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*Refugees with disabilities in
Germany: Results of the needs
assessment*

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Authors of the German version of this report (1st edition, August 2022):

Eileen Hagebölling, Mira Berlin, Wolfram Buttschardt, Martin Möller, Florian Töpfer

Editor of the abridged English version:

Elena Lukinykh

Photo material:

Page 4: Gero Breloer / DRK

Page 7: Syrischer Arabischer Roter Halbmond / IFRK

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Foreword

Dear reader,

For many years, the German Red Cross (GRC) has been supporting migrants, both with practical assistance during the first few days after their arrival in Germany and with numerous long-term services to help with integration. At the German Red Cross, we consider the development of tailored, needs-based services one of our main focus areas. To do so, a solid understanding of the actual needs of the different target groups is required.

Refugees with disabilities are a distinct group of migrants in a particularly vulnerable situation: firstly, due to their experience of fleeing home and secondly, due to their disabilities and the restrictions these place on participation. Motivated by the lack of systematically collected data concerning the needs of this group in Germany thus far, the GRC devised and carried out a comprehensive assessment of the needs of refugees with disabilities living in three regions in Germany. The results of this needs assessment are aimed at improving understanding of the challenges faced by refugees with disabilities. In doing so, we would like to make our services appropriate for the target group and use the results for evidence-based actions and advocacy in representing the target group's interests.

Whether due to the lack of systematic identification of special needs of refugees in a vulnerable situation, the often unsuitable accommodation facilities, or the lack of barrier-free services, it is clear that improvements are needed in many places across Germany to enable refugees with disabilities to exercise their rights and fully participate in society. This report repeatedly demonstrates the importance of good and reliable framework conditions. Gaps in provision and proposed changes defined for the German context could also be of relevance for other countries.

I am convinced that the study will be useful to you in your work, your future projects and in evidence-based lobbying.



Joss Steinke

Director Youth and Social
Welfare
German Red Cross
Headquarters

Summary

Over the past few years, Germany has welcomed many thousands of refugees, among them groups in particularly vulnerable situations such as refugees with disabilities. To date, however, barely any information and systematic knowledge concerning the needs, care and participation situation of refugees with disabilities in Germany have been available.

As part of a project on the needs assessment of refugees with disabilities in Germany, the German Red Cross created a report to help provide this information¹. The report reflects the key findings obtained from over 50 interviews with refugees with disabilities, their family members, supporters and staff members from various accommodation facilities and counselling centres in three federal states, namely: Brandenburg, Schleswig-Holstein and North Rhine-Westphalia.

This English-language abridged version presents the key findings of the needs assessment. During the editing process, some sections were significantly shortened, such as the explanations on access to healthcare and the corresponding legal situation in Germany. Many quotes from interviewees confirming and illustrating the identified gaps in provision were removed but can be found in the German version of the report.

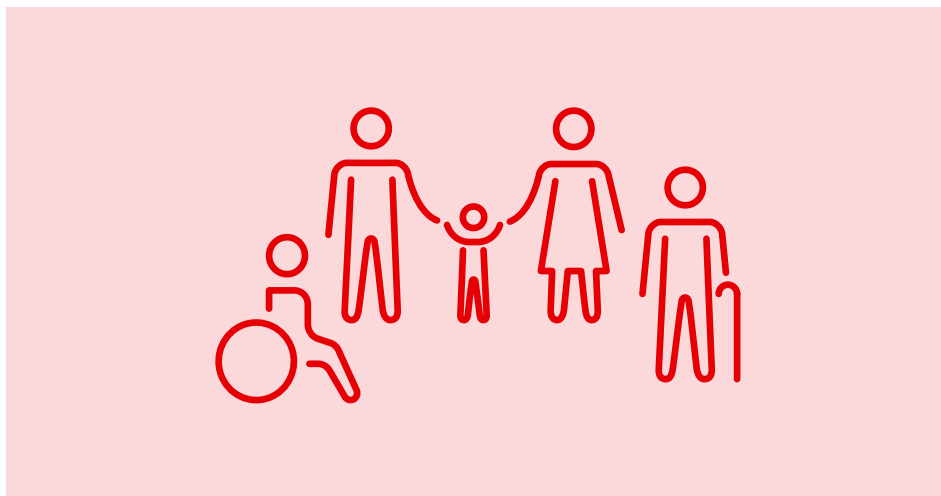
Findings

Refugees with disabilities are met with numerous barriers and lack of provision in Germany: both in state reception centres and subsequently, once they have already been allocated to municipal accommodation facilities. As part of the assessment, ten areas of concern have been identified and are explained further in the report.

One of the biggest areas of concern was found in a **lack of systematic identification of disabilities** upon the arrival of refugees² in Germany as a prerequisite for further measures. The frequent lack of identification means that the disability cannot be declared during the interview in the asylum procedure. Only if disabilities have been identified can it be ensured that the individuals concerned receive the support they need to fully present their reasons for applying for asylum. The lack of a proper procedure for identifying disabilities may not only have severe consequences for the asylum process, but also when it comes to providing refugees with disabilities with accommodation. If a disability has not been identified, it remains unclear whether any needs-based care can be guaranteed within the reception centres. Furthermore, it is difficult to ascertain which arrangements for needs-based accommodation and support in the reception centres would be possible. It is also essential

<https://drk-wohlfahrt.de/ungesehen>, last accessed 23/01/2023.

Here and further, the term "refugee" was used in this report when referring to people who, at some point in their life, had claimed asylum in Germany, including individuals still in the asylum process.



that any disabilities or needs associated with a specific disability are identified with regards to choosing a suitable municipality and consequently needs-based accommodation and support.

Often **limited access to healthcare** (Chapter 1.2.), **non-transparent administrative practices** (Chapter 1.3.), **a lack of accessibility** regarding information, facilities and services (Chapter 1.4.), a **lack of sensitisation** for the needs of refugees with disabilities among staff at public authorities and facilities (Chapter 1.5.) and an often **insufficient continuity of support services** (Chapter 1.7.) form other significant areas of concern identified in the reception and care of refugees with disabilities.

Some identified concerns vary or have different effects on various stages of the reception process – i.e. in state accommodation facilities (Chapter 2), during transfer to a municipality (Chapter 3) or within a municipality/municipal accommodation facility (Chapter 4).

For example, in the context of state accommodation, the provision of healthcare is marked by special restrictions at the beginning of the stay. **Lack of access to specialist doctors** and **restrictive benefit provision** during this stage may not only have effects on the health situation and opportunities for participation of refugees with disabilities, but also impact the outcome of asylum processes.

Refugees with disabilities may experience restrictions in their opportunities to participate and are often unable to obtain comprehensive information on their rights. This occurs due to restricted access to outreach counselling centres and volunteers in reception centres. A lack of accessibility along with disrupted communication channels between different actors in the reception centre also pose obstacles. The **framework conditions for staff at the centres** make it difficult for refugees with disabilities to receive appropriate counselling and support.

Overall, the assessment revealed a systemic **lack of orientation to the needs of refugees with disabilities**. This results in them being allocated to municipalities without any services that meet their needs and often without any supporting caregivers. Overall, the situation regarding transfers, in particular between state accommodation and municipal accommodation is characterised by interruptions in care and is therefore especially problematic for refugees with disabilities.

Meanwhile, compared with state accommodation, municipalities usually have more diverse structures for the support and care of people with disabilities. However, the needs-based care and support of refugees with disabilities often fails, municipal **collective accommodation facilities** are not suitable for the needs of refugees with disabilities and **barrier-free housing is often unavailable**. Specialised services, such as integration courses for people with cognitive disabilities, are not available.

Key recommendations

Based on the results of the assessment, **recommendations for (1) action at national, state and municipal level in Germany, (2) general recommendations for the German Red Cross and Red Cross and Red Crescent Movement** have been developed.

When it comes to enabling the needs-based reception, provision and participation of refugees with disabilities in Germany, our key recommendations for action are as follows:

- Introduce a systematic, standardised procedure for identifying disabilities after arrival
- In relation to this, secure procedural guarantees that refugees with disabilities are entitled to
- Grant access to standard medical and social services right from the onset, regardless of residency status
- Allocate refugees swiftly to a municipality that is appropriate to their needs

i

The key recommendations are presented in full on page 55.



Introduction

According to estimates, ten to fifteen percent of all refugees worldwide have a disability³. These disabilities include long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder the person affected from full effective participation in society on an equal basis with others (UN Convention on the Rights of Persons with Disabilities, Article 1).

In Germany, the impairments and disabilities of refugees are not recorded everywhere or in a systematic manner during initial registration. For this reason, the true proportion of refugees with disabilities of the total number of refugees remains unknown⁴.

Numerous barriers and gaps in provision exist in Germany, affecting the reception of refugees with disabilities both in state reception centres and subsequently, once they have been allocated to municipal accommodation facilities. It should be noted that refugees with disabilities are, on the one hand, a very heterogeneous group with varying needs and, on the other, are a group that experiences twice as much marginalisation (both due to their experience of fleeing home as well as due to their disability).

In recent years, several studies and papers concerning refugees with disabilities in Germany have been published⁵. This needs assessment carried out by the German Red Cross is a further contribution to defining the needs of refugees with disabilities in Germany. Special attention is given here to the structural gaps in the care and provision of refugees with disabilities during the different phases of their residence in Germany: from their arrival and stay in a reception centre to their transfer to, and arrival in, a municipality.

The aim of this needs assessment is to provide an overview of the problems refugees with disabilities are facing in Germany upon their arrival and in the reception system. Coordinated by the GRC Headquarters, the needs assessment was carried out between September 2020 and August 2022 as part of a project in three national GRC regional offices: Brandenburg, Schleswig-Holstein and Westphalia-Lippe. The results of this needs assessment may be used by the German Red Cross and other organisations to develop further projects and activities to suit the needs of the target group. Furthermore, the results will be used for evidence-based advocacy.

3 These estimates are based on surveys by HelpAge e. V. and Handicap International e. V. in the context of the conflict in Syria and are generally recognised in Germany. Cf. HelpAge International & Handicap International, 2014. Hidden victims of the Syrian crisis: disabled, injured and older refugees. (https://handicap-international.de/sites/de/files/pdf/syrien_report_140409.pdf), last accessed 15/05/2022.

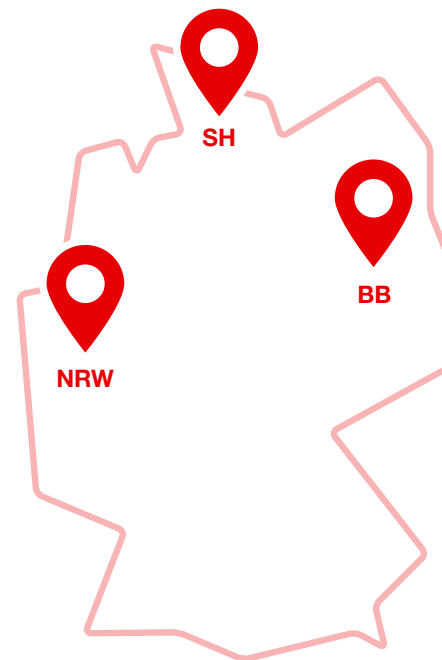
4 Federal Ministry of Labour and Social Affairs, 2016. Zweiter Teilhabebericht der Bundesregierung über die Lebenslagen von Menschen mit Beeinträchtigungen, https://www.bmas.de/SharedDocs/Downloads/DE/Publikationen/a125-16-teilhabebericht.pdf?__blob=publicationFile&v=1, in German, last accessed 23/02/2023.

5 A brief overview of the studies and publications in the German context can be found in the German version of the report: <https://drk-wohlfahrt.de/fileadmin/ungesehen.pdf>

Methodology

The needs assessment was carried out in three German federal states. The selected states have varying characteristics that make them interesting for a needs assessment. These include a rural state versus an urban state, structurally weak versus structurally strong, high versus low refugee reception rate. It enables the attainment of a wide range of findings about the situation in Germany.

- Brandenburg** has many rural areas, meaning that refugees with disabilities have to factor in long journeys to important services (counselling centres, medical care, places to shop). Much of the focus is on the German capital, Berlin. Brandenburg is one of the most sparsely populated states in the country, with a population density of around 84 people per square kilometre. The public transport system is not always well developed and is often not barrier-free, making it difficult or even impossible for many refugees with disabilities to attend therapies, etc. In 2021, the proportion of non-Germans living in Brandenburg was 5.5%, while the figure for Germany as a whole was 13.1% in the same year. These circumstances also make the federal state interesting for a needs assessment. Based on the allocation key⁶, Brandenburg has taken in an average of around 3% of asylum applicants during the past few years.
- North Rhine-Westphalia (NRW)** is the federal state with the largest population density (approx. 525 people per square kilometre). Urban centres in particular have various support services for refugees with disabilities and are sometimes specific to the intersection of displacement and disability. However, not all services are needs-based or can be reached barrier-free. Specifically, rural regions offer few needs-based support and provision structures due to a lack of infrastructure. NRW has a strong tradition of immigration and according to the allocation key, has been receiving the most refugees for years, with a figure of 21.08% in 2022⁷. The proportion of non-Germans in NRW, at 14.2% (2021)⁸, is slightly above average.
- Schleswig-Holstein** is a rural state with few urban areas and a population density of 183 people per square kilometre. Many rural areas only offer a few or no counselling and care structures for refugees with special needs. Furthermore, refugees in rural and structurally weak regions have to travel long distances to access appropriate counselling, care and treatment services. Services for refugees with disabilities can usually be found in urban districts or on the northern outskirts of Hamburg.



6 The allocation key (*Königsteiner Schlüssel*) sets out the allocation of state shares in joint funding. Among other things, the allocation key stipulates how many asylum applicants a federal state has to take in.

7 Cf. Federal Office for Migration and Refugees, 2022. Initial Distribution of Asylum Seekers (EASY), <https://www.bamf.de/EN/Themen/AsylFluechtlingsschutz/AblaufAsylverfahrens/Erstverteilung/erstverteilung-node.html;sessionid=3E35CE-2448A8DDF54A2F37BFF52D368E.intranet671>, last accessed 23/02/2023.

8 Cf. Statista, 2022. Ausländeranteil in Nordrhein-Westfalen bis 2021, <https://de.statista.com/statistik/daten/studie/258081/umfrage/auslaenderanteil-in-nordrhein-westfalen/>, in German, last accessed 14/07/2022.

As part of the project, a total of 61 interviews were carried out. The incorporation of different perspectives was crucial for the needs assessment and the identification of barriers and gaps in provision. The main aim was to identify the problems experienced by refugees with disabilities and their relatives. Due to the particular vulnerability of refugees with disabilities, organising interviews and carrying them out during the pandemic with the appropriate level of hygiene proved a challenge, but was necessary to prevent those affected from being exposed to the risk of a COVID-19 infection. Despite these constraints, 13 interviews were held with refugees during the project. Those interviewed were in different phases of their stay in Germany. Some refugees had just arrived and some had been in Germany for several weeks, while others had already been in the country for several months or years, enabling a broader overview to be obtained of existing gaps in provision.

Other groups interviewed were:

- Staff in accommodation facilities in different roles (such as social services, management or medical station)
- Staff in counselling centres for migrants and asylum seekers
- Staff in counselling centres for disability assistance services, including complementary independent participation counselling (*Ergänzende unabhängige Teilhabeberatung, EUTB*)
- Contact partners in the administration, such as in public state authorities or in municipal administration
- Staff in facilities for people with disabilities (school and therapy centres, residential groups)
- Staff in associations and organisations that advocate for people with disabilities
- Staff from integration projects

All interviews were semi-structured and were carried out using guideline questions. The topics and categories for the questionnaires were identified as part of background research using existing literature. The questionnaires were developed as part of a collaboration with the [Crossroads](#) project by Handicap International. When responding to previously categorised, but openly formulated questions, the interviewee can decide for themselves what they would like to focus on and what exactly they would like to describe as a barrier or gap in care. The interviews were then evaluated and the results from all three regions compared.

The interim results, which were obtained during the needs assessment undertaken in August 2021 using the first interviews, were presented together with corresponding recommendations for action at several events and discussion panels. Notes on best practice examples as well as feedback on the interim results were taken into account when creating the final report.

Important notes on the limits of the needs assessment:

The problems identified only reveal a snapshot of the challenges and barriers faced by refugees with disabilities and their relatives in Germany. Due to the diverse structures in the different federal states in Germany, the results might differ from other regions, even if one can assume that many of the gaps in provision identified are very similar in other federal states.

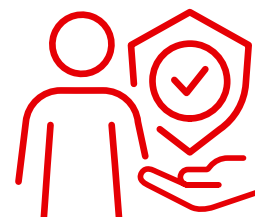
Due to the COVID-19 pandemic, it was difficult to interview refugees with disabilities without putting them at risk. Most interviews with these refugees were carried out with the assistance of social workers, who also acted as interpreters during the conversations. On the one hand, this came with the benefit that the social workers had usually already established a relationship of trust with the refugees. On the other, it can be assumed that the translation during the interview was not precise in some cases, as the person providing this service was influenced by their role as a social worker. We are aware that this method is not ideal. However, the COVID-19 pandemic restricted contact with those affected to such a degree that it was impossible to bring external interpreters to the interview. Online interpreting services also proved difficult in this case, as the necessary conditions for an interview (such as a stable internet connection and a quiet, private room for an interviewee) were not always available.

The needs assessment is aimed at improving the understanding of the challenges faced by refugees with disabilities. Further research with the involvement of refugees with disabilities at the intersection of displacement, migration and disability is needed to enable a more comprehensive assessment of their living situation.

The general needs and gaps in provision identified, which can occur in many different phases after arrival in Germany, are presented in Chapter 1 (*Areas of concern identified*).

The areas of concern affecting refugees with disabilities in different ways in various types of accommodation or stages of the reception process are examined in greater depth in Chapters 2 (*State accommodation facilities*), 3 (*Transfer to the municipality*) and 4 (*Municipalities*).

The end of each chapter features recommendations that were developed from the results. The **key recommendations** are summarised again in the conclusion of the report (Chapter 6: *Key recommendations*).



1 Areas of concern identified

1.1 Deficiencies in the identification of disabilities

In order to take into account the specific needs of refugees with disabilities in accommodation provision and the initial asylum process, non-visible disabilities need to be recognised as early as possible after arrival in Germany. According to Article 21 ff. of the EU Reception Conditions Directive 2013/33/EU⁹ and, relating to the asylum process, according to Article 24 of the EU Asylum Procedures Directive 2013/32/EU, all EU Member States are obligated to identify special reception needs and needs of special procedural guarantees, arrange suitable accommodation and provide care and support for vulnerable persons during the asylum process.

The status quo: How disabilities are identified in the three federal states examined

To date, the Federal Government has not stipulated any standardised procedure for identification. It has regularly stressed that the federal states are responsible for identifying refugees in a vulnerable situation and fulfilling their needs. However, most federal states still do not have any systematic procedures in place for such identification. In the federal states of Schleswig-Holstein and North Rhine-Westphalia (NRW), no standardised procedure currently exists. By contrast, Brandenburg has established a structured procedure¹⁰ which falls under the responsibility of the Central Immigration Office of the State of Brandenburg (CIO).

Consequences of failure to identify disabilities at an early stage in the reception

... in the example of deaf individuals

If deafness and the resulting needs for the individual are not recognised upon arrival in Germany, this results in a range of problems that can continue throughout the entire reception process. The individual need for support in this case can only then be identified if sign language interpreters trained in the respective sign language of the country of origin are used from the onset. Public state authorities in the reception centres only request these interpreters in rare cases. Refugees with disabilities – often with the support of volunteers, counselling centres or social services – frequently have to manage this themselves or specify their need.

⁹ The EU Reception Conditions Directive 2013/33/EU stipulates the minimum standards that European states must comply with when receiving, accommodating and caring for those seeking protection during the asylum process. Among other things, the directive sets out the rights of especially vulnerable persons, which include refugees with disabilities. In accordance with Art. 22 of the Directive, all EU Member States are also obligated to identify special needs and to accommodate and care for vulnerable people during the asylum process in a manner appropriate to their needs.

¹⁰ See Baff e. V. – German Association of Psychosocial Centres for Refugees and Victims of Torture, 2020. Identifizierung besonderer Schutzbedürftigkeit am Beispiel von Personen mit Traumafolgestörungen. Status quo in den Bundesländern, Modelle und Herausforderungen, https://www.baff-zentren.org/wp-content/uploads/2020/11/BAfF_Reader_Identifizierung.pdf, in German, last accessed 22/01/2023.

If, due to a lack of identification measures or lack of professional sign language interpreting services, it is not noticed that a person is illiterate due to a hearing impairment existing since birth, information material tailored to deaf persons (e.g. concerning doctor's visits, vaccinations, interview with the Federal Office for Migration and Refugees (FOMR), etc.) may not be provided in a comprehensible way. In one specific case, a deaf refugee was unable to communicate his needs adequately, causing him a high degree of frustration. In one instance a deaf refugee tried using gestures to communicate, which the facility security services interpreted as aggressive behaviour.

... for the asylum process

With regard to the asylum process, it is important that any disabilities are identified prior to the interview, during which asylum seekers have to present their reasons for fleeing their country in great detail and without any contradictions. This is crucial as the interview decides the outcome of the asylum process.¹¹ Only if disabilities have been identified can it be ensured that the individuals concerned receive the support they need to fully explain their reasons for applying for asylum.¹²

Furthermore, medical reports relevant for the asylum process such as diagnoses, must be submitted in good time before the interview to ensure that they are taken into account during the asylum process. If the disability is not identified until after the interview, it is very difficult to claim this during the asylum process without taking legal action, which can incur additional costs for refugees with disabilities. Failure to identify special needs early on can therefore have a negative impact on the outcome of the asylum process.

... for accommodation

The lack of a proper procedure for identifying disabilities may not only have dire consequences for the asylum process, but also with regard to providing the person concerned with appropriate accommodation. If a disability has not been identified, it remains unclear whether any needs-based provision can even be guaranteed within the reception centres. It is also unclear which arrangements for needs-based accommodation and support in the reception centres are even possible. Furthermore, it is essential to identify the needs with regard to choosing a municipality that can assist them and organise accommodation and provision accordingly.

... for health

Failure to identify disabilities at the onset of the refugee's stay also prevents early treatment required on a medical, care or therapeutic basis, and can even result in the deterioration of the disability in some cases.

¹¹ In June 2022, the FOMR published the concept „[Die Identifizierung vulnerabler Personen im Asylverfahren](#)“ (Identifying vulnerable persons in the asylum process), mentioning refugees with disabilities as one of the groups.

¹² Special procedures that EU Member States have to guarantee to particularly vulnerable people in accordance with the EU Asylum Procedure Directive, may, for example, include granting more time in the interview.

A role of the dice

Without a concept-based, systematic identification procedure, appropriate provision, accommodation and support during the asylum process for people with disabilities remain a matter of luck. This dependency became patently clear during the interviews and can be assumed especially for non-visible disabilities. In these cases, it increasingly depends on whether refugees with disabilities know how specific aspects of their disability may be important or whether they even have the opportunity to express them. Committed, empathetic staff and/or a supportive environment (e.g. dedicated volunteers) advocating for the persons whom they support are currently often a requirement for improvements in provision or in the course of the asylum process.

Recommendations for action

We recommend developing and implementing a concept for identifying disabilities directly after arrival in Germany at national level. This concept can be based on the identification procedures that already exist in three federal states.



One easy-to-use method is also the application of the internationally recognised “Washington Group Questions”, which were designed by the Washington Group, a subgroup of the UN.¹³ The questions are culturally sensitive and are available in different languages and versions (short set, enhanced short set, extended set, child functioning module). A conceptual link to the ICF (International Classification of Functioning, Disability, and Health) is provided. The psychosocial model underlying the ICF now also plays a key role in granting assistance in Germany in accordance with the Federal Act on Participation. Individuals are asked whether they have difficulty performing basic activities (walking, seeing, hearing, cognition, self-care and communication). The questionnaire using the “Washington Group Short Set” takes an average of one-and-a-half minutes to complete.

¹³ Cf. Washington Group on Disability Statistics, <https://www.washingtongroup-disability.com/>, last accessed 12/06/2022.

Six questions on short set



EN: Do you have difficulty seeing, even if wearing glasses?



EN: Do you have difficulty hearing, even if using a hearing aid?



EN: Do you have difficulty walking or climbing steps?



EN: Do you have difficulty remembering or concentrating?



EN: Do you have difficulty (with self-care such as) washing all over or dressing?



EN: Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Response categories:

- ↑ No, no difficulty.
- ↑ Yes, some difficulty.
- ↑ Yes, a lot of difficulty.
- ↑ I can't do this at all.

Quelle: Washington Group Short Set on Functioning (WG-SS)¹⁴,
14 Washington Group Short Set on Functioning, <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>, last accessed 14/07/2022.

1.2 Healthcare



Healthcare is one of the key areas of concern identified during the interviews with regards to refugees with disabilities. In Germany, particularly asylum seekers and refugees with a Tolerated Stay Permit¹⁵ receive basic services in their first 18 months in accordance with § 1 of the Asylum Seekers Benefits Act (*Asylbewerberleistungsgesetz, AsylbLG*). The means that they are not regularly covered by statutory health insurance during this time and that medical services are only granted in accordance with §§ 4, 6 Asylum Seekers Benefits Act. Aside from a few exceptions, § 4 is limited to the granting of services to treat **acute illnesses** and **pain**. Service providers¹⁶ are tied regarding their decision and there is no margin of discretion.

For refugees with disabilities, who are, for example, reliant on assistance such as aids or prosthetics, the Asylum Seekers Benefits Act may in some circumstances be highly restrictive. This is due to the fact that the care and treatment of chronic illnesses or existing impairments are only covered by § 4 Asylum Seekers Benefits Act if they are painful or there is a danger that they would become acute if left untreated. The refugee with a disability is responsible for providing evidence of their pain condition or the necessity of treatment to the service provider. In practice, this is rarely successful due to the high demands on providing evidence and the resulting additional diagnostic costs.

The relevant benefits, which are often necessary to secure health and support in case of disabilities, often fall under the so-called “other benefits” according to § 6 Asylum Seekers Benefits Act. These may include rehabilitation services, remedies and aids (walking aids, wheelchairs, prosthetics, hearing aids, etc.), treatment of chronic illnesses and other services.

Refugees with disabilities are not guaranteed these necessary services, as § 6 Asylum Seekers Benefits Act is a discretionary provision and service providers are not directly obligated to cover the costs for these services. One interpretation of the provision of § 6 Asylum Seekers Benefits Act in line with constitutional, national and European law¹⁷ concludes that people in vulnerable situations with special needs are entitled to have the costs of these services covered. Here, the official discretion is therefore reduced “to zero”. However, this needs assessment determined that in practice, such services are often granted too late and only with the significant involvement of counselling centres or other support structures, or not at all.

Only after 18 months do those entitled to benefits according to Asylum Seekers Benefits Act receive “analogue benefits” (§ 2). They therefore continue to formally receive benefits according to Asylum Seekers Benefits Act, but the benefits are similar to those of Book XII of the Social Welfare Code (*SGB XII*). This includes regular healthcare “similar to” services according to the Books XII and V of the Social Welfare Code with a health insurance card without restrictions. In this case, it is more likely that the costs for preventive measures, remedies and aids or for the treatment of chronic illnesses will be covered. The living situation of refugees with disabilities can be improved as a result, as shown by the experience of those interviewed.

¹⁵ The Tolerated Stay Permit, known as “Duldung” in Germany, temporarily suspends the deportation of individuals without residence rights. It is granted to people who, although not lawfully resident in Germany, are unable to be deported, e.g. for legal reasons. A Tolerated Stay Permit is not a residence title; the obligation to leave the country still remains.

¹⁶ For NRW: in state accommodation facilities, the district government responsible for the facility is the service provider; in municipalities, the respective social welfare office is responsible for granting benefits.

¹⁷ German Association for Rehabilitation, Specialist Article A16-2019, 2019. https://www.reha-recht.de/fileadmin/user_upload/RehaRecht/Diskussionsforen/Forum_A/2019/A16-2019_Leistungen_an_gefl%C3%BCchtete_MmB.pdf, in German, last accessed 20/01/2023.

Recommendations for action

We recommend granting access to regular medical and social welfare benefits directly after arrival in Germany, independent of residency status.

For low-threshold access to healthcare benefits, the electronic health insurance card should be introduced at national level. This enables asylum seekers, in particular, and those with a Tolerated Stay Permit to claim healthcare benefits during the first 18 months of their stay. These healthcare benefits are also settled directly with the health insurance companies (similar to cases when a person has statutory insurance) and cover the full-service catalogue of the statutory health insurance funds.



1.3 Administrative practices

In some interviews, the opaque administrative practice of the public authorities was mentioned as another area of concern that makes it difficult to provide needs-based care and support for refugees with disabilities. This practice does not have a standardised approach and varies greatly both regionally and at municipal level. One reason for this may be the margin of discretion granted to the staff members of public authorities when making their decisions. German federal structure contributes to different decision-making practices.



Although there is often evidence at hand on the necessity for treatment and the justification of an application, decisions are only rarely made in favour of refugees with disabilities in state accommodation facilities. As a result, a reduction of discretion with reference to a higher-ranking law, does not occur. The reasons for such assessments made by administrators remain unclear. Counsellors and refugees with disabilities have the impression that officers without prior medical knowledge make decisions based on records, and often without a more precise examination of the individual case. However, the latter is essential for a comprehensive assessment of the situation of refugees with disabilities.

When it comes to decisions on applications, long waiting times for refugees with disabilities can have severe consequences. While waiting for the applications or costs for necessary measures to be approved, their condition can deteriorate, and the chances of successful rehabilitation can decrease over time.

Long waiting times also have serious effects on the providers of facilities for people with disabilities. For example, unclear responsibilities among funding agencies and/or long waiting times during decisions on cost cover lead to a great deal of administrative work and the risk of lost benefits. Aside from the usual portfolio of benefits offered by the providers of facilities, refugees with disabilities often also require support in the area of language acquisition and sometimes also individual support services. Quick and reliable approvals are needed to ensure that people with disabilities can receive needs-based support.

Often, refugees with disabilities are denied legal recourse, as they are not accordingly involved in the administrative proceedings. This has been seen especially in the context of state accommodation facilities. Refugees are not always informed immediately about rejected applications for healthcare benefits and decisions subject to appeal are only issued

to refugees if requested. In the case of allocation decisions, important information about the exact day of allocation and municipality is also sent too late to the individuals. The same applies to the appealable notice of assignment that is often not delivered in time. This administrative practice affects all refugees and can result in severe consequences for refugees with disabilities.

Recommendations for action

We recommend the implementation of transparent decision-making practices by public authorities and reduced discretion if refugees with disabilities are entitled to specific benefits according to a higher-ranking law. This should apply to both the area of state accommodation and the area of municipal allocation.

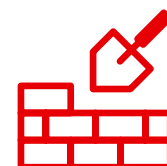
We recommend the examination of individual cases more precisely and the increased involvement of medical specialists to assess applications for healthcare benefits. To enable applications to be processed quickly, we recommend increasing the number of personnel at administrative authorities. Refugees with disabilities should be involved in administrative proceedings as applicants and should receive a decision subject to appeal about the ruling by the public authority or the service provider in a timely manner in order to be able to submit an appeal before the deadline.



1.4 Accessibility, participation and inclusion

Refugees with disabilities face numerous barriers in Germany: from their arrival and their accommodation in a reception centre to their life in the municipality. Both state accommodation facilities and facilities in municipalities are usually not built with accessibility in mind. Central locations in the facilities are often difficult to access. Furthermore, many facilities are located in rural areas and direct links to the public transport system are not always available. Barrier-free access to counselling structures is also not guaranteed everywhere; this relates to counselling structures in state facilities and municipalities alike. After municipal allocation, finding barrier-free housing can pose a major challenge for refugees with disabilities. They therefore often remain in collective municipal accommodation facilities longer than other refugees if they are entitled or obligated to move out. Smaller associations or organisations in municipalities, whose tasks include advising and supporting refugees with disabilities, are often unable to make their offices barrier-free. These counselling services are almost exclusively project funded. There are no resources available for costly building conversion measures, meaning they are often forced to improvise.

Major barriers also exist in the provision of information and communication. Posters, flyers and information materials and decisions issued by authorities are infrequently or hardly ever written in a barrier-free way, meaning that refugees with disabilities are increasingly reliant on support from caregivers and counselling services. If refugee counselling centres have access to a budget for language mediation/interpreting, this is often insufficient. Payment of costs for interpreters is usually not guaranteed by social benefit providers, meaning that some refugees are unable to communicate their needs to an adequate extent. This concerns, for example, the translation of sign language. The counselling structures for disability assistance services, who do not have a budget for translation services, often report similar difficulties.



Services for refugees are rarely designed with inclusivity in mind. There is therefore a great risk of these services excluding refugees with disabilities from social participation. One example often mentioned is the lack of available special integration and language courses for people with disabilities. They can often only be found in large urban centres and are only aimed at people with a visual or hearing impairment.¹⁸ For refugees with cognitive impairments, there are currently no barrier-free integration courses offered by a recognised integration course provider.

Recommendations for action

We recommend accommodating refugees with disabilities in municipalities in decentralised, barrier-free housing. Refugees with disabilities should also be housed in municipalities or cities that have needs-based services and appropriate care structures. For example, links to necessary therapies and access to specialised counselling centres, self-advocacy organisations for refugees with disabilities and special integration courses, etc. should be guaranteed.

When providing information, refugees with disabilities must also be considered; information must be provided to them in a barrier-free form. It is also important to ensure the availability of translation services and ensure that their costs are covered. Public authorities should be able to issue their decisions in a barrier-free format.

Refugees with disabilities must have the option to make use of integration services. This requires, for example, the establishment of specialised integration courses for refugees with cognitive impairments.

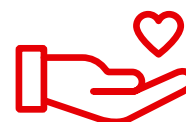


1.5 Lack of sensitisation

The interviewees criticised insufficient sensitisation among public authority staff regarding higher-ranking law, as it also affects refugees in vulnerable situations. Concerning refugees with disabilities, in particular, the UN Convention on the Rights of Persons with Disabilities (CRPD), the EU Reception Conditions Directive and the EU Asylum Procedure Directive are determining. They are, however, rarely used to interpret specific regulations. Generally, they are considered if legal appeals have already been lodged and reference has been made to a higher-ranking law.

Administrative staff usually lacks the appropriate expertise when it comes to, for example, evaluating medical details. Decisions are made based on records and based on submitted reports, with the administrative staff not having been sensitised to the medical field. This can lead to incorrect assessments and inappropriate decisions with severe consequences for applicants.

From the facilities, there are reports that some staff are not sufficiently sensitised to dealing with people with disabilities and sometimes have reservations. Some members of staff do not have any knowledge about the benefits and support structures of disability assistance services. For many, it is unclear which benefits refugees with disabilities are entitled to and which of these could be approved.



¹⁸ Federal Office for Migration and Refugees, 2019. Integrationskurse für Menschen mit Beeinträchtigungen, https://www.bamf.de/SharedDocs/Dossiers/DE/Integration/integrationskurse-im-fokus.html?nn=282388&cms_pos=9, in German, last accessed 15/02/2023.

Continued training on these topics is only offered to staff from the accommodation facilities in very rare cases. Available training is often quickly booked out. According to some staff members, it is important to improve networking with disability assistance services. If staff in the facilities do have expertise in the field, lacking capacities pose additional challenges.

Recommendations for action

We recommend introducing mandatory training for administrative staff regarding the provisions of higher-ranking law and the effects on local administrative practices in the legal field concerned.

We also recommend increasing awareness among staff at the intersection of displacement, migration, and disability in accommodation facilities by way of training courses and workshops. These should involve refugees with disabilities in order to ascertain their perspectives and living situation.



1.6 Perception of disabilities

Refugees are sometimes unaware of the common perception of disability and the system of services for people with disabilities in Europe, thus existing counselling and support services may not be sought out. This can result in information deficits, affecting benefit claims and opportunities for participation.

Even with similar cultural backgrounds, refugees perceive disabilities in different ways. These perceptions cannot be clearly classified, either in terms of geography or a specific cultural background. Several factors influence how disability is viewed, such as the social context in which a person has grown up and how open they are to the phenomenon of “disability”. The way disability is understood may, among other things, be influenced by religion; disability can be viewed as a gift, a curse, a stigma or a temporary sickness.

At the same time, the prevailing services and support for people with disabilities in Europe and the corresponding view of disability can reinforce the stigmatisation of people with disabilities and reduce them to the characteristic of “disability”. One refugee from Iran reported, for example, that she had never felt “as disabled” as she did in Germany.

The clash of different perceptions harbours potential for conflict and can also lead to misunderstandings in the counselling and care context.



Recommendations for action

An open attitude towards the respective view of disability and constantly questioning one's own perspectives can counteract this. We also recommend the knowledge and resources brought by the affected person with the disability are taken into account.



1.7 Insufficient continuity of support services

The increased need for support at the intersection of displacement, migration and disability has become increasingly recognised in Germany over the past few years. This has resulted in the emergence of different initiatives, self-advocacy organisations, networks and projects. Nevertheless, set project periods and the limited availability of financial resources – which are usually provided by external donors – prevent sustainable structures from being established at the intersection. They also prevent refugees with disabilities and their relatives from receiving ongoing support. Thus, established services may have to be discontinued again and networks broken up, resulting in a loss of specialist expertise at the intersection.



Even if the aim is to incorporate refugees with disabilities into existing support structures, due to the intertwining of different legal areas and the complex living situation of refugees with disabilities, there is a need for continuity of services tailored for this particular group. These services will continue to be needed until existing structures consider refugees with disabilities as one of their target groups. They will also be required until benefits and access to the services is no longer dependent on residency status.

Frequently, operators of facilities, such as state reception centres or even municipal collective accommodation facilities change due to public tenders. This also has a negative impact on continuity. Established networks are broken and there is high fluctuation among staff. The relationship of trust between staff members and refugees has to be constantly re-established and specialist knowledge acquired is in danger of being lost.

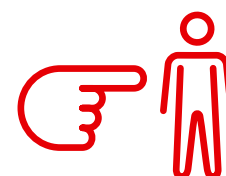
Recommendations for action

We recommend maintaining proven structures and established networks to prevent a loss of the knowledge acquired and the disintegration of established networks. This aspect also needs to be addressed in tenders that serve the operation of facilities.



1.8 Experiences of discrimination

Racism and discrimination are structurally and socially entrenched problems in Germany. In the context of migration and asylum, they play a significant role and can prevent social participation of refugees. During the assessment, experiences of discrimination, stigmatisation and racism were repeatedly reported. While these experiences did not come solely from refugees with disabilities and their relatives, this group can be affected by discrimination in multiple ways.



During administrative proceedings, it was reported that refugees constantly feel confronted with discriminatory statements that can specifically affect refugees with disabilities. Sometimes, their concerns are not taken seriously or are underplayed with reference to the situation of local people with disabilities. Experiences of discrimination and marginalisation can be particularly pronounced in places where only a few people of other origins are living.

In addition, refugees interviewed reported experiences of discrimination from staff members in social and health infrastructure facilities, such as childcare facilities, doctor's practices and public authorities. In childcare facilities, stigmatisation was experienced, for example, when teachers made fun of linguistic mistakes.

In doctor's practices, one counsellor from a service for people with disabilities said that prescriptions were sometimes not issued for non-German-speaking individuals or other treatment options were refused due to them apparently not being entitled to the services, even though this was often not the case. She further argued that people with disabilities are presumably refused treatment to prevent additional unpaid efforts for doctors.

In the three federal states examined, structures of anti-discrimination activities or contact and reporting points are being set up and expanded, or already exist. However, the interviewees were not usually aware of the services. It can be assumed that access to them was more difficult for refugees with disabilities.

Recommendations for action

To be able to make discrimination visible, name it and deconstruct it, sufficiently funded, qualified and independent contact points are needed for those affected. These centres should support people who experienced discrimination and support them in asserting their rights or processing and pursuing such cases. In addition, state anti-discrimination laws should be adopted, as, for example, discrimination within official proceedings does not fall within the scope of the General Act on Equal Treatment (*Allgemeines Gleichbehandlungsgesetz, AGG*).

People housed in reception centres and municipal collective accommodation should be provided with contact persons sensitised to racism in the context of migration, asylum and disabilities. Discriminatory behaviour within facilities needs to be addressed and those affected must have the opportunity to report such events to an independent body without fear of sanctions.



1.9 Participation, empowerment and self-advocacy

Only very few structures take the participation and self-advocacy of refugees with disabilities into account. The moment in time from which refugees should deal with the issue of self-advocacy is often a subject of discussion. In this context, for example, a phase model formulated by Prof. Dr Matthias Otten from Cologne University of Applied Sciences (TH Köln) is interesting. It describes how refugees with disabilities experience their arrival and the German assistance system.¹⁹ Depending on whether those affected have only just arrived in Germany or have lived in Germany for a longer period already, it is possible for them to deal with the issue to a greater or lesser extent.

The community of deaf persons implements the topic of participation and empowerment in a pioneering manner with initiatives such as Deaf Refugees Welcome and others, where refugees are invited to participate directly.²⁰ The self-advocacy organisations already



¹⁹ Otten, M., *Wie geflüchtete Menschen mit Behinderung ihre Ankunft und das deutsche Hilfesystem erleben: ein Phasenmodell*, <https://www.hi-deutschland-projekte.de/crossroads/capacity-building/roadbox/grundlegende-informationen-zur-lebenssituation-von-gefluechteten-menschen-mit-behinderung/>, in German, last accessed 15/02/2023.

²⁰ Deaf Refugees, www.deafrefugees.de, last accessed 14/07/2022.

established for people with disabilities in Germany still have little contact to refugees with disabilities. Existing self-advocacy structures have long since expanded, but little consideration is given to the intersection of displacement, migration and disability. However, initial approaches to opening up self-advocacy structures already exist. In North Rhine-Westphalia, there is for instance the Competence Center Self-Determined Living NRW. The advocacy group Self-Determined Living in Germany is another example that is currently committed to helping refugees with disabilities from Ukraine.

Recommendations for action

We recommend involving refugees with disabilities as experts in their own matters in as many areas as possible. The quote “nothing about us without us” from James Charlton, an American activist of the disability rights movement, which forms the underlying principle of the CRPD, should also apply for this area. Already established self-advocacy organisations must be financially capable of addressing refugees with disabilities, for example, through a budget for translation services or adequate PR work.



1.10 COVID-19 and its effects

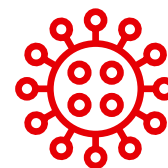
The effects of the pandemic on refugees with disabilities are considerable. There has been a lack of communication concerning the different measures introduced by the national and state governments during the different phases of the pandemic. The first lockdown in March 2020 and the vaccination campaign at the beginning of 2021 in Germany were named as examples here.

Many facilities experienced local outbreaks and authorities often reacted with quarantine measures for the entire accommodation facility. Visits, including those from the staff members of outreach counselling services, were not possible, resulting in residents at times being extremely isolated. To date, some facilities still do not provide refugees with WiFi access, which caused additional problems during the pandemic and led to even greater isolation.

Large facilities such as the initial reception centres are particularly vulnerable to infection during a pandemic; only in a few cases did the responsible authorities succeed in improving the situation through transfers and allocations, as in the Federal State of Bremen. In NRW, the initial response to infections was to even stop allocations from reception centres to relieve the burden on the municipalities. This aggravated the situation for refugees.

Unavailable access to authorities also posed a huge problem. There was therefore profound uncertainty regarding the renewal of residence titles or for services at the job centre. Here too, according to the results of the needs assessment, information from the authorities was often insufficient and inaccessible to refugees with disabilities, as the centres concerned did not communicate using barrier-free means. Non-state counselling services, such as counselling for migrants or complementary independent participation counselling (EUTB) could only be reached with difficulty.

In addition, ongoing therapies and other medical treatments were interrupted by the pandemic. A person who works in one of the complementary independent participation



counselling centres reported such a situation where a boy no longer went to therapy due to COVID-19:

“Now during times of COVID-19, another boy with a liver transplant was simply unable to get to therapy because he would have always had to travel by taxi, as the infection risk for him from taking the bus was far too high.”



Reception centre in Bonn: help with paperwork.

It was often not possible to carry out necessary diagnostics. This led to delays, such as with the issue of disability cards (*Schwerbehindertenausweis*). Language courses were cancelled or postponed, and some refugees lost their jobs.

The effects of the pandemic were also dramatic for refugee children with disabilities. A family that lives in collective accommodation facilities is often placed in a single room. That makes participation and focusing during online lessons difficult. The situation is also challenging for refugee families who do not live in a collective accommodation but in their own apartments. Disabled children had to receive at-home support in phases during the pandemic. Refugees with disabilities are often not aware of the necessary support systems, or these are not approved for a variety of reasons.

In general, it can be asserted that the pandemic caused significant delays to the integration and inclusion of refugees with disabilities. At the same time, it once again exposed many of the above-mentioned weaknesses in the system.

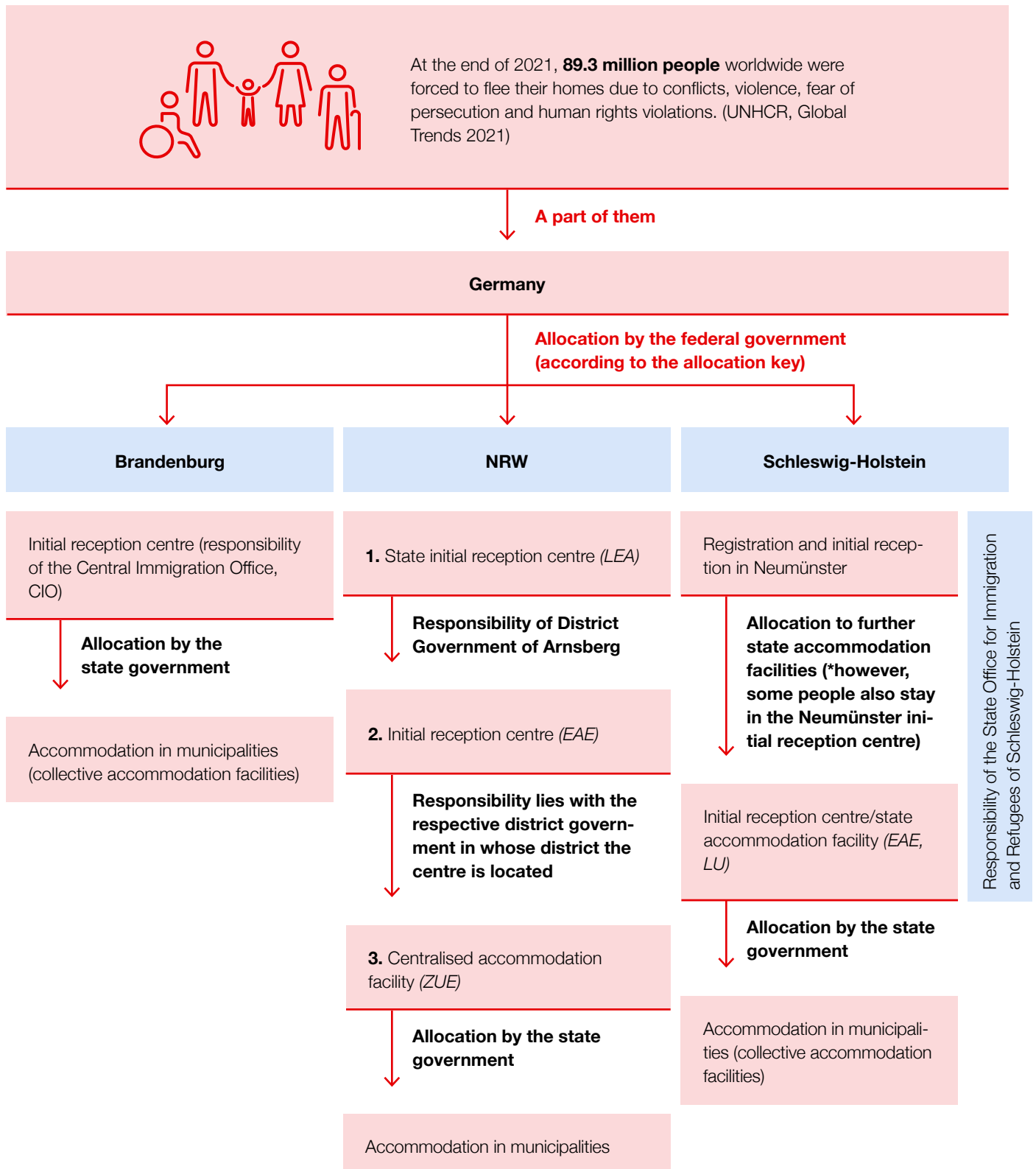
Recommendations for action

To prevent situations with a similar health risk in future, we recommend opting for suitable decentralised accommodation facilities for refugees, including upon initial reception. Likewise, we recommend providing culturally sensitive, inclusive communication regarding infections and the implementation of hygiene and protective measures with the involvement of self-advocates.



The long journey through the reception systems

Asylum seekers are required to submit their application for asylum to a branch of the Federal Office for Migration and Refugees (FOMR) after their arrival in Germany. They are initially obligated to live in a reception centre, to which they are allocated. Reception centres fall under the responsibility of the federal states (cf. [§§ 44ff German Asylum Act \(Asylgesetz, AsylG\)](#)). The reception systems differ depending on the federal state.



2 State accommodation facilities

This chapter describes the barriers and problem areas for refugees with disabilities identified during the needs assessment with regard to special state accommodation. This is the first station in the reception process, which has, however, undergone extreme expansion in recent years.

Early identification of disabilities after arrival forms the basis for appropriate provision, accommodation and further support measures for refugees with disabilities in Germany. The results of the assessment concerning problems in the area of early and systematic identification are described in Chapter 1 (*Areas of concern identified*), Subchapter 1.1 (*Deficiencies in the identification of disabilities*).

2.1 Health and social care

Refugees with disabilities are more often reliant on specific assistance, nursing or other healthcare services than refugees without disabilities. As already described in the chapter *Areas of concern identified*, subchapter 1.2 *Healthcare*, asylum seekers and those with a Tolerated Stay Permit in particular only receive limited healthcare within the framework of the German Asylum Seekers Benefits Act during the first 18 months of their stay. The assessment shows that firstly, claiming healthcare benefits is once again subject to particular difficulties in accommodation in reception centres. Secondly, a lack of access to diagnostics and specialist medical personnel for refugees with disabilities can play a significant role regarding the asylum process. In some cases, these refugees experience twice as many disadvantages.

More difficult access to specialist medical personnel and effects on the legal asylum and residence situation

According to the results of the needs assessment, under the scope of the German Asylum Seekers Benefits Act, service providers regularly consider a referral to specialist doctors unnecessary and refuse this, or do not fund the necessary specialist medical reports and interpreting services in medical consultations and treatments. From the state reception centres, difficulties are reported particularly with funding diagnostics and medical reports if these are not requested by the FOMR as part of the interview. If the FOMR considers diagnostics and medical reports relevant for the interview in the asylum process, it can request these in writing. These are then funded along with the necessary translation.

Specialist medical reports are not only relevant for adequate further medical treatment, but can be crucial when it comes to the legal asylum and residence prospects of the person. Refugees with disabilities are, for example, entitled to certain procedural guarantees – support services during the asylum process – which are often not granted without appropriate evidence. Impediments to forced return associated with the disability also have to be demonstrated with the appropriate reports.

Doctors that hold consultation hours in state reception centres are predominantly employed as general practitioners, sometimes on a voluntary basis. These doctors cannot provide specific diagnoses or qualified medical reports that meet the strict requirements for demonstrating obstacles to forced return. Medically trained staff members at state reception centres, including psychologists, conduct anamneses as part of their work and sometimes create corresponding statements. However, as described by members of staff, their expertise is often not taken into sufficient account by the service provider.

Based on the impression of those interviewed, officers – who usually do not possess any medical training – use existing evidence on health impairments or disabilities to prove submitted applications. This also includes specialist medical reports and statements of the individuals. Unfortunately, it was reported that officers rarely use their discretionary powers to help refugees with disabilities. It remains unclear whether additional personnel from the medical sector is actually consulted to assess submitted evidence.



Delayed and restrictive provision of services

The reception centres report difficulties in providing services according to § 6 of the German Asylum Seekers Benefits Act. The corresponding applications are often rejected, particularly when a new need arises, such as when an aid is no longer available or if a disability already existed in the country of origin and did not occur for the first time in Germany.

“If someone has a prosthetic due to a leg amputation and this no longer fits correctly, if they still have one that is working, but perhaps is no longer so ideal for them [...]. People sometimes then visit the medical station on a daily basis, and it is difficult to help them further; for some residents, this has health implications, such as the stump becoming painful if the prosthetic doesn't fit properly. [...] With glasses or hearing aids, it is also always difficult. Physiotherapy is always easily approved.” (Staff member at a medical station in a facility)

It is not uncommon for refugees with disabilities in state reception facilities to be advised to reapply again (if their applications have been rejected) after they are allocated to a municipality. The overall restrictive interpretation of §6 Asylum Seekers Benefits Act in reception centres contradicts the provisions of the EU Reception Conditions Directive and the UN Convention on the Rights of Persons with Disabilities in the case of particularly vulnerable applicants.

The legal route with rejected applications for health services is made more difficult by the fact that refugees still housed in a state facility are not suitably involved in the application procedure. Applications for healthcare services²¹ are only allowed to be made by the medical station or outpatient unit, whose staff members do not necessarily have the required legal knowledge. The decision on the applications would, for example in NRW, also initially only be sent to the medical station or outpatient unit. Based on statements by counsellors, the applicant is, in practice, only provided with a decision subject to appeal with great delay, or the response from the service provider is not forwarded to the person themselves. In some cases, a written response even has to be requested first. Accordingly, refugees cannot legally appeal the decision made without further action.

Effects of not receiving healthcare and nursing services

Increased difficulty in accessing specialist medical personnel poses an elevated risk to people with chronic illnesses or disabilities. If they are not receiving appropriate medication or their medication is not being properly adjusted, it might aggravate their symptoms. Due to rejected applications for cost coverage or delayed approval, they often do not receive adequate healthcare. Access to important provisions, whether to rehabilitation measures or specialised counselling centres, remains denied to them with corresponding consequences for their health. Overall, links to the regular provision of healthcare are significantly impeded by application of the German Asylum Seekers Benefits Act, even if a disability has already been identified by a diagnosis.

“The doctor only gives me pain medication, which doesn’t help me. Medication (pain medication) always makes me feel tired. I become physically ill, am unable to get any treatment except painkillers and sleeping pills.” (A statement from a refugee)

If refugees with disabilities are denied important healthcare services, staff in the facilities have to take on tasks that are difficult for them. Nursing services are often mentioned in this context. Costs to determine the degree of care are usually not covered by the service provider, meaning care by a nursing service in the facility is not guaranteed. The necessary nursing services are often either provided by family members or other residents, who take on the services on the basis of a mini job (80 cents per hour). Nursing by relatives or companions can pose a huge burden for them. There is also a risk of them neglecting their own situation and own integration efforts.

Social care and other support services

In terms of social care, refugees with disabilities often face particular challenges. Vital services according to the German Asylum Seekers Benefits Act, particularly for people with special needs, are considered insufficient by those interviewed. For example, a counsellor reported cases where refugees with disabilities were unable to pay for trips to specialised counselling centres. Furthermore, their financial resources were not sufficient to gain access to the internet, which is an essential source of information.²²

²¹ According to §§ 4 and 6 German Asylum Seekers Benefits Act.
²² Many facilities still do not have WiFi.

Children and young people with disabilities

Especially for refugee children and young adults with disabilities in state reception centres, the German Asylum Seekers Benefits Act basic service entitlement in the first 18 months of residence poses a problematic situation and restriction, as they often have to first go through an arduous approval process (such as with the organisation and approval of school support). At the same time, social welfare services from support associations and case officers from the state authority in many cases lack the necessary skills to recognise and mediate possible support services. They are also often unable to refer refugees with disabilities to appropriate services and administrative centres. The situation is additionally aggravated if families with affected children or young people are subject to a forced return.²³ Treatment and support by appropriate specialist services then counteract the actual official organisational efforts to transfer the affected family according to the Dublin regulation or return them to their home country. However, as these efforts often fail, the period in which the child or young person is denied the necessary – and actually possible – support increases. These initial situations and their negative consequences also, clearly affect adult refugees in vulnerable situations with special needs.



²³ For example, in the case with a safe country of origin or with the Dublin procedure.

Recommendations for action



We recommend granting access to regular medical and social care services directly after arrival in Germany, independent of residency status. It will be a step closer to the highest attainable standard of health for refugees with disabilities, as aspired to according to Article 25 CRPD. The Asylum Seekers Benefits Act should be revised regarding standard medical and social care under consideration of higher-ranking law.

In view of the extended periods of stay in state reception facilities, we recommend providing preventive health measures and offering preventive services. Especially for people who have experienced trauma, but also for people with disabilities, these services can be very important and prevent their health situation from deteriorating or prevent later diseases or disabilities. Quick and continuous treatment must be made accessible to people with mental illnesses.²⁴

Diagnostic and therapy services can then start in the municipalities directly and be carried out without interruption. This prevents, for example, duplicate examinations as well as interruptions of treatment and/or therapy. In this way, compliance with EU Directive EU/2013/13 and the UN Convention on the Rights of Persons with Disabilities can also be guaranteed.

For low-threshold access to healthcare services, the electronic health insurance card should be introduced at least nationwide. This enables asylum seekers and those with a Tolerated Stay Permit to receive healthcare services during the first 18 months of their stay. These services are billed directly to the health insurance companies as is the case with people with statutory health insurance. In all three federal states examined, a corresponding framework agreement already exists as the basis for introducing this kind of electronic health insurance card, which the refugees receive after allocation to a municipality. For refugees with disabilities, however, it is important to also have low-threshold access to healthcare services already in state accommodation.

In addition, we recommend allocating families with children with disabilities to a municipality directly after arrival in Germany, regardless of residency status. This is required in order to prevent interruptions in treatment or to guarantee continuity and to enable adequate schooling of the children, which does not take place in a similar way in reception centres (see Chapter 2.2: *Accessibility, participation and inclusion*).

²⁴ The possibility of taking part in such services has been proven by the project-funded "Soultalk" service in the arrival, decision and return (AnKER) facility in Schweinfurt for years. The project offers psychosocial counselling for refugees. https://www.erloeserschwestern.de/hilfe-fuer-gefluechtete-in-schweinfurt_Fluechtlingshilfe_SW_451_kkmenuue.html, in German, last accessed 15/02/2023.

2.2 Accessibility, participation and inclusion

Accessibility and participation

Most reception centres are not barrier-free due to their nature as collective accommodation facilities (200 to 1,000 residents) along with the manner of their construction. While the responsible service providers make efforts to house refugees with mobility restrictions on the ground floor and with disability-accessible sanitary facilities, this is not always possible due to occupancy and available space. Even if refugees with disabilities are placed in appropriate accommodation, they are often unable to reach all central locations in the facility without help from others. The medical station and the InfoPoint were predominantly mentioned as easily accessible locations. Often, food halls, counselling centres, daycare centres, (school-related) educational services and recreation rooms are not easy to access. Due to limited access, meals for people with physical disabilities are sometimes organised in the room and in some cases, outreach counselling can also be offered. Installations that improve the barrier-free mobility of people with visual or hearing impairments – such as visual or acoustic guidance systems – are usually unavailable in the facilities.

Facilities for particularly vulnerable people in NRW

In conjunction with the implementation of the State Concept on Protection Against Violence (*Landesgewaltschutzkonzept*),²⁵ every governmental district of the state of NRW has determined a special facility for particularly vulnerable people in accordance with Article 21 of the EU Reception Conditions Directive, to which refugees in vulnerable situations can be transferred. These facilities should be designed for the needs of the different groups of people. In specialised accommodation facilities, effort is made to establish as much accessibility as possible – however, accessibility is limited to barrier-free access for people who use a wheelchair. In one of these facilities, for example, residents are able to press an emergency button in the event of an emergency. These facilities in particular are often located very far from urban infrastructure or are in rural areas, making it difficult for people with disabilities to reach them from central points outside the facility.

Whether appropriate provision and housing can be guaranteed in these special facilities for collective accommodation depends greatly on the nature and severity of the disability, as ascertained by a staff member at a facility. Problems can arise if severe or multiple disabilities are present and vital needs can no longer be met.

Some specialists consider accommodation in specialised facilities to be an insufficient alternative to housing in standard facilities, as even in specialised facilities, needs-based care and accommodation cannot be fully guaranteed and crucial access is limited. To accommodate people with disabilities in a way appropriate to their needs, state authorities need to define more precisely when a person in a collective accommodation facility is no longer able to remain there and needs to be allocated to a municipality.

²⁵ Ministry for Internal and Municipal Affairs of the State of North Rhine-Westphalia, 2017. Landesgewaltschutzkonzept für Flüchtlingsseinrichtungen des Landes Nordrhein-Westfalen, https://www.mkffi.nrw/sites/default/files/documents/landesgewaltschutzkonzept_des_landes_nrw.pdf, in German, last accessed 15/02/2023.

Communication and information



Regarding communication and information, according to the results of the needs assessment, refugees with disabilities face significant barriers in state accommodation facilities. Information notices, labels and flyers are not additionally written in easy language or in Braille, or are sometimes located in places not visible to refugees with disabilities. The translation of information into the languages of all residents is also not guaranteed in all facilities. For this reason, notices are often additionally provided with pictograms. In addition, staff members are unable to rely on translations into sign language, as the costs are difficult to cover. Translation into other languages is mainly handled by staff in the facility themselves, who are, however, not professionally trained for this task. Due to a lack of financial resources along with a lack of opportunities and knowledge in the field of barrier-free communication, it might be difficult to organise barrier-free counselling.

For refugees with disabilities, due to limited access to information, the internet is an important source of information; it is also used for networking purposes. However, only few facilities offer (comprehensive) WiFi access, meaning that refugees are often forced to look for mobile hotspots in the vicinity of the facility. These hotspots are often difficult to reach for refugees with disabilities.

In general, the information situation for refugees with disabilities is precarious in the context of state accommodation. Often, they can neither fully inform themselves about their rights nor assert them due to a lack of access to information and communication channels. Furthermore, they might be unable to articulate all their needs and staff cannot always cater to them directly. For instance, staff members of one facility reported on a deaf refugee with whom communication was barely possible at first. The refugee was only able to communicate using gestures and became increasingly frustrated with the staff's inability to understand him. It was only when an association for sign language interpretation was called in that communication succeeded. Whether the costs for sign language interpretation are covered remains unclear.

A lack of access to information about rights and possibilities in the context of disabilities, as shown as part of initial accommodation, also impedes further counselling and information services in the district and access to refugees with disabilities in municipalities. Due to a lack of information, they rarely contact the appropriate counselling centres and public authorities on their own initiative. Counselling services staff in the district and in municipalities often provide basic clarification on possibilities and rights in the context of disabilities, as this does not take place or is insufficient during initial accommodation. This is compounded by the fact that many facilities are located in rural areas and are far away from urban infrastructure. Refugees with disabilities have to travel long distances to reach central locations, as the public transport system is either not available or only operates on an irregular schedule. This prevents refugees from reaching specialised counselling centres. As a result, refugees with disabilities rarely participate in life outside of the facilities. The facilities are described as a closed system in some interviews, which also impedes access by external actors, such as specialised counselling centres from disability assistance services or volunteers. The right to information for people with disabilities in accordance with Article 9 CRPD and the right to legal counselling and legal representation in all phases of the asylum process according to Article 21 of the EU Asylum Procedure Directive, remains denied to refugees with disabilities as a result.

Lack of inclusive services

Due to a lack of accessibility and non-inclusive services, refugees with disabilities cannot experience a sense of participation in the accommodation facility. This affects, for example, children with disabilities who are not supported with special educational assistance as part of “school-related” services in state facilities. From one facility, it is reported that a child with Down syndrome and of mandatory schooling age is only able to visit the daycare centre in the facility due to a lack of funding.

Refugees with disabilities often remain excluded from leisure activities in the facilities. One member of staff from a facility reports in this context of an exercise room where activities are carried out with the residents. However, this is located on the upper floor, meaning that people with severe mobility restrictions are unable to access the room without assistance. Staff members observe some refugees with disabilities in the facilities increasingly withdrawing to their rooms and not feeling part of the community. Dedicated staff often reach their limits, as measures to improve participation cannot be implemented due to structural barriers.

Recommendations for action

We recommend allocating refugees with disabilities to municipalities, as participation and accessibility can often not be guaranteed in state accommodation facilities. Accommodation in state facilities therefore does not correspond to the inclusion concept.

In municipalities, access to a regular school where children and young people with disabilities are encouraged and supported is ensured, enabling them to experience participation in accordance with the UN Convention on the Rights of Persons with Disabilities. Self-help groups of refugees with disabilities and communities, as well as specialised counselling services are easier to access in municipalities. Leisure activities can be organised and carried out more easily. Various associations and organisations also offer different inclusive leisure activities and inclusion projects.

As long as refugees with disabilities are housed in state facilities, social service staff should take them into account when arranging leisure activities and facilitate their access to the various services. In addition, refugees with disabilities and their relatives should be involved in planning activities.



2.3 Protection against violence

Although concepts and minimum standards for protection against violence exist in accommodation facilities,²⁶ they are still often insufficiently implemented in accommodation facilities in some regions with regard to refugees with disabilities. Staff members from the facilities report that refugees with disabilities have still not been involved in the development of in-house concepts for protection against violence. The responsible service providers employ violence prevention officers in the facilities. Among others, it can be social workers who support different groups of people in vulnerable situations and who are regularly trained on the topic of protection against violence. However, there are still no specialised contact persons for refugees with disabilities in the facilities. In the case of incidents of violence and discrimination, the decentralised complaints office can be an important point of contact.

In addition, there are several projects in Germany aimed at promoting the implementation of protective measures against violence in the facilities through counselling.²⁷ However, staff members are not always granted access to state accommodation facilities.

In some facilities, special wings for refugees in a vulnerable situation have been set up. However, there is often no distinction made according to special vulnerability. The rooms cannot be locked due to fire safety reasons, posing an additional risk to refugees with disabilities, who are often exposed to discrimination, stigmatisation and violence.

In Schleswig-Holstein, protection against violence in state accommodation plays a key role in everyday activities. State accommodation facilities are well connected in many areas (such as in the area of women's counselling regarding domestic or sexual violence) and take the protection of refugees seriously.

Protecting refugees with disabilities against violence consists of, as with other groups of people in vulnerable situations, several interacting factors and measures. These measures include: the sensitisation of staff to the special needs of people with disabilities, the provision of information and clarification on rights and options, the accessibility of accommodation and sufficient participation opportunities, options for withdrawal and sufficient privacy, chains of action in the event of incidents of violence and networking with external cooperation partners. Despite existing protection concepts, refugees with disabilities experience discrimination and violence – not least, as refugees with disabilities often also remain in collective accommodation facilities for far too long.

²⁶ For example, the aforementioned the aforementioned NRW State Concept for Protection Against Violence and the Minimum standards for the protection of refugees in refugee accommodation centres from the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and UNICEF, 2021. <https://www.bmfsfj.de/resource/blob/184702/8c9c4cf873963d1ffc51d1370222d1a/mindeststandards-fuer-gefluechtete-menschen-englisch-data.pdf>, last accessed 15/07/2022.

²⁷ For example, the project "Decentralised counselling and support structure for protection against violence in refugee accommodation" (DeBUG), funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth: <https://www.gewaltschutz-gu.de/projekte/debug>, last accessed 15/02/2022.

Recommendations for action

We recommend implementing concepts for protection against violence and minimum standards on the protection of refugees with disabilities as well as regular training and sensitisation for the members of staff in state accommodation facilities. Minimum standards for refugees with disabilities should be developed by professional associations and representatives of self-help organisations and effectively implemented in practice.



2.4 Informations and communication channels

Within a facility, important information on existing disabilities or illnesses is often not passed on to other relevant units. For data protection reasons, this is justified, but failure to pass on information can also have negative consequences for refugees with disabilities. If the asylum process counselling is not informed of an existing disability or health impairment, this can, for example, be more difficult to claim during the asylum process. If social workers or staff at the medical station do not receive any information on a disability or health impairment, suitable accommodation, care and support cannot be organised.



Along with data protection provisions, overlapping responsibilities regarding the identification of disabilities and insufficient knowledge among members of staff concerning the respective areas of responsibility of all actors in state accommodation facilities also impede the flow of information and prevent constructive cooperation.

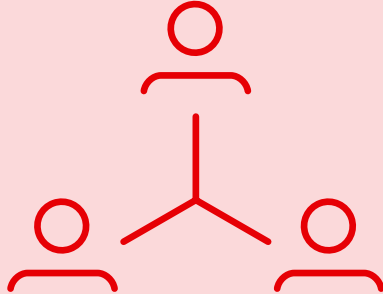
Recommendations for action

We recommend that the responsibilities of all actors in the accommodation centres be clearly regulated. It is crucial that actors in the facilities exchange information about any issues concerning the residents and communicate their observations in order to recognise possible disabilities. Thus, needs can be met jointly and gaps in provision can be closed as far as possible.

We also recommend creating a *"Personal Book"* to be handed out to refugees.²⁸ This can help refugees to decide for themselves who they hand the *"Personal Book"* to and which information about them should be passed on and which not, in compliance with data protection laws. Keeping a book like this also helps during the transfer from state accommodation to the municipality.



²⁸ One facility that has developed this kind of *"Personal Book"* is the municipal integration centre in Cologne, <https://www.ki-koeln.de/downloads/personal-book/>, last accessed 15/07/2022.



Networking and links to municipal structures

State accommodation is described as a system enclosed and shielded within itself, which rarely enables links to the municipality or city. As already mentioned, some facilities are located far away from urban infrastructure, particularly impeding access to required care and networking structures that are not available in the facilities for refugees with disabilities. Furthermore, often restricted access for external facilities (e.g. for volunteers and specialised counsellors) prevents appropriate support and networking within and outside of state accommodation.

During the interviews, it became clear that responsibilities in municipal services were not always clearly defined relating to the target group. Specialised counselling centres do not always perceive refugees with disabilities in state accommodation facilities as their target group.

Regular transfers between facilities and pending forced returns make it more difficult for refugees in state accommodation facilities to connect to municipal structures. In individual cases, short-term support services for refugees with disabilities have already been implemented in state accommodation facilities. However, some staff members express doubt on whether the introduction of longer-term measures or therapies – particularly for refugees with “poor” prospects for remaining in Germany – is desired by the responsible authorities.

“We get the impression that people with an uncertain residence situation, likely to be deported, that there is a hope of it happening quickly and that no medical measures have been initiated yet because that could theoretically be another reason to postpone things and gets in the way of the entire process.” (a social worker in a facility)

Recommendations for action

We recommend allocating refugees with disabilities to a municipality straight away to enable links to support services in the municipalities, as state accommodation facilities are often not designed for needs-based care. The municipalities should be able to cover the needs of refugees with disabilities.

We also recommend allocating refugees with disabilities and their companions to municipalities they already have links to (such as to a therapy).

In the context of the existing accommodation system, we recommend increasing the networking between specialist counselling centres of disability assistance services and refugee counselling (such as to enable tandem counselling) as well as simplifying access to state accommodation facilities for external organisations.

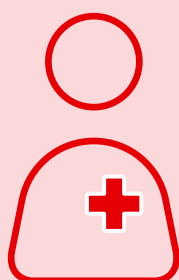


2.5 General conditions for staff members

The framework conditions for staff in state accommodation facilities make appropriate counselling and support for refugees with disabilities and their relatives more difficult. For casework in this context in particular, the counselling centres have little time. This is despite the fact that the cases are becoming ever more complex due to a stricter legal situation.

While refugee counselling centres have a budget, albeit low, for interpreting, it is not easy to arrange for professional interpreters at short notice. For this reason, social workers often act as interpreters. And while they can often speak multiple languages, they might not have sufficient interpretation skills. This can lead to misunderstandings, especially in a medical or legal context.

Some staff members report that they are sometimes under great pressure from the state if they proactively advocate for the needs of refugees, which makes it difficult for them to focus their work on the client.



High turnover of staff in facilities, shift work, and regular changes of service providers are obstacles in offering appropriate support for refugees with disabilities and their relatives. Counsellors and caregivers can become important trusted persons for refugees with disabilities over time, so that they actually know their needs and can cater to these accordingly. The established relationship of trust is undermined by staff turnover and regular changes of service providers, which also prevents continuous support for refugees and can cause interruptions to measures or projects initiated in the facilities. Accordingly, staff members often have to start from the very beginning when supporting refugees with disabilities, and mutual trust must first be established.

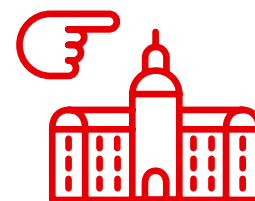
Recommendations for action

To ensure appropriate care and support for people with disabilities – including according to the applicable higher-ranking law – we recommend an improved caseload taking into account groups in a vulnerable situation. Improvements to working conditions for staff in the facilities can prevent staff fluctuations.

We recommend clearly separating and defining more precisely the responsibilities of refugee counselling centres and social workers.



3 Transfer to municipality



This chapter deals with some of the problems and gaps in provision during the transfer from the reception centre to the municipality. It first deals with general challenges such as the transfer of information between the different stakeholders involved, the choice of municipalities and the overall arrangement of the transfer and its effects particularly on refugees with disabilities. So-called “special allocations” in the context of disability are then examined in depth.

3.1 Transfer of information during allocation

In the context of a pending transfer or a pending municipal allocation, several areas of concern were identified.

The exchange of information on the specific needs of refugees with disabilities between two reception centres (transfer) or a reception centre and receiving municipality (allocation) takes place in NRW to an insufficient extent and is sometimes very inadequate and is to a degree incomplete. Information necessary for the receiving centre to organise needs-based accommodation and provision beforehand is sometimes not passed on at all or is done so incompletely and at very short notice before the transfer or municipal allocation. This is due to several reasons, such as strict data protection provisions, language barriers, unclear information channels and internal state regulations. Municipalities usually find out about an allocation five to seven days before it happens. Moreover, if the information is only provided by way of handing over the medical record to the refugee to pass it on, it also comes too late. As a result, the organisation of a suitable provision, continuation of therapies, acquisition of necessary materials or organisation of barrier-free accommodation cannot be ensured in a timely manner.

“[But] it is often the case that the people who want to receive and accommodate this person [a refugee] are not adequately informed about the disability, nor about the needs of these people: ‘Yes, we knew that a person is in a wheelchair, but we didn’t know that there is also a need for care.’” (Staff member in an accommodation facility)

Transfer of information on care and counselling

Staff members working in reception centres are usually unable to establish contact with the receiving facility or municipality to provide a link to local counselling centres and volunteer networks in advance; for them, this poses at least a temporary challenge. They receive – usually in Schleswig-Holstein and NRW – the information on the specific destination only

one or two days before the allocation or the transfer. In Schleswig-Holstein, refugees are informed as to which district they are being allocated to one week in advance.

“Sometimes we don’t know where people will be allocated until the day of the allocation. It would definitely make sense to have a list of contact persons and get in touch with them beforehand. Theoretically, when it comes to therapy and medical care, you can arrange something before the people actually leave.” (Social worker in a facility)

As the place of allocation is communicated to the refugees very late, they cannot adjust to the new situation and inform themselves in advance about the location of their future place of residence.

3.2 Interruptions in care after allocation

After arrival in a municipality, refugees often feel like they have to start all over again. They have experienced their care being discontinued, have to find their way in an unfamiliar environment and are usually not continually supported by social workers in the municipal collective accommodation facility and/or volunteers. They are often entirely unaware of any counselling services. Finding the appropriate centres is, especially in rural regions, associated with long distances and is not possible without additional support.

“So some [refugees] want to go back again [after being allocated to the municipality]. So we get what we call ‘love letters’. [...] The interruption in care is a problem for many refugees. In the countryside, there is nothing. The locals are moving away, and so the refugees are being sent there.” (Staff member in an initial accommodation facility)

Visits to the authorities, applications for benefits, searches for housing and work, attendance at language courses, organisation of leisure activities or doctor’s appointments often have to be managed alone. This poses a particular challenge for refugees with disabilities and sometimes is not even manageable with some disabilities.

Overall, many things have to be reorganised after arrival in the municipality. One counsellor reports, for example, that refugee children with disabilities had not been put in touch with socio-paediatric centres, no applications for severe disability or a degree of care were made in the state reception centres and provision with aids was often insufficient.

Recommendations for action

We recommend establishing departure support in state accommodation facilities or in the municipalities to accompany the transfer in consultation with the person concerned or the family, the FOMR, the responsible immigration authorities and the municipalities. Departure support can also ensure that necessary documents such as medical reports, existing applications, etc. are forwarded to the responsible authorities in the municipality in line with data protection requirements. In this way, duplicate diagnoses and renewed applications (e.g. for benefits) can be avoided.

In this context, we again recommend using a “Personal Book” (see Chapter 2.4). Keeping a book like this also helps during the transfer from state accommodation to the municipality.



3.3 Allocation based on allocation key instead of needs

In allocation decisions, i.e. when choosing a municipality, refugees are not only informed too late, as mentioned above. They are also not involved in the decision, and their specific needs and individual situation are only taken into account to an insufficient extent, meaning they are often allocated to places that are unsuitable for them.



It is not rare for refugees with disabilities to be allocated to municipalities with weak infrastructure, meaning that key needs cannot be met. Central locations such as places to shop, doctor's practices and clinics are difficult for refugees with disabilities to reach due to great distances. Access to services, counselling centres and opportunities for participation remains denied to them in structurally weak regions.

Young refugees with disabilities are sometimes first housed in retirement or nursing homes which is not appropriate for their current living situation. In other cases, refugees with disabilities are not housed with family members or key caregivers, although they would be reliant on their support and the consideration of humanitarian reasons during allocation is a legal requirement (§ 50, Para. 4, Sentence 5 German Asylum Act). Often, this separation occurs with refugees with disabilities who are already adults.

Allocation decisions usually also do not take into account whether a connection to municipal provision structures has already been established in the state reception centre. As such, this results in the discontinuation of treatments or measures during allocation to another municipality, as shown in the example below:

"I have a young man, who I connected to in this city, and now he is going to be allocated to a municipality 200 kilometres away in two weeks time. I don't understand that, as I have an appointment for specialised diagnostics here, which is also possible here, and I provided that information in a statement. It was simply not considered." (counsellor in a facility)

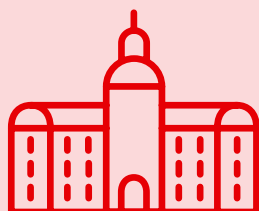
Mismatches in the allocation process could result when municipalities with needs-based services reject refugees with disabilities, as they have already met their accommodation quota. Assumably higher incurring costs could be another reason why municipalities also refrain from receiving refugees with disabilities.

Recommendations for action

We recommend allocating refugees with disabilities to municipalities that can satisfy their needs and individual living situation. If necessary, this can be undertaken by the use of a matching process or the provision of a list of municipalities that can cover specific needs. It is important to involve refugees with disabilities in the decision-making process.



We also recommend allocating companions and caregivers not related to the refugee with the disability to the same municipality during the transfer to prevent interruptions in care.



3.4 Special allocations

If it becomes clear that a refugee cannot be housed in a reception centre, their obligation to live in a reception centre can be terminated.²⁹ A disability in this context can be a “compelling reason” to allocate a person to a municipality before expiration of the stipulated period of residence.³⁰ If a disability exists, it is possible to submit an application for a so-called special allocation with the authority responsible for the allocation. In order for this to occur, reasons for early allocation must be presented and documented in detail.

It is reported from practice that a special allocation is rarely approved for refugees with disabilities, even if specialist medical reports are available. It is reported that the decisions take place based on records. A more precise look at individual cases does not take place, according to the interviewees, among other things due to a lack of time and personnel capacities. However, this would be essential for a comprehensive assessment of the situation of refugees with disabilities.

If children with disabilities are involved, special allocations tend to be approved, especially given that the residential obligation in reception centres in families with minor children is only a maximum of six months. According to staff members at various facilities, the responsible authorities only rarely use their discretionary powers to help refugees in the special allocation.

Recommendations for action

We recommend making use of special allocations at an increased rate.

We recommend that the state authorities define clear criteria regarding the cases in which accommodation in reception centres is not suitable for people with disabilities.



²⁹ Cf. § 49 Para. 2 German Asylum Act.
³⁰ Cf. § 47 German Asylum Act.

4 Municipalities



4.1 Collective accommodation facilities

Accessibility

Many accommodation facilities for refugees in the municipalities are not barrier-free. The situation varies greatly, but the collective accommodation facilities often do not have functioning lifts or lifts that are accessible to the residents. Persons with mobility restrictions can only use sanitary facilities in certain cases or not at all, with doors being too narrow for wheelchairs and guidance systems for people with sensory impairments being sometimes entirely absent. Often, vast sections of accommodation are not accessible for people with physical disabilities – for example, washing machines are often installed in the basement. The lack of privacy in accommodation facilities poses a further problem, making caring for people with severe disabilities more difficult. For example, caring for someone with incontinence becomes a degrading task for everyone involved. Due to health impairments, necessary dietary requirements cannot always be maintained, as the kitchens in some municipal residences are not set up for them.

Equipment with visual smoke detectors, doorbells and alarms remains the exception in accommodation facilities from the state and municipalities. Often, people supporting deaf individuals have to inform the authorities of the lack of these – sometimes vital – technical aids. Staff members are often not sufficiently sensitised in this regard.

The locations of collective accommodation facilities are often unsuitable for people with disabilities

Not only in rural regions are many collective accommodation facilities located on the outskirts of larger cities. In urban centres and major cities, many of these facilities are also based in industrial areas or on the outskirts of the city or village. Accordingly, the infrastructure, such as the connection to public transport, is often very limited.

Even facilities for daily basic needs, such as supermarkets or pharmacies, are therefore difficult to reach. For refugees with disabilities, doctors' practices, necessary therapy and counselling services are difficult or impossible to access. Some necessary services – particularly in the area of psychosocial support in their mother tongue – are not available in rural regions and long waiting times are associated with urban centres. The public transport system is currently poorly developed in the countryside, with buses only rarely operating at weekends. Local public transport is also often not barrier-free. As a result, appropriate support and provision are made unnecessarily difficult. The claim often heard, especially in rural regions, that these factors also affect the local population is misleading, as they usually already have an existing social network and furthermore, many locals own one or more cars.

“In the village, I am unable to make contact with my neighbours, as I can't speak any German. I then took a course [in the district town] but: the nursery school opens up at 8 o'clock and the bus leaves at the same time. I get to the bus stop and the bus is gone and the next bus comes in two hours. I have to travel one hour and by then the

course is already over. But what is very, very important: My teacher was a very, very good woman. She said, 'You can learn this at home,' [...]. I completed the German course and did my A2 exam, but I learned a lot of German online. The language is very important for me." (a refugee)

Some collective accommodation facilities (still) do not have any internet access



Even at municipal level, there are still collective accommodation facilities without internet access. Especially during the pandemic, this posed a major problem for many residents. During this time, many public authorities were only accessible online or required appointments to be arranged online. Particularly in rural areas, where network coverage by mobile telecommunications providers is inadequate in some regions, contact with authorities and access to necessary information is rendered difficult or impossible. This too affects people with disabilities more severely than others, as this group is especially reliant on cross-regional advice and access to information; including from their community.

Recommendations for action



In general, we also recommend decentralised accommodation for refugees with or without disabilities in the municipalities.

We recommend that municipalities are required to provide barrier-free accommodation. Of course, as mentioned further below, this also concerns the locations of the facilities. Ideally, large collective accommodation facilities should be decentralised. Alternatively, smaller units should be kept available, also taking into account experiences from the COVID-19 pandemic.

We recommend sensitising and training staff members at group accommodation and other facilities on the topic of disabilities as well as topics at the intersection of migration and disabilities. Discriminatory behaviour within facilities needs to be addressed and those affected given the opportunity to report such incidents to an independent entity without fear of sanctions.

We recommend applying existing concepts for protection against violence and revising these under consideration of the needs of people with disabilities.

We recommend providing barrier-free access to public transport services to people with disabilities if they are housed in collective accommodation. Therapies, doctors and other specific services for the target group as well as integration and language courses need to be reachable and accessible to people with disabilities. Accommodation in rural regions is usually not an option for refugees with disabilities, as these facilities do not meet the criteria specified above.

We recommend guaranteeing access to the internet in all collective accommodation facilities. This is not a luxury, especially for people with disabilities, but rather – particularly during a pandemic – an absolute necessity.

4.2 Social services/administrative practices

In the Federal Republic of Germany responsibilities are governed differently in every federal state. Different structures are responsible for integration assistance services for people with disabilities³¹ (*Eingliederungshilfe*) in the different regions. For example, in Brandenburg and Schleswig-Holstein, the municipalities are responsible for such services.

By making the municipality ever more responsible for integration assistance services for people with disabilities, this often causes non-transparent and varying decisions at the intersection of displacement, migration and disability. Counsellors get the impression that rights are sometimes withheld from refugees.

Refugees with disabilities are often unaware of the legal options for appealing and taking legal action against a detrimental decision by the authorities, or they do not take advantage of them due to language barriers, for example. Many of the counsellors interviewed also stated that it is hard to reach authorities, and not just because of the pandemic.

A culture of mistrust within municipal administrations is also often addressed. In German offices, German often has to be spoken, even if members of staff have other language skills, such as English or other languages. The administration is perceived as cumbersome, slow and unhelpful.

Some important services remain inaccessible, especially to refugees with a Tolerated Stay Permit and must first be legally obtained. For example, this concerns integration assistance services for people with disabilities and care services, which are linked to legal and permanent residence in Germany.



Recommendations for action

We recommend granting access to integration assistance services for people with disabilities and care services regardless of the residency status of individuals.

We recommend that the administration provide information material in different languages and in easy language to help refugees understand their rights and duties of involvement, and to improve the comprehensibility of decisions. Interpreters should be provided at official appointments. Only in this way can the authorities also fulfil their duty to provide advice.

We recommend sensitising staff in administrations and other authorities to the topics of disability and the needs of refugees with disabilities, as well as training them further.



³¹ These integration assistance services intend to help people with a disability or at risk of disability to mitigate the consequences of their disability and to integrate into society.

4.3 Healthcare

As part of the assessment, it was established that overall healthcare in the municipalities is somewhat better than the situation in state accommodation facilities. Often, refugees receive a health insurance card in the municipality, as they have already been living in Germany for 18 months at this point, are working and paying social security, or if the municipality has issued a health insurance card already before the transition to so-called analogue services after 18 months (see *Subchapter 1.2: Healthcare*). This enables low-threshold access to healthcare services (all municipalities in Schleswig-Holstein and Brandenburg, few municipalities in NRW).

Many interviewees report difficulties finding doctors for refugees with disabilities. General practitioners often refuse to take on new patients.

Language barriers are a major problem, especially in the medical context. Language mediation and other simultaneous interpreting services are essential in this context, but particularly in rural regions, are often difficult to arrange. In addition, the financing of these services poses an additional obstacle and can only be claimed via the Social Welfare Code (SGB) with difficulty, although, for example, the CRPD in Article 25 obligates its signatory states to recognise “that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability”.³²



Recommendations for action

We recommend that the statutory health insurance covers the costs for these services.

We recommend providing multilingual information material in barrier-free formats on diagnoses, treatment and rehabilitation options in the healthcare sector.



³² The National Network for Displacement, Migration and Disability published a statement on the topic: Handicap International, 2020. Zur Finanzierung qualitativer Dolmetschleistungen für Menschen mit Behinderung bei medizinischer Behandlung, <https://www.hi-deutschland-projekte.de/crossroads/wp-content/uploads/sites/3/2020/12/zur-finanzierung-qualitativer-dolmetschleistungen-fuer-menschen-mit-behinderung-bei-medizinischer-behandlung.pdf>, in German, last accessed 15/07/2022.



4.4 Integration into the labour market

Access to the labour market is very difficult for many refugees with disabilities. The system is not prepared for lateral entry and there are often hurdles that are difficult to overcome for refugees with disabilities. Language acquisition poses a major barrier in this area. As long as there are no language courses available for people with cognitive disabilities, for example they can hardly be employed in a sheltered workshop. A further example: to start training in a vocational advancement centre (*Berufsförderungszentrum*) for the visually impaired, language skills at B2 level³³ are required, although these courses are not offered for blind people nationwide.

Often, refugees with disabilities are advised to take early retirement by the labour and social administration, even if the persons concerned are still far from retirement age. It is possible that some refugees with disabilities were often unable to attend school in their countries of origin for different reasons, or that school attendance was only rudimentary. Nevertheless, in many of their countries of origin, people with disabilities had employment options, including in the informal sector. Here too, the targeted provision of information is necessary to enable them to navigate their way in the formal German system.

All these circumstances, combined with long waiting periods and a lack of prospects, lead to great frustration among those affected. Many people feel marginalised, stigmatised and discriminated against. Even if a work permit has been issued, access to the labour market remains difficult, which additionally contributes to isolation. This development is fatal for society, as described by one counsellor in his interview. Many of his clients from this target group were highly motivated at the start, but they needed direct support to contribute their potential to society. If this support is absent, the path of these people usually reaches a dead end, and even the counselling centres reach their limits.

Another topic mentioned in one interview is the high risk of poverty in old age among refugees with disabilities. According to a statement by one counsellor, this group of people is often unable to demonstrate any sufficient insurance period in pension insurance schemes and is therefore forced to rely on basic security benefits in old age.

³³ Corresponding to level B2 of the Common European Framework of Reference for Languages.

4.5 Networking at the intersection of displacement, migration and disability



Migrants with disabilities are constantly faced with the question of which service, which counselling centre or which authority is actually responsible for them and their concerns. In many municipalities, there is a wide variety of services available, both from the counselling structures and from the authorities. However, it is difficult to navigate this system and to understand who is responsible for what.

In services for migrants, there are often additional hurdles: for example, one counselling service may only be open to people between 18 and 27 years old, while in another counselling centre people with a Tolerated Stay Permit cannot receive counselling.³⁴ Thus, the diversity of the counselling landscape in the municipality, which, in itself, is to be welcomed, becomes a problem. Some municipalities try to counteract this with guides for migrants to provide them with an overview of the counselling landscape. However this is often only concentrated on migration counselling and migrants with disabilities are neglected in this context. In addition, it remains questionable whether these brochures reach the target group.

The German social security system is also characterised by a very strong separation of the systems, with interdisciplinary approaches being rare. However, these traditional structures impede the targeted counselling of refugees with disabilities. It depends on questions of residence and with which residence title which integration assistance services for persons with disabilities can be accessed. However, it also comes down to language courses, training, employment, the provision of suitable housing or health issues. These interdisciplinary legal issues cannot be covered by a single specialised counselling centre – whether in the field of migration or in the field of assistance for people with disabilities.

The possible counselling content is so diverse that there is a need for a targeted networking of experts working in the field of migration, displacement and assistance for persons with disabilities in the municipalities in order to meet the needs of refugees with disabilities and to enable effective referral counselling. Every city and every district provide opportunities to receive specialist counselling. In major cities, however, it is still difficult to keep track of the variety of services. In many municipalities, there are working groups of experts on various topics, but only in a few of them does the topic of displacement, disability and migration play a significant role.

Many specialists therefore have an informal network, and there are an increasing number of coordinated networks at the intersection of displacement, migration and disability. There are currently only few training courses at the intersection of displacement, migration and disability aimed at helping to sensitise and train the specialists working in the services for the above-mentioned target group. For example, counselling staff would like trained and well-connected contact partners, especially for refugees with disabilities in the immigration authorities. At the same time, representatives from the field “assistance for persons with disabilities” should be invited more often to expert discussions and migrant forums in cities, districts and municipalities.

³⁴ These kinds of restrictions are usually attributed to specifications by the grant authorities.

Recommendations for action

Networking at municipal level must take place in a systematic and structured manner. We recommend providing financial resources to enable this kind of networking. We recommend setting up “welcome desks” as a central point of contact in the municipality. “Welcome desks” can act as central points of contact for all queries in the municipalities. They can be a first port of call for migrants – including those with disabilities – and have a pilot function in the respective support system in the municipality. This task can, under a uniform name and with a uniform logo, not only be handled by the municipalities themselves, but also by organisations from independent welfare associations. Due to the curb-cut effect,³⁵ all other migrants and refugees, whether in a vulnerable situation or not, can also benefit from this. A detailed conception of this kind of service still needs to be developed.

A cross-sectoral discussion of individual cases or an individual tandem counselling consisting of a specialist from disability assistance services and a refugee or migration counselling centre can bring many advantages and avoid parallel counselling as well as duplicate applications. This requires a high level of coordination between all participating structures.



4.6 Lack of inclusion in support and care structures

Many federal states in Germany have created new services in recent years aimed at helping support refugees upon arrival in Germany. For example, in NRW, municipal integration management has been set up, while programmes for social work in the context of migration and integration (*Migrationssozialarbeit*) have been created in Brandenburg. Other federal states, for example, rely on integration facilitators as everyday companions. Since 2018, complementary independent participation counselling has been established at national level in integration assistance.

Many counselling services for refugees are poorly positioned to answer questions on the topic of disability. Whether the staff of a counselling centre are familiar with this area depends on their previous knowledge and whether they are interested in this topic.

Support services from disability assistance services are rarely independently visited by refugees with disabilities or their relatives, but are usually contacted by refugee counselling centres or migration counselling centres in individual cases. Many refugees are unaware of this service.

Specialised integration courses for people with disabilities are not offered nationwide. Particularly for people with cognitive impairments, there are still no barrier-free integration courses offered by a recognised integration course provider, denying them social participation.

On the ground, there is often a lack of technical knowledge at the intersection of displacement, migration and disability. The necessary organisation and coordination of networking is also unable to be covered by these services.

³⁵ The curb-cut effect refers to the phenomenon that measures intended to benefit groups in vulnerable situations often benefit everyone.

However, there are also examples of the concerns of refugees with disabilities being taken into account. As such, the City of Cologne created a city-wide counselling and case management service explicitly for this target group as part of municipal integration management. Many municipalities become involved in the concerns of refugees in this way. There are organisations, such as the German Red Cross, which provide and coordinate voluntary services such as language courses, language mediation services, sports and leisure activities and childcare. However, the concerns of people with disabilities are often not taken into account here. For example, the premises of a leisure activity are not barrier-free, or the support for a disabled participant during a course cannot be guaranteed. Often, inclusion in this area fails due to a lack of resources. There is often no budget available for the special needs required. In many places, the necessary sensitisation to the concerns of people with disabilities is also lacking.

Volunteers and organisations often experience little support when assisting refugees with disabilities. Here, it is important to train volunteers and provide the appropriate services. One impressive example is the “sei:dabei” project from integra Berlin.³⁶ This is a mentoring and tandem project for people with experience of fleeing home with (and without) disabilities and anyone who wants to support someone with their individual concerns over a specific period in line with their needs.

Staff members of integration projects report that refugees with disabilities very rarely find their way to projects, even if the services are open to everyone. There are obviously many reasons for this. Attempts are made to make projects largely barrier-free, but direct access to the target group is often lacking (“we don’t exactly know how to reach the target group”). The needs in the area of leisure activities are often unknown or are neglected amidst the daily work.

One member of staff in migration counselling reports a strong increase in counselling for refugees with disabilities (many of whom are over 50) in recent years. Access to society is often difficult or even impossible for them. In most cases, this is due to inappropriate accommodation in flats located on floors that cannot be accessed by a lift. As a result, these people only leave their flat on rare occasions (urgent counselling appointments, doctors’ visits) – often also only if friends provide assistance or patient transport is requested. The involvement of volunteers, including in the many regional offices and local branches of the German Red Cross, plays a very important role in supporting refugees with disabilities.

Recommendations for action

We recommend sensitising and training both the staff of these services and the voluntary members of staff there to the topic of disability and the needs of refugees with disabilities. Services should be designed to be as low-threshold and barrier-free as possible.

We recommend the establishment of links between volunteers and suitable counselling services to enable volunteers to receive the support they need in assisting refugees with disabilities.

We recommend making the coordination or organisation of a communal network part of the tender process of counselling services.

We recommend providing barrier-free information on the services available locally in a suitable format. The person affected is often not aware of the appropriate service, even if it is located close by.



³⁶ Project sei:dabei, <https://www.vdk-bb-seidabei.de/>, last accessed 15/07/2022.

4.7 Involvement of communities

When refugees arrive in Germany, different communities play a role that should not be underestimated, be it in passing on information, in supporting people with disabilities or in finding assistance and accommodation. People are part of a community, for example, if they come from the same country as the other members, speak the same language or belong to the same religious community. Many of these communities are well connected and can draw on the experiences and knowledge of generations of migrants. The communities are therefore familiar with the needs of the target group based on their own experience. Thus far, communities have not been sufficiently involved, for example, in the dissemination of information on the topic of disability.



Recommendations for action

In the municipal sector, too, migrant organisations should be specifically addressed and networking should be promoted. Local organisations know their community, can provide tips and advice and support refugees with disabilities with various concerns.



4.8 Lacking (barrier-free) housing and discriminatory experiences during rental

The lack of available affordable housing in many regions in Germany is a known problem and is often discussed. All three federal states examined have regions with a vast housing shortage. In particular, barrier-free flats are difficult to find and are usually not affordable for refugees with disabilities. In contrast, there are also regions – such as in Brandenburg – where plenty of housing is available, but the infrastructure needed for refugees with disabilities is not available.



Recommendations for action

When allocating flats, people with a migration background experience discrimination and are put at a disadvantage, as shown in 2015 by an expert report from the Federal Anti-Discrimination Agency (*Antidiskriminierungsstelle des Bundes*).³⁷

Refugees with disabilities therefore experience twice the marginalisation and discrimination here. This is something that needs to be addressed. One idea would be, for example, to hold informational events for landlords, to help them break down prejudices and barriers. A good example of how the provision of housing could be organised can be found on the website www.hilfsabfrage.de. Here, both organisations and private individuals can post accommodation options for refugees with disabilities.



³⁷ Cf. Federal Anti-Discrimination Agency, 2015. Factsheet: Discrimination in the housing market. Strategies for furnishing proof of racist discriminations, https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/EN/publikationen/factsheet_en_Diskriminierung_auf_dem_Wohnungsmarkt.pdf, last accessed 15/02/2023

4.9 Exodus from rural regions

Municipalities in rural regions observe that many refugees with disabilities leave the region and move to larger urban centres once their residence obligation ends.³⁸ This makes reliable social planning for the affected districts even more difficult, as it is unclear which services have to be provided for how many people. From the perspective of those affected, moving away from a rural environment is, however, entirely understandable, as many assume they will find suitable support services in urban centres. Another problem can be seen in the availability of suitable workplaces for refugees with disabilities, especially in structurally weak areas.



Recommendations for action

We recommend exempting people with disabilities from the residence obligation in accordance with §12a German Residence Act (*Aufenthaltsgesetz, AufenthG*). People with disabilities must be given the opportunity to take up residence without restriction where there are suitable services for them.



³⁸ Refugees who have already been allocated protection status in Germany are legally obligated to live in the state where they went through the asylum process for three years (see § 12a German Residence Act). If special requirements are met, the obligation can be waived before expiration of this period.

5 The armed conflict in Ukraine and care for refugees with disabilities in Germany

The interviews in this needs assessment were carried out before the escalation of conflict in Ukraine began in February 2022. Nevertheless, we would like to briefly address the recent developments for refugees with disabilities in the context of the armed conflict.

As a result of the war in Ukraine, more than 1,000,000 people from Ukraine have come to Germany.³⁹ Countries all over Europe have been experiencing a wave of solidarity with people in and from Ukraine since the start of the armed conflict. This solidarity is very welcome; at the same time, refugees from Ukraine are in a better legal position with regard to access to the labour and housing market, social state services and healthcare than asylum seekers from other regions also torn by armed conflicts. This not only applies to benefits and rights, but even to the overall receptiveness and support. Among other things, stronger advocacy for school integration among children, access to language courses and selective housing and support services can be observed. The unequal treatment of different groups of refugees is causing tension and conflicts on the ground. Advocacy for fundamentally better care for all refugees is needed – regardless of their country of origin.

Among the refugees from Ukraine are also many people with disabilities and/or care needs. Many of them arrive in Germany in larger groups, as entire residential facilities for people with disabilities as well as people in need of care in Ukraine have been evacuated. Others arrive in smaller family groups. This is a development that had not occurred before on this scale in Germany. The challenges relating to accommodation and initial care for refugees with disabilities have resulted in refugees with disabilities receiving more attention from the German government than ever before. With refugees from Ukraine initially entitled to benefits according to Asylum Seekers Benefits Act, they were granted access to the same social services that would be given to German nationals and people with residency permits in case of need from 1 June 2022 onwards.

The German Red Cross was asked by the Federal Ministry of Labour and Social Affairs and by the Federal Ministry of Health to take the lead in coordinating the search for capacities in inpatient accommodation for arriving refugees with disabilities and/or care needs. This led to the [Federal Point of Contact](#), an information and mediation portal and a point of contact for evacuating organisations, initial reception centres for refugees (including hubs) and refugees with special support needs in Germany, whose care is not yet guaranteed. Accordingly, the Federal Point of Contact opened its service on 4 May 2022. Together with the federal states primarily responsible for care, it helps to ensure that suitable assistance services are quickly arranged.

³⁹ According to Mediendienst Integration, 1,047,176 refugees from Ukraine were registered in the Central Immigration Register (CIR) between the end of February 2022 and 16 January 2023.

The Federal Point of Contact is just one of many possible examples of how to create good approaches for the target group of refugees with disabilities, to take their needs into account from the very start and to create suitable services. If these kinds of services stand the test over the coming months, it would be worth considering whether the welcomed approaches and measures currently in place for refugees from Ukraine could be expanded for all asylum seekers in general. We also refer to the statement by the GRC on the assessment of crises and unequal treatment of refugees, which again pointed out that the new standards now applied to the reception and integration for asylum seekers from Ukraine with regard to access to the labour market, schools, etc. and to state benefits should be applied to all asylum seekers.⁴⁰

It is important that for all the solidarity with the refugees from Ukraine, other groups of refugees are not forgotten. In particular, refugees with disabilities should receive adequate care and appropriate housing. We urgently recommend granting all refugees the same rights, regardless of their country of origin. There must not be any “second-class right” in this regard.

⁴⁰ Position paper of the German Red Cross on the assessment of crises and unequal treatment of refugees, 25.04.2022: https://drk-wohlfahrt.de/uploads/tx_ffpublication/20220425-DRK_Statement_Bewertung_Krisen_Ungleichbehandlung_01.pdf, in German, last accessed 15/05/2022.

6 Key recommendations

Recommendations for the German Red Cross and the global Red Cross and Red Crescent Movement

We recommend:

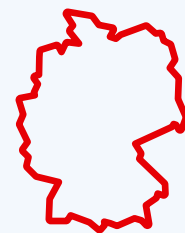
1. Increase capacity within the German Red Cross and other National Societies to address the needs of migrants with disabilities: en route, in the countries of origin, destination and return.
2. Conduct a needs assessment and follow-up monitoring to identify gaps in the provision and access to services for migrants with disabilities that are in a vulnerable situation.
3. Check the accessibility of the services provided by your National Society and ensure the various needs of migrants with disabilities are taken into account.
4. Ensure a participatory approach in the development of the services and involve migrants with disabilities in the process.
5. Engage in evidence-based advocacy with the relevant stakeholders to ensure that the interests of migrants with disabilities are not overlooked.



General recommendations for Germany

We recommend taking the following measures:

1. Enable access to integration assistance services for persons with disabilities and care services, regardless of residency status.
2. Enable barrier-free access to information for refugees with disabilities. The use of interpreters must be possible and secured financially.
3. Sensitisation or education and training on the intersection of displacement, migration and disability for staff in administration, public authorities and accommodation facilities.
4. Address (structural) racism consistently and tackle it on all levels.
5. Maintain proven network structures to prevent a loss of the acquired knowledge and the established networks.
6. Involve refugees with disabilities and experience of fleeing home as experts in their own matters in as many areas as possible.
7. To extend services for refugees from Ukraine that have been established in the last year generally to all asylum seekers.



National level:

1. We recommend introducing a systematic, standardised procedure for identification of disabilities for refugees after their arrival in Germany at the national level, which is defined by Federal Laws. Those affected, civil society, expert associations and welfare organisations should be involved in the legislative process. We recommend evaluating the results of the identification in an anonymised manner and with the involvement of self-advocates.
2. We recommend providing specially trained officers for refugees with disabilities at the FOMR during the interview (similar to officers for other groups of applicants for international protection in a vulnerable situation).
3. We recommend granting access to regular medical and social care services directly after arrival in Germany, regardless of residency status. Thus the highest attainable standard of health should be aspired to according to Article 25 UN Convention on the Rights of Persons with Disabilities.



State level:

1. We recommend allocating refugees with disabilities to municipalities with appropriate infrastructure immediately, as participation, accessibility and needs-based care in state accommodation cannot be guaranteed. We also recommend allocating companions and caregivers not related to the refugee with the disability to the same municipality to prevent interruptions in care.
2. We recommend that states define clear criteria for when people are eligible for accommodation so that the obligation to reside in state accommodation can be terminated prematurely (in accordance with § 49 German Asylum Act). In general, we recommend waiving the obligation to live in a reception centre for refugees with disabilities due to their lack of accessibility.
3. We recommend establishing support services in state accommodation facilities or municipalities to accompany the transfer or allocation from one reception centre to another or to a municipality. The person concerned, their family, the FOMR, the responsible immigration authorities and the municipalities should be consulted in the process.
4. We recommend implementing concepts for protection against violence and minimum protection standards for refugees with disabilities. We also recommend regular training and sensitisation of all staff in state accommodation facilities dealing with protection against violence. Minimum standards for refugees with disabilities should be formulated by expert organisations and self-advocates and increasingly implemented.

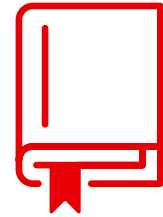


Municipal level:

1. In general, we recommend decentralised accommodation for refugees and the waiving of the obligation to reside for three years in the state where they went through the asylum process.
2. We recommend providing refugees with disabilities, if they are housed in collective accommodation facilities, with barrier-free access to public transport as well as to therapies, doctor's practices, counselling centres, integration and language courses, etc.
3. We recommend guaranteeing internet access in all collective accommodation facilities.
4. We recommend setting up "Welcome desks" as central points of contact for all matters in the municipalities. They can be a first port of call for migrants – including those with disabilities – and have a pilot function in the respective support system in the municipality.
5. We recommend providing financial resources to enable systematic networking at municipal level that also includes migrant organisations. Local organisations know their community, can provide tips and advice and provide targeted support to refugees with disabilities who have various concerns.
6. We recommend supporting volunteers that operate at the intersection of displacement, migration and disability in the long term through education and training and sensitising them to the issue of disability.



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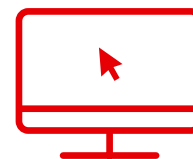
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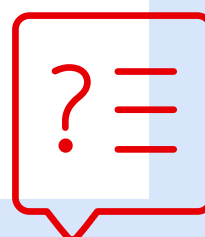
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List of abbreviations

<p>CIO <i>(Zentrale Ausländerbehörde des Landes Brandenburg, ZABH)</i></p>	Central Immigration Office of the State of Brandenburg
<p>CRPD</p>	UN Convention on the Rights of Persons with Disabilities
<p>DeBUG <i>(Dezentrale Beratungs- und Unterstützungsstruktur für Gewaltschutz in Flüchtlingsunterkünften)</i></p>	Decentralised Counselling and Support Structure for Protection against Violence in Refugee Accommodation
<p>EAE <i>(Erstaufnahmeeinrichtung)</i></p>	Initial reception centre
<p>EUTB <i>(Ergänzende unabhängige Teilhabeberatung)</i></p>	Complementary independent participation counselling
<p>FOMR <i>(Bundesamt für Migration und Flüchtlinge, BAMF)</i></p>	Federal Office for Migration and Refugees
<p>ICF</p>	International Classification of Functioning, Disability and Health
<p>LEA <i>(Landeserstaufnahmeeinrichtung)</i></p>	State initial reception centre
<p>LU <i>(Landesunterbringung)</i></p>	State accommodation facility
<p>NRW</p>	NRW – North Rhine-Westphalia
<p>SGB <i>(Sozialgesetzbuch)</i></p>	Social Welfare Code
<p>ZUE <i>(Zentrale Unterbringungseinrichtung)</i></p>	Centralised accommodation facility



Deutsches Rotes Kreuz e. V.
Generalsekretariat

Carstennstraße 58
12205 Berlin

Tel. 030 85404-0
Fax 030 85404-450
www.drk.de