries of subsidiary protection. By choice or against their will, with the help of family or friends, with or without the support of Hungarian NGOs, but somehow, they became part of Hungarian society. Their legal status allows them to work, study or raise their children here, but they face many difficulties due to the complete lack of targeted state assistance. How do they find a job? Do they have a place to live? How are they received by the health-care, social and education institutions? What are their needs and how can they overcome the difficulties?

This volume focuses on various fields related to the situation of refugees in Hungary and outlines some possible proposals. We recommend it to all those who want to gain a more in-depth knowledge of this topic, which is surrounded by many prejudices, and who want to make Hungary a more inclusive place.

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