Protection programme for disabled refugees

Version July 2017

I. Purpose and aims of the protection programme

This programme aims to provide extra protection for refugees who need help due to certain circumstances or characteristics (e.g. age, gender, health). The measures are designed not only to help those in danger of direct violence, but also to protect people against not receiving the help they need, against neglect, against isolation and against the preservation and building of barriers. To set up a protection programme, it is essential to define a group that is in particular need of protection and to develop measures that guarantee their safety. The protection programme needs to consider all areas of housing, care and support of disabled refugees in each respective facility.

II. The current situation of disabled refugees

In Germany, more than seven million people are considered severely disabled. Roughly 17 million adults are living with health impairments or chronic diseases[1]. According the German Social Code (SGB IX), people are considered disabled *"if their bodily function, mental ability or emotional health are likely to differ for more than six months from what is considered the norm for people their age and if, as a result, their day-to-day lives in society are affected negatively. They are threatened by disability if such an impairment may be expected."*[2]

Disability is a very broad term. Generally, we distinguish between people with physical disabilities, mental disabilities, sensory disabilities and psychological disabilities,[3] although people may also be affected by several forms of disability.

Disability always also implies hampered chances of participation. And initially, it is irrelevant in which way a person is handicapped. Disability is context-dependent.[4] Therefore, the restrictions or characteristics of the persons concerned are less important than the effect a disability has, impairing or preventing participation. It is about a multitude of factors that restrict the choices and decisions available, affecting the living situation of people with disabilities more than others and thus leading to a more difficult participation while social positions are reinforced. Disabled people are, for example, considered to be particularly vulnerable to acts of violence, since they have an increased need for assistance and support[5].

[1] see BMAS 2013: 7
[2] SGB IX §2 sect. 1
[3] When looking at disabled refugees, any psychological disabilities tend to be based on psychological trauma and traumatic disturbances.
[4] see Beck & Greving 2011: 49
[5] see BMAS 2013: 425

Not much is known about **how disabled refugees live**. To date, the characteristic "disabled" is not logged when they enter the country or when they register. According to a Handicap International survey, 30% of the Syrian refugees surveyed in Lebanon and Jordan had special needs; one in five people had physical, sensory, or 'intellectual' impairments, while many others suffered from chronic illnesses or had sustained injuries[6]. Like their friends and relatives, disabled people also set out to flee, despite an often much more difficult and dangerous journey[7]. They tend to have more problems coping with everyday life and bear a greater risk of their health deteriorating: for example, the disabled refugees interviewed were twice as likely to end up in a psychological emergency[8].

Along with unaccompanied minors, pregnant women and the elderly, people with disabilities are defined as particularly vulnerable in Article 21 of Directive 2013/33/EU laying down standards for the reception of applicants for international protection. This means that disabled people are officially part of the **group of especially vulnerable people**. According to Article 19, people in this category shall be granted special help and guidance: *"Member States shall provide necessary medical or other assistance to applicants who have special reception needs, including appropriate mental health care where needed"*[9].

Inadequate help or unsuitable accommodation for disabled people **can cause a deterioration of health or additional ailments**. Furthermore, the intersectional interplay of the categories of flight and disability can lead to an increased disadvantage. If additional categories (be it gender, sexuality, age) are involved, the situation can be further exacerbated: disabled women, for example, fall victim to (sexual) violence much more often than women without a disability[10].

All this highlights that disabled refugees need additional help. This will be explored in more detail below.

The main problems and risk factors of disabled refugees become apparent when taking a closer look at the available levels of support and accommodation.

1. Missing identification, recognition and information

- **Missing empirical data on disabled refugees.** Current estimates assume that 15% of refugees are disabled in some way[11]. Hamburg, too, has **no uniform way of recording disabled refugees**. It can be assumed, however, that the number of people with psychological disabilities or people who are threatened by psychological disability due to the trauma they experienced and the day-to-day consequences of said trauma is significantly higher than the above-mentioned 15%.
- **Missing identification and recognition** of the people affected. Since no detailed distinction is made between disabled and healthy refugees, the group is not uniformly recognised. Subsequently, they cannot take advantage of any benefits

[6] see Handicap International 2014 Page number?
[7] see Diakonie Michaelshoven 2016:2
[8] see Handicap International 2014
[9] EU Reception Conditions Directive 2013/33/EU
[10] see Schröttle et al. 2011
[11] see Aktion Mensch 2016; see Diakonie Michaelshoven 2016:4

(e.g. help with integration, care allowance), and their health is in danger of deteriorating.

- **Limited medical care**

  The claim that only acute illnesses can be treated in accordance with the German Social Welfare Law for Asylum Seekers (*Asylbewerberleistungsgesetz*, AsylbLG) is wrong. If, for example, diabetes is not treated, the chronic disease will quickly become acute. Often, a strict distinction between chronic and acute illness is not medically possible. The acute need for treatment should therefore be non-negotiable. A regular treatment of chronic illnesses is vital in order to maintain a patient's health (§ 6 AsylbLG). Also, sections 1, 2 and 20 of the German Constitution (human dignity, right to life and physical integrity, social state principle), medical ethics and, not least, human rights dictate that everyone has a right to treatment of all illnesses which can be treated in this country.

  At first glance, AsylbLG seems to limit the medical care of refugees in the first 15 months of their stay to merely the treatment of acute diseases, pain or when treatment is essential to maintain health. AsylbLG §§ 4 + 6, sect. 1, however, offers an escape clause. Here, permission is granted to make case-by-case differentiations, catering to the individual needs of the group in question. Unfortunately, the fact that individualised decisions can be made is not always known to all parties involved.

- **Information management and counselling on the topic of disability and care only takes place in rudimentary form.** In order to be able to take advantage of the benefits available to people with disabilities, those affected need to have access to the relevant information. Especially since refugees with disabilities and their relatives have little experience of the German aid system for people with disabilities. Information barriers generally consist of difficult access, information barriers (e.g. hard to understand texts) and lack of guidance.

2. Accommodation

If groups that are in need of protection are not visible, their special requirements regarding care and accommodation cannot be taken into account. An assessment of living conditions in reception centres and communal accommodations is, among other things, so difficult because there are no nationally uniform or regulated minimum standards[12]. In Hamburg, too, the structure and quality of accommodations as well as the equipment is described as very different from place to place[13].

- **Very large accommodations.** Seeing several hundred refugees in one accommodation is not uncommon, especially in reception centres. The refugees living in such centres often find the conditions extremely unpleasant, and the cramped atmosphere risks fuelling violence: it is proven that those refugees who are especially vulnerable are at greater risk of falling victim to violence in this

[12] see Täubing 2009: 22
[13] see printed matter 21/4174, 2016

environment. This also holds true for larger communal accommodations[14]. Limited space amplifies this problem.

- There is an acute **shortage of accessible accommodations**. In Hamburg, there are just a few accessible reception centres and follow-up accommodations (largely accessible, with disability-friendly beds, suitable sanitary facilities, specially adapted food and drinks counters, medical care)[15]. However, often the beds are not truly accessible, hampering care[16]. In addition it should be noted that “accessible” usually refers to places where physical barriers have been eliminated. This is a serious flaw, as this so-called accessibility only caters to those with physical disabilities. Other handicaps such as mental disabilities or psychological disorders are not provided for.
- What follows is a **difficult search for an accessible home**. Finding a suitable accessible home as a follow-up accommodation or to live in independently is a challenge.

  This is complicated by:

  - A **distribution system that rarely takes individual needs into account** (e.g. unsuitable flats are offered to disabled refugees by reception centres and housing agencies).
  - Delays due to **bureaucratic hurdles**, e.g. slow processing of relocation applications or refusal to issue certificates of urgency.
  - Existing **legal hurdles** resulting from the residential obligation, the current residence or different statuses of family members.

III. Recommendations for action

The recommendations for action and support measures are based on the various risk factor levels, the main problems in the accommodations and care of refugees with disabilities.

The aim is always to help disabled refugees access the regular support system for disabled people as quickly as possible.

1. Identifying and recognising the need for protection, information and consultation

People with disabilities and people who are threatened by disability need to be identified and acknowledged as such and need to be informed about the existing support systems in order to receive the help they require. Providers of support for people with disabilities can help inform, advise and educate in order to draw more attention to the issue.

So as to be able to ensure special protection for disabled refugees at the facilities, the following aspects need to be observed:

[14] see Spohr 2016: 5
[15] see printed matter 21/3203, 2016
[16] see ibid.

- **Regular checks** of all asylum seekers and at every stage of the asylum procedure **to find out who is in need of protection**[17]. In particular, a review of the need for protection at the initial screening, so that the more vulnerable can be identified at the earliest possible moment. The identification process needs to be transparent and understandable for all parties involved[18].
- Consistent **data collection of refugees with disabilities** as a prerequisite for planning and devising specific measures.
- **Further training of all employees**[19] **to identify disabilities** and provide initial support; also offer help with finding existing aid systems for people with disabilities in Germany.
- **Provide those affected with information** on the topic of disability and on assistance available to people with disabilities in Germany. This includes access to fast, uncomplicated, independent and barrier-free[20] information and concrete advice. Merely mentioning a few web pages is not enough. The focus here needs to be on the different forms of disability, since they are not all equally easy to identify. **Psychoeducation** is essential, particularly when discussing mental illnesses and therapeutic options with those affected and their relatives.
- Information and unimpeded access to medical and therapeutic services to ensure the **medical rehabilitation** of refugees with disabilities. This includes information on the services offered by rehabilitation providers, including care services and psychotherapeutic counselling.

2. Improving the accommodation situation

- **Totally accessible accommodation** for disabled refugees. Accessibility takes into account the different forms of disability and the corresponding barriers. All rooms of the accommodation, which may be used by those affected, should be accessible. In addition to the living space, **the bathrooms**, **access to the canteen or kitchen**, the **communal areas**, **social management** and **medical services** should also to be developed without any avoidable barriers. Accessibility refers to:
  - **Accessible rooms/premises** through:
    - Sufficient room size (sufficient space for moving about with a wheelchair/walking aids, parking spaces for wheelchair/walking aids or medical equipment such as a lift or nursing bed). The increased space requirement implies a smaller number of occupants per accommodation.
    - Appropriate room outfit (wheelchair-friendly furniture, low door handles/light switches/sockets, automatic doors, non-slip floor, reachable windows)
    - Short fixed paths without steps or stairs to bathrooms, communal areas and care facilities

[17] see Kriterien zur Identifizierung von besonders schutzbedürftigen Geflüchteten aus einem Antrag der Fraktion Bündnis 90/die Grünen; printed matter 18/4691, 2015
[18] see ibid.
[19] This includes the members of the security staff, catering teams, medical staff, cleaning staff and others.
[20] Accessibility refers not only to physical barriers for people with physical disabilities. Other disabled people, for example, people with mental disabilities, may need things such as easy language guidance or help with day-to-day activities.

    - Tactile orientation aids and floor indicators for people who are visually impaired
  - **Accessible information and communication** through:
    - Information in easy language and through pictures (standard symbols) and pictograms
    - Colours to help with orientation (e.g. differently coloured bathroom containers for men and women), colour-coded houses
    - Information in large letters, in audio form and with visual signals for people with sensory impairments[21]
    - Consistent orientation systems on the premises for easy orientation for refugees with mental disabilities and/or sensory impairments.

- **Protected rooms and common rooms** need to be an integral part of the accommodation. This includes spaces for recreation, education, health and psychosocial support. The communal areas must be accessible and furnished in an age-, culture- and gender-sensitive way. Disabled refugees in particular need to be given access to these protected areas, because they tend to be acutely affected by exclusion. Also important for people with mental illnesses: having the possibility to withdraw from the crowd and exchange experiences and ideas with others.
- A **sensitive management of occupation** that takes into account factors such as family constellations, gender, health status and disability[22]. It should be assumed that many refugees with disabilities want to live together with their families. The family as a resource and support structure should not be forgotten. Against this background, we explicitly recommend to keep families in family structures.
- **Immediate placement in more appropriate housing** to prevent long stays in large reception centres. The need for accessible follow-up accommodation needs to be assessed on a case-by-case basis. Support can be provided by disability service providers and urban housing associations or foundations promoting the accommodation of refugees[23]. Residence permits and urgency passes for disabled refugees and their relatives can speed up the process.

3. Participation options and rights

Encouraging self-empowerment and participation can counteract the feeling of being useless and promote resourcefulness in the inhabitants. The following needs to be observed:

- **Accessible information on the rights of persons with disabilities** as per the UN Convention on the Rights of Persons with Disabilities, the BRK state action plan, the German Social Code (*Sozialgesetzbuch*), the EU Directive on the Reception of Refugees and the German social welfare law for asylum seekers (*Asylbewerberleistungsgesetz*). Only those who know their rights can claim them.
- **Those in need of protection should be involved in devising the protection**

[21] In the case of sensory impairments, it makes sense to address the unimpaired senses (sight, hearing, feeling).
[22] see printed matter 21/4174, 2016
[23] In Hamburg, e.g. the living bridge

concepts. In order for them to work on a daily basis, protection concepts should be discussed with those who will be affected by them[24]. Participation structures such as refugees' councils/residents' councils are to be included in the planning and implementation of protective measures.

- The concept needs to be regularly **reviewed and adapted** to the inhabitants' needs.
- Everyone needs to be able to **reflect on their own organisational culture**, develop a communication structure and express criticism whenever they want.
- General **participation of the inhabitants when it comes to shaping their living environment** (e.g. cooking their own meals, contributing to the meal plan, taking part in designing the common rooms).

4. Service and support structure

Wherever they end up, people with disabilities need extra support – in addition to information and advice, structural accessibility and participation options. To maintain a high quality standard and in order to be able to give the disabled refugees adequate support and transfer them quickly into the regular aid system, additional assistance and a higher number of support staff are needed.

Prerequisites for this are:

- A **guarantee of support and care for disabled refugees**, irrespective of their chances of being allowed to stay.
- A **professionalisation of the system** by clearly defining areas of responsibility and procedures both within the facility and with the external service providers.
- A **professionalisation of the staff** by seeking to employ those with a (medical) educational background, by furthering intercultural competence through extra training on the topics of flight and disability; these trainings could, for example, be offered by the professional providers of assistance for disabled people.
- A **close collaboration with the providers of assistance** so as to be able to provide adequate support. This involves a regular exchange between the providers and the accommodation (to coordinate the assistance).
- A **close collaboration with other offers**, e.g. accessible and integrated integration courses or self-help groups for people with disabilities.
- A close **cooperation with support systems for other vulnerable groups** (providing intersectional perspectives).
- **Qualified language mediators** (where possible with medical and special pedagogical knowledge) to ensure adequate communication.
- **Involving civil society volunteers** for support services, e.g. for establishing a volunteers database which also takes note of things such as a (medical) educational background.

[24]Round Table 2012: 22, quote Steinbach 2016: 72

- A **culture-sensitive approach** to working with the refugees. Beware of prejudice and of judging behaviour of the (disabled) refugees prematurely due to their cultural background. Differences in e.g. taking advantage of professional services can be multi-layered and depend on things such as being part of a certain generation or being a certain age, having a certain level of education or limited economic resources[25].
- A **central database** with information about the individual residents, their disability, necessary support and other things, so as to ensure adequate care once they move to a different accommodation.
- An (early) **transition to the regular support system** and **target group-specific offers** for different age groups and types of disability in order to ensure the fastest possible support for those affected. Before aid is granted, the institutions and the providers of the aid need to coordinate help informally while involving those affected every step of the way (to ensure consent and participation). This includes:
  - **Providing information on disability and assistance** for people with disabilities
  - **Fixed pedagogical support**/support to determine the needs, inclinations, particularities and resources of the disabled inhabitants.
  - **Initiation of assistance** in accordance with the German Social Code SGB IX and SGB XII – this includes, for example, application for determination and recognition of (serious) disability, application for care services (in cooperation with a care service), initiation of integration assistance by the social environment management of the institution and the providers of assistance for people with disabilities.
  - **First basic, practical and socially integrative support**, such as orientation in the immediate surroundings, in the neighbourhood and in the districts of Hamburg; also, promotion of abilities and strengths in everyday life.

Within the scope of **integration assistance** (see German Social Code SGB IX and SGB XII), people with disabilities[26] can apply for assistance. The integration assistance benefits catalogue for people with disabilities mainly includes medical rehabilitation (treatment by doctors and other medical professionals, medication and dressings, supply of limb substitutes and orthopaedic or other aids), support for appropriate school education, help with starting a working life, recognised workshops for the disabled or work in other comparable employment centres, benefits for participating in community life.

You can apply for the following (outpatient) benefits:

- **Children and youths**
  - **Benefits for early detection and early intervention**[27]. Integrative offers from educational specialists at the semi-open day care centre

[25] see Wansing 2015: 13
[26] Integration assistance benefits for asylum seekers are granted on a case-by-case basis in accordance with §6 of AsylbLG. To become eligible for benefits, various expert assessments (e.g. issued by a state physician (*Landesarzt*) or a social paediatric centre) and, if available, pedagogical reports and educational plans, e.g. from schools, need to be presented to the authorities.
[27] as per § 26 sect. 2 subsect. 2 SGB IX in conjunction with § 30 SGB IX

(*KiTa*) at the accommodation or at nearby integration kindergartens. The premises need to be adapted to cater for children with disabilities and offer suitably engaging and educational elements. Outside of the care periods, the rooms can also be used for treatments by health care professionals.

- **Aids to an adequate school education**[28]. Integrative and inclusive offers for school-age children and young people, also with special educational needs. Cooperation with the regional education and advisory centres (*Regionale Bildungs- und Beratungszentren*, RebbZ) and the school authorities for the (future) training of children and young people with disabilities in special needs schools, international preparatory classes (*internationale Vorbereitungsklassen*, IVK), regular school classes or offers of vocational training while staying at the refugee accommodation and afterwards. A school companion and school runs can be organised as part of the integration assistance.
- **Assistance for families with disabled children**[29]. Children and youths and their families are entitled to receive counselling and support from special needs experts to help them cope with everyday life and develop autonomy.

- **Adults**
  - **Educational support in your own home** (*Pädagogische Betreuung im eigenen Wohnraum*, PBW)[30] for people aged 18 and over with mental and/or multiple physical disabilities. The aim is to achieve autonomy and let them run their own household.
  - **Living assistance** (*Wohnassistenz*, WA)[31] for people aged 18 and over with mental and/or multiple physical disabilities, who need help in their day-to-day lives.
  - **Individual benefits for emotionally scarred/psychologically disabled people** (PPM)[32] for those aged 18 and over, who live on their own but need help with mastering an autonomous life.
  - **Practical training** for blind and visually impaired people (LPF).

- **Care services** for people with disabilities and care needs can be claimed through your long-term care insurance[33] or the social care fund *Hilfe zur Pflege*[34]. Depending on need, these benefits may include a mobile nursing service, nursing home care, nursing equipment, short-term and preventive care or a long-term care allowance if you take on the care of a relative[35].
- **Medical rehabilitation** through inpatient and outpatient treatments, therapeutic remedies, medical devices and psychotherapy paid for by the statutory health

[28] § 54 SGB XII
[29] § 54 sect. 1 and 2 SGB XII in conjunction with § 55 sect. 1 and 2 subsect. 3 and 7 SGB IX
[30] § 54 sect. 1 SGB XII in conjunction with § 55 sect. 1 and 2 subsect. 3 and 6 SGB IX
[31] § 54 sect. 1 SGB XII in conjunction with § 55 sect. 1 and 2 subsect. 3 and 6 SGB IX
[32] § 54 sect. 1 SGB XII in conjunction with § 55 sect. 1 and 2 subsect. 3 and 6 SGB IX
[33] SGB XI
[34]The long-term care insurance will only pay for care if the policy holder has already paid insurance premiums for at least two years. If this is not the case, the care is paid for by the social care fund *Hilfe zur Pflege* in accordance with SGB XII.
[35]Here, the refugee's status is important. A care allowance can only be paid once the beneficiary has received a residence permit.

insurance[36].

In addition to the above-mentioned outpatient assistance, you can also get other types of integration assistance as per SGB XII. On top of the outpatient offers, you can also take advantage of inpatient or semi-residential care[37], e.g. inpatient living arrangements for disabled people.

In practice: assessment procedure and introduction to the regular system:

1. During the initial medical examination, the doctor suspects a disability or threat of disability. Or a suspected disability arises at a refugee accommodation, and a doctor is called to make an initial assessment.
2. Discussion with the person concerned (plus family/companion), providing information on the topic of disability and on assistance available to people with disabilities in Germany.
3. If the affected person so wishes, he (where applicable together with relatives) is sent to a facility that can cater to his needs.
4. Assessment of the health situation and the level of care needed – the assessment is conducted using standardised questions[38]. Referral as necessary (e.g. to a care service provider). Informal initial support at the refugee facility.
5. A specialist doctor will make a diagnosis – where possible, he will do this immediately at the refugee facility.
6. An application for recognition of (serious) disability is made.
7. Discussion with the person concerned (and relatives) about support options available through the regular aid system and to evaluate the support needs at the facility.
8. Introduction of integration assistance and additional support measures through an assistance provider.
9. Organisation of support measures until the integration assistance is approved (including the timing of certain needs, training the family).

5. Relieving relatives by making use of the social support network

- Inclusive care within the facility for disabled refugees with disabilities (including children and youths) to provide relief for their relatives.
- Cooperation with a care service in order to professionalise care and relieve relatives.
- Involving disabled people and their relatives in care and support measures.

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[36]You can apply for exemption from any additional charges at your health insurance.
[37] § 54 SGB XII
[38]Based on the necessary level of care

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To simplify matters, this text only uses the male form. The female form is, of course, always also implied.

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