

# Children and Youth with Flight and Migration Experiences Affected by Disability and Medical Fragility: Challenges at the Intersection of Asylum Law and Disability Law in Germany<sup>1</sup>

Friedegard Föltz<sup>2</sup>

## Abstract

*Flight, migration, asylum seeking and disability or medical fragility as an intersectional life situation is not a rare situation. As per international principles, special support and protection is granted for groups of so-called vulnerable persons. Nevertheless, persons with disabilities who are refugees often remain in a particularly complicated living situation. They have a great need for specific information, care and support in their own or host country. Children and youth at the intersection of flight and migration and also having a disability or medical fragility are disadvantaged in more than one way - as a refugee, as a child, and as a person living with a disability. So far, although they belong to the group classified as vulnerable persons, their need of special support and their rights are often not regarded. Despite international principles and instruments for identifying and determining special situations of refugees, their situation and needs are not systematically identified. In Germany, due to the complexity of shifts in responsibility of authorities, inter-institutional transitions of persons in the assistance system and corresponding coordination and procedural problems, there are significant gaps in information and counseling. Whether and in what form refugees, affected by disabilities, are protected and supported through appropriate measures often depends on the commitment of individuals and thus is subject to randomness. In Germany, information and care is often not sufficiently available, with corresponding serious long-term consequences, particularly for children. This article aims to increase knowledge in this special field of child and youth welfare, to provide insights towards a better practice, and to clarify implications for policies. It is a theoretical contribution in investigating what topics regarding this focus group have been documented and dealt with in the literature and through studies. In addition, six semi-structured interviews with families and professionals were conducted to verify findings from the literature on a micro level. In analyzing the situation of the German reception system, findings concentrate on the legal framework and on the essential issues of identification of special protection needs, medical support and safe accommodation.*

## Key Words:

*flight, migration, disability, medical fragility, child and youth welfare*

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<sup>2</sup> Dr. Friedegard Föltz is a lecturer in the Department of Social Sciences at the Friedensau Adventist University, Friedensau, Germany.

## 1. Introduction

Flight and (forced) migration seem to be worldwide historical constants (Otten et al., 2017: 197). According to the United Nations High Commissioner for Refugees (UNHCR), the UN agency commissioned to care for the world's refugees, 82.4 million persons were displaced at the end of 2020. The numbers continue to rise despite the COVID-19 pandemic. By mid-2021 the number of displaced persons worldwide was more than 84 million. Children account for 30 per cent of the world's population, but an estimated 42 per cent of these displaced persons are minor children and youth. Children who are fleeing on their own are particularly at risk. The UNHCR aims to raise awareness of the needs and rights of children in particular. It is estimated that nearly one million children were born refugees between 2018 and 2020 (UNO Flüchtlingshilfe, 2022; UNHCR, 2022).

As per international principles, special support and protection is granted for groups of so-called vulnerable persons such as children, persons with disabilities, the elderly or (pregnant) women (UNHCR, 2016) amongst displaced persons.

This article explores the intersectional situation of children and youth sharing flight and migration experiences and who are affected by disability and medical fragility at the same time. It aims at drawing attention to a specific aspect in flight and migration. As research is sparse, its purpose is to increase knowledge in this special field of child and youth welfare. Gathering information should provide insights towards a better practice in institutions, and clarify implications for policies. It is a theoretical contribution in investigating what topics regarding this focus group have been documented and dealt with in the literature and through studies. In addition, six semi-structured interviews with families, non-governmental-agencies and an out-of-home-care institution in Germany were conducted to verify and explicate findings from literature on a micro level. In analyzing the situation of the German reception system, findings concentrate on the legal framework and on the essential issues of identification of special protection needs, medical support and safe accommodation.

The term disability and impairment in this article is defined according to the 2006 Convention on the Rights of Persons with Disabilities (CRPD)<sup>3</sup>, which states in Art. 1:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

Notably, in the CRPD definition of disability in accordance with the World Health Organisation's definition of disability, it is acknowledged that both impairments and physical and intangible barriers in society generate disability and exclusion. It focuses on the obstacles and barriers within a society which prevent or hinder an individual's equal participation, rather than focusing on an individual's impairments. This means leaving a deficit-oriented perspective in favor of a resource-oriented one.

In addition to the issues already mentioned, psychosocial problems are also common in displaced persons. It was found that these persons usually suffered from more than one health problem, and their conditions were accompanied by additional issues such as pain

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<sup>3</sup> General Assembly Resolution A/RES/61/106, Conventions on the Rights of Persons with Disabilities (adopted 13/12/2006, UNGA Res. A/RES/61/106 [VIII]).

and/or fatigue (Crock et al., 2017: 10 ff.).

According to Crock et al. (2017), legal frameworks have been rather neglectful of disability rights, particularly in relation to displaced persons. Persons living with a disability often seem to have been overlooked in crises of displacement. These persons, because of various disabilities that are seen as to limit capacities to fleeing or migration, are not expected to be among displaced persons. They state that there is no comprehensive empirical data about the actual number of refugees affected by disability. It is also not known how and when the disabilities were acquired, there is no differentiation for sex, age or form of disability in the data either. In summary, they find a tendency to under-estimate the number of persons with disabilities among refugees (Crock et al., 2017: 4-5; see also Otten, 2019: 182; Gag & Weiser, 2017: 5; Schülle, 2017). Difficulties in identification due to the lack of data collecting structures as in Germany may also contribute to under-reporting.

Among the above mentioned numbers of minor refugees are also minors with disabilities, traumatized children and children at risk of disability with their families or on their own. Children who have flight or migration experiences and who are additionally living with a disability or medical fragility are disadvantaged as displaced persons, as children and as affected by disability. Without the protection a certain citizenship of a country or region provides, they are most vulnerable in disasters and more likely to be killed or acquire (additional) injuries, or being limited by an impairment (Crock et al., 2017: 3). Especially because of their vulnerability and needs children require protection and assistance.

Physical and visible disabilities, as well as cognitive disabilities, are not always diagnosed, disclosed, or easily identifiable. They are often hidden while fleeing. In some countries, persons with disabilities continue to be marginalized, shamed and ridiculed. Many have learned not to disclose their own or their child's disability. Parents deliberately hide their child's impairment, do not look for help or reject offers of help. While fleeing, a detected child is in acute danger of being thrown overboard by others when there is a shortage of food and drink, for instance. Families also fear being deported back because of the disability of the child. Most parents make it to Europe by carrying their child all the way. But even if the parents could afford a train or plane ticket, the journey remains a feat of strength (Hombach, 2015).

Children are less likely to be able to self-advocate due to their developmental stage, implications of (potential) impairments as well as heightened vulnerabilities that often accompany the status of child migrants such as foreign language or social marginalization. This prevents them from making their opinions and needs known, even in participatory research approaches. This is all the more true for this minoritized group of children and youth at the intersection of flight, migration and disability. A closer look at this topic may give insights and ideas for developing an attitude of advocacy. Refugee children with disabilities need people and institutions who will give them a voice and stand up for their human and civil rights (Peucker, 2018: 133).

It requires a continuous look at the experiences and needs of these children, their parents and caregivers, as well as looking at the quality of child welfare of the receiving countries in this respect. German legislation for instance created a child and youth welfare system that excluded children and youth with special needs due to disability or medical fragility. They are cared for instead through the social welfare legislation. This poses disadvantages

for children in a system geared towards adults and generates conflicts over responsibilities (Dialogforum, 2019: 4-6). This fact will not quickly change even with the new inclusive approach of the child and youth welfare legislative reform in 2021.

## 2. Current Situation in Germany

Despite international principles and instruments for identifying and determining refugee status, there is no empirical data on the number of persons with disabilities among refugees and asylum seekers in host countries nor on the living situation and the resulting needs for assistance and care (Otten, 2019: 182; Gag et Weiser, 2017: 5). This also applies to Germany. Neither the German federal government nor the federal states or the Federal Office for Migration and Refugees (BAMF) as the responsible authority are able to provide reliable information. The official asylum seeker statistics do not collect disability status separately (Schülle, 2017). Likewise, there are no official numbers or data about children and youth with disabilities. Accordingly, the actual needs for support and aid remain unknown (Hombach, 2015).

As a reference, however, reliable data from a project in Lebanon and Jordan by the two international aid organizations HelpAge International and Handicap International at the end of 2013 can be used for an estimation of the number of refugees with disabilities. The study shows that one in five was affected by physical, sensory or intellectual impairment. One in seven was affected by chronic disease and one in 20 suffered from injury, with nearly 80% of these injuries resulting directly from the conflict. 77% of elderly refugees had special needs. Refugees with and without impairments have the same basic difficulties and needs in daily life, which are, for example, lack of income, accommodation, access to basic health care and food. The difficulties faced by those with impairments in addressing these basic concerns and getting access to appropriate support had more severe impacts on their health and living conditions than the general refugee population. It was found that 22% of the Syrian refugees living in the two countries had a physical, sensory or mental impairment, 6% of them rated as severe and almost 16% suffered from chronic diseases (HelpAge International & Handicap International, 2014: 4, 6). Other sources state a number of 15% of all refugees worldwide with disabilities (Otten et al., 2017: 197). Regarding migration, there are an estimated two million people with a disability in Germany (Familienratgeber.de Migration, o. J.).

Although children with disabilities and medical fragility belong to the group of so-called vulnerable persons, they are a rather invisible population at risk among displaced persons in Germany. Their need for special protection and their rights are often not guaranteed or tended to. There are gaps in information and care, significant legal, communication and access barriers, legal uncertainties and insecurities of the institutions involved. In Germany, many asylum seekers, refugees or migrants do not find their way into the standard counseling and aid services for persons with disabilities. This is due to the complexity of federal shifts in responsibility, inter-institutional transitions of persons in the assistance system and corresponding coordination and procedural problems (Schülle, 2017). Thus, in Germany, information and care is often not sufficiently available for children with disabilities and flight/migration experiences, with corresponding serious long-term consequences (Hombach, 2015; Lebenshilfe, 2016: 5; Otten et al., 2017: 202). Children's (basic) rights are often not considered or granted in asylum procedures (Hombach, 2015; UNHCR, 2022).

In the practice of health care in Germany for instance, it means waiting for a special wheelchair for almost two years just to find out that the child has outgrown it when it finally arrives. Then the application process has to be restarted. Being denied proper aid on time also can mean acquiring a worsened condition in the future. When a child of two years needing a standing aid and foot orthoses receives the wrong ones after two years, the outcomes can be grave. As reported in this case, as a consequence, the hips were hardly developed and the development of a severe misalignment of the joints due to the spasms occurred (Berlin Global Village et al., 2015; Hombach, 2015).

For children fleeing and arriving in Germany on their own, the child and youth welfare law applies. If they are affected by disability, they are in a difficult situation because in this case the social welfare law comes into effect. This fact often causes time consuming conflicts over responsibilities, fewer services and is to the children's disadvantage. In section 5, additional background is given about federal attempts of bringing together both legal areas for children and youth with disabilities.

### 3. Methodology

This article explores the intersectional situation of children and youth sharing flight and migration experiences and who are affected by disability and medical fragility at the same time. It aims at drawing attention to a specific aspect in flight and migration by asking "What are the experiences of children affected by flight and migration and disability or medical fragility?"

Because of the paucity of research done so far, this article is exploratory, theoretical and its results are descriptive in its approach. The purpose of the article is to increase awareness of the needs of this focus group as well as to contribute to knowledge in this special field of child and youth welfare. Gathering information can provide insights towards better practice in institutions and clarify implications for policies.

In the area of flight or migration and disability in Germany, there is only scarce knowledge or research and few publications. In general, in Germany there are two recent clusters of publications about flight or migration topics in the 1990s and another one around 2015-2021 stimulated by the heightened influx of refugees during these periods of time. Since the legal framework regarding refugees and disability on the international, federal and state level is background and foundation for implications and policies on a practical level, it will be dealt with in sections 4 and 5.

In addition, six semi-structured interviews were conducted to explicate findings from literature on a micro level. The sample comprised two families and four professionals working in three non-governmental-agencies and one residential group home in the federal states of Saxony-Anhalt and Bavaria in Germany.

In order to explore and verify challenges and criticisms of handling the situation and needs of persons with disabilities found in the literature, some empirical data were generated through two semi-structured interviews with families from Syria in Germany. Furthermore, four professionals of three non governmental organizations (NGOs) for the federal state of Saxony-Anhalt and one professional in a residential care institution in the federal state of Bavaria were interviewed: the Workers' Welfare Association Headquarters (AWO), the state network of migrant organizations (LAMSA), the German Red Cross Headquarters and a social worker in the federal state of Bavaria, responsible for the management of

residential care for unaccompanied minors in a residential group home.

In analyzing the situation of refugees affected by disabilities in the German reception system, findings concentrate on the legal framework and the essential issues of identification of special protection needs, medical support and safe accommodation.

#### **4. Legal Framework and Definitions on an International and National Level and their Effects on Flight and Migration and Disability or Medical Fragility**

There are legal international and national frameworks which have developed around displacement, disaster and disability, serving as human rights instruments.

According to the 1951 Convention relating to the Status of Refugees<sup>4</sup>, the term *refugee* describes a status of a person with a “well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, [who] is outside the country of his nationality”.

The term *asylum seeker* is used for a person who does not have the status of a refugee yet, but requests asylum in a foreign country. The person has to prove his or her reason for fearing persecution in order to obtain the status of a refugee, i. e. to be eligible for the associated protection and assistance in a foreign country (UNHCR Deutschland, 2022). As long as their asylum application has not been decided, they are not yet officially recognized refugees. They are protected by the Declaration of Human Rights<sup>5</sup>, which states in Art. 14 para. 1: “Everyone has the right to seek and to enjoy in other countries asylum from persecution”. However, the Universal Declaration of Human Rights is not binding under international law - the rights defined there cannot be claimed by referring to the Declaration (BMZ, 2022).

People who leave their native country or move internally by their own choice in search of better prospects in life are called *migrants*. They move to live temporarily or permanently in another place inside or outside their home country. International law makes a clear distinction between migrants and refugees. Migrants are not covered by the international refugee protection system. However, in practice, the distinction between flight and migration is not always clear-cut when dealing with people who have had to leave their homeland. According to the 1951 Convention, someone who wants to save himself and his family from hunger, drought, war and conflict or economic challenges, for instance, typically is not a refugee, but a migrant. Even those who leave their homeland due to a natural disaster have the status of migrants and thus do not fall under the protection of the 1951 Convention. Such fates are called forced migration (BMZ, 2022; Concern worldwide, 2019).

In regard to children with disabilities, Art. 2 of the 1989 Convention on the Rights of the Child<sup>6</sup>, states that:

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<sup>4</sup> General Assembly Resolution 2198 (XXI), Convention and Protocol relating to the Status of Refugees (adopted 28/07/1951, UNGA Res. 2198 [XXI]).

<sup>5</sup> General Assembly Resolution 217 A (III), Universal Declaration of Human Rights (adopted 10/12/1948, UNGA Res. 217 A [III])

<sup>6</sup> General Assembly Resolution 44/25, Convention on the Rights of the Child (adopted 20/11/1989, UNGA Res. 44/25).

“States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parents' or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”

Applicable also is the 2006 Convention on the Rights of Persons with Disabilities (CRPD), which was designed specifically to acknowledge and internationally coordinate the human rights of persons with disabilities. The 2006 Convention

“demands that persons with disabilities be treated as rights bearers rather than as persons suffering from medical problems: objects of pity or subjects of charity. It demands that persons with disabilities be afforded respect, dignity and assistance so as to facilitate their full participation in society” (Crock et al., 2017: 8).

The question is to what extent refugees are able to invoke the Convention and have enforceable inclusion rights. The terms "flight" and "asylum" are not explicitly mentioned in the wording of the CRPD, but this does not allow the conclusion that these phenomena are not included. Rather, Art. 18 of the Convention on the liberty of movement and nationality suggests that the cross-border application of rights is meant and protected from the outset, regardless of the reasons for emigration or immigration. Moreover, fleeing persecution, hardship or war-related dangers to life should, in the sense of an interpretation of the convention in line with its intent, constitute a special legitimacy for claiming these rights outside one's own country (Otten et al., 2017: 198).

Within the European Union, the reception and provision of services to refugees and the specific situation of persons with disabilities are defined in the legally binding European Directive 2013/33/EU.<sup>7</sup> Art. 21 and 22 of this Directive define persons with special needs and state their right to an individual assessment of their situation and special support throughout the whole asylum process.

In most cases, however, official decisions seem to refer exclusively to minimum standards of the German Asylum Seekers Benefits Act (AsylbLG). Although according to the AsylbLG, health care and its benefits can be reduced to a basic level during the duration of the asylum or recognition process, this would not apply to persons with special needs: “The compatibility of the reduced entitlement to health care benefits under § 4 AsylbLG with higher-ranking law is legally controversial.” (Schülle, 2017: 6).

The international guidelines of the UN and EU for a differentiated assessment of individual special needs have so far met little political willingness for its implementation. In Germany, they vanish in the process of shifting responsibilities between the federal, state and local authorities (Otten, 2017: 199). Often the central importance of higher-ranking law is ignored. But international law, the law of the European Union as well as national constitutional law contain binding requirements that are to be taken into account in particular when making discretionary decisions or interpreting indeterminate legal terms (Gag et al., 2017: 21).

The legal framework also includes the Council of Europe's Convention for the Protection

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<sup>7</sup> European Parliament and Council Directive 2013/33 EU, Establishing standards for the Reception of Applicants for international Protection, adopted on 26/6/2013 (EU Reception Directive, 2013).

of Human Rights and Fundamental Freedoms<sup>8</sup>, the German Child and Youth Welfare Act<sup>9</sup>, the German Disability Act<sup>10</sup>, the German Social Welfare Act<sup>11</sup>, and the German Asylum Seekers Benefits Act. For children and youth affected by disability and medical fragility, the legal situation is highly complex.

## 5. Background on the New Child and Youth Strengthening Act of 2021 and its Impact on Inclusion

Art. 3 para 3 of the Basic Law of the Federal Republic of Germany emphasizes that “no one may be disadvantaged because of disability”. For children and adolescents with or without disabilities in Germany, a two-track support system exists. Children and youth with a physical or cognitive disability are assigned to the social welfare legislation (SGB XII), or recently to SGB IX for integration assistance, an assistance provided by the supra-regional social welfare agency<sup>12</sup>. Children and youth needing assistance without a disability or with a (suspected) mental disability are assigned to the youth welfare legislation (SGB VIII), which has more differentiated options for assistance and better provision. As of June 2021, an inclusive approach is enshrined in a new Child and Youth Strengthening Act.

After failed attempts to reform the child and youth welfare law (SBG VIII) for decades, trying to make it applicable to all children and youth, without or with disability, on May 7, 2021, the Federal Council approved the new Child and Youth Strengthening Act (KJSG). It was passed by the Federal Parliament on the 2nd/3rd reading on April 22, 2021. Among the key points of the reform is the previously long-held desire for an inclusive paradigm – the unconditional access of all children and adolescents, whether with or without disabilities, to the multiprofessional assistance offered by child and youth welfare and its overall responsibility (Dialogforum Pflegekinderhilfe, 2019; Oehme & Schröer, 2018).

After being signed by the Federal President and published in the Federal Law Gazette, the act essentially entered into force on the day after promulgation.<sup>13</sup> This took place on June 10, 2021.

However, this does not apply to stages 2 and 3 of the inclusion concept. As of January 1, 2024, Art. 1 no. 14 KJSG, the commencement of the activity of a so-called process controller becomes mandatory. With this function, the challenges of supporting children and youth with disabilities are taken into account in the legislative architecture. But this position is limited to December 31, 2027, although the challenges and the need for expertise will, however, continue to exist after its ending in 2027.

Only on January 1, 2028, with the 3rd stage, the amendment of § 10 para. 4 SGB VIII, and thus the takeover of the integration assistance by the child and youth welfare offices, is full inclusion to be implemented. And this, however, only if a federal law according to Art.1 no. 12, § 10 para. 4, Sentence 3 has been promulgated by January 1, 2027 on the basis of a law evaluation. Above all, it will be a matter of clarifying the question of staff and

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<sup>8</sup> Council of Europe Convention for the Protection of Human Rights and Fundamental freedoms, adopted on the 4<sup>th</sup> of December 1950 (ECHR, 1950).

<sup>9</sup> Sozialgesetzbuch VIII, Child- and Youth Welfare (SGB VIII).

<sup>10</sup> Sozialgesetzbuch IX, Rehabilitation and Participation of Persons with Disabilities (SGB IX).

<sup>11</sup> Sozialgesetzbuch XII, Social Welfare (SGB XII).

<sup>12</sup> Bundesteilhabegesetz, Integration Assistance Act (BTHG, Part 2 of SGB IX).

<sup>13</sup> Bundesgesetzblatt (Federal Law Gazette) I No. 29 of 9/6/2021, p. 1444



costs. After all, the process holds many uncertainties about the outcome. As much as the inclusive approach of the new Child and Youth Strengthening Act (KJSG) is to be welcomed, it is to be feared that it will not imply much improvement in the situation of children and adolescents with disabilities for years to come.

Unconditional belonging apart from the scheme “normalcy – deviation” is the goal of inclusive efforts and a human right. Art. 7, para. 1 of the Convention on the Rights of Persons with Disabilities aims to ensure that children with disabilities “enjoy all human rights and fundamental freedoms”. In its concluding observations on the first State Report of the Federal Republic of Germany in 2015, the UN Committee of Experts gives Germany a poor report card with regard to human rights, equal opportunities and inclusion of children with disabilities (UN CRPD, 2015).

Inclusion achievements and efforts are attained in particular by families and dedicated persons in the private environment, as well as taking on the socio-political struggles and advocacy for the interests of children and adolescents with disability and medical fragility.

## 6. Practical Challenges in the Reception System in Germany

Furthermore, findings show that there are typical structural challenges in the German reception system in regard to first of all determining a situation of need for special protection; in providing appropriate and timely medical support; in providing safe, child-friendly accommodation and in the attitude to giving priority to the child’s welfare.

### 6.1 Determining the Need for Special Protection

In particular persons with special needs among the refugees such as children and the elderly, persons with disabilities or (pregnant) women are not systematically identified. Whether and in what form they are protected and supported through appropriate measures often depends on the commitment of individuals and thus is subject to randomness (UNICEF, 2016). In the reception centers even severe disabilities are often overlooked and parents do not know that they are entitled to special support (Hombach, 2015). This delayed identification and documentation of impairments during an initial examination means consequently delayed or no medical or social counseling and care (Otten, 2019: 182). Reiteration 14 and Art. 21 and 22 of Directive 2013/33/EU oblige the establishment of a special procedure to identify persons with special needs. The Federal Office for Migration and Refugees points out that such a procedure must be followed for every application (BAMF, 2015: 2). So far, Germany has only partially implemented this EU Directive (Familienratgeber.de, o. J.).

Practical experience shows that such a clearing procedure has only been firmly established in Germany for so-called unaccompanied minor refugees (BAMF, 2016), but not for any other group of persons in particular need of protection (Schülle, 2019). The special scope of benefits for persons with special needs, including persons with disabilities, receives little attention in practice because a systematic recognition procedure has not been implemented. But, according to one interviewee, even unaccompanied minor refugees who are affected by disabilities often have their disabilities overlooked in this residential setting with daily contact. In one case of learning disability, only after a long time did the realization set in with staff, that the issue of lagging behind in school probably was not due to problems with language anymore, but a possible learning disability. But then, because of the legal two track assistance system for children

and youth with disabilities, the conflict over the responsible legal agency arose. After being cared for in the children and youth welfare legal system as an unaccompanied minor refugee, suddenly the concerned youth is supposed to be cared for by the disability law with other guidelines to follow (Interview Professional 2).

Conditions in a receiving country can even cause (further) acquisitions of handicaps. Mostly, neither refugees with disabilities nor their needs are properly identified. Because of not determining the status of disability, persons with disabilities get no or only limited access to needed medical and social services. And often access is delayed or even too late. In this way, existing injuries or disabilities can lead to conditions that remain as permanent disabilities. Even with efforts to check for special needs, the less noticeable impairments – like difficulties with vision and hearing or mental illnesses – often go undetected (Crock et al., 2017: 10-11).

## **6.2 Providing Appropriate Medical Support**

Health and social care, the provision of necessary aids and participatory or inclusive options pose problems for social work practice with refugees with disabilities, because providing health and social care usually requires individual and long-term solutions (Otten et al., 2017: 202). Even though empirical data about the needs and possible deficits of health care for refugees is lacking, in the following, some statements can be derived from legal guidelines and practical knowledge (Schülle, 2017).

Health and social care is to be provided by the reception facilities for which the respective federal state is responsible. After being assigned to a certain municipality, the community is responsible for providing care. However, the already legally limited health care mandate of the asylum law varies at both the local and state level and is organized non-uniformly. Thus, the quality and scope of medical treatment depend on the state and region asylum seeking persons were assigned to, which can be rated as discriminatory (Schülle, 2018, p.8).

In Germany, healthcare for asylum seeking persons is legally limited to the treatment of acute or painful illnesses (§§ 4, 6 AsylbLG) (Lebenshilfe, 2016: 9). The treatment of and aid for (for instance prostheses or special wheelchairs) existing chronic impairments like deformities or a lost limb that are not emergencies, will not be granted in the first place, ignoring international law. But impairments can cause health problems in the present daily life and accumulate to problematic conditions in the future. Not getting the appropriate help means preventing full health and participation as well as causing much higher costs for the health system later on through necessary surgeries or long term medical or therapeutical support. The struggles with responsible authorities to provide better access to health care, aid and rehabilitation measures are immense (Hombach, 2015). The cooperation with institutions such as social pediatric centers is important to provide good care and support for children (Lebenshilfe, 2016).

For an illustration about the manifold barriers and the heightened effort necessary to obtain health care, the access to the health care system for asylum-seekers in Germany will be described in more detail. This access is organized with so-called treatment vouchers. Often treatment vouchers, in particular, create a significant barrier to the access of the health system as well as medical undersupply, especially for persons with disabilities.

In many places, health care services are obtained by submitting a personal application for treatment to the relevant social welfare authority. It then issues a treatment voucher which is valid for a doctor's visit. In the case of follow-up treatment or referral to a specialist, a treatment voucher must be applied for again. In practice in many cases obviously necessary treatment vouchers are not approved because medical laymen (social welfare office employees) decide on the issuance without having necessary medical knowledge. The practical enforcement of medical treatments often requires increased efforts on the part of the persons concerned, lengthy expert procedures by the medical authorities and recourse to official and judicial legal protection (Schülle, 2018: 8-9).

Some German states and regional municipalities now provide health vouchers valid for a longer period of time or health cards such as every German citizen uses. Although the scope of benefits is still restricted, at least it makes the access to health care more non-discriminatory and appropriate for those affected. The fact that asylum seeking persons with disabilities receive health vouchers instead of health cards, can be seen as a structural barrier in access to health services and as an inadmissible discrimination (Schülle, 2019: 9). Furthermore, according to a study by the University of Heidelberg, there is evidence that it is even more economical for a state to use health cards for better access to appropriate health care right from the start. It simplifies administrative processes such as billing procedures for health care providers. There is no hint that it leads to cost increases or the overuse of health care. It also has positive effects on both mental health and self-reported general health (Gold et al., 2021).

After asylum seeking persons have received benefits under the AsylbLG for 18 months, they are entitled to the same benefits of the public health insurance as any other citizen. The alterations of migration acts passed in the summer of 2019 has extended the waiting period for full health care from 15 to 18 months. This has an effect on health (Flüchtlingsrat, o.J.).

Language acquisition and cultural sensitive communication is also very important for refugees, not just with respect to health care but also for receiving and giving appropriate information and gaining access to other aid systems such as counseling, ministerial bureaus, school or kindergarten. There is a great need for staff in standardized education, for training and further education on the topics of intercultural sensitive skills and communication in health care, working with translators, dealing with particularly vulnerable refugees like children with disabilities as well as raising awareness of discrimination in the health care system (Ministerium für Arbeit, Soziales, Gesundheit und Gleichstellung des Landes Sachsen-Anhalt, 2021).

### **6.3 Providing Safe, Child-friendly Accommodation**

Upon arrival in Germany, asylum-seeking persons are accommodated in reception centers and secondary facilities such as shared accommodation. According to the subjective health experience of refugees, they frequently perceive physical and psychological impairments, which are associated in particular with the living conditions in reception centers and shared accommodation or uncertainty and lack of prospects with regard to status and residency (Schülle, 2017). Young people stated, for instance, that they suffered from the loss of friends or the spatial restrictions in the accommodation (Paiva Lareiro, 2019: 2).

Accommodation in reception centers and shared accommodation poses risks and is not

conducive to the development of children and youth (Peucker, 2018: 133). Living together with many strangers in a confined space, lack of privacy, lack of places to retreat, lack of common spaces suitable for young people, no or few youth-oriented offers for activities and inadequate equipment, conflicts, lack of a daily routine, rules, sometimes problematic hygienic conditions and a lack of protective concepts and measures against violence and (sexual) abuse has an impact on children's safety and well-being (Lewek & Naher., 2017: 7; Lechner & Huber, 2017: 38-39). This is all the more true for children with disabilities and their families, who lack the support of specialized help and often are not able to get support on their own. The Covid-19 pandemic is making the situation even worse (BAfF, 2020: 10-11)

Often the accommodation is located in a very remote place. This in addition can lead to a reduced access to health care or education due to limited mobility. Participation in the social life of communities is becoming even more difficult than it is already (Lewek & Naher, 2017: 7).

Children spend prolonged periods of time in this accommodation. After the stay in reception centers, refugees are assigned to shared accommodation in different federal states until their asylum process is finished. Extensive legislative changes in asylum and residence law since 2015 have resulted in the permissible length of stay in reception facilities being extended from three to six months. However, even stays of more than six or eight months are common. Prolonged stays in refugee accommodation that is not suitable for children are very stressful, delay integration and increase the risk of becoming victims of violence. Only when the family is referred to a specific municipality at the end of their asylum process, will the children be able to go to kindergarten or school and be able to access and participate in education (Lewek & Naher, 2017: 8-9; Scholz, 2017: 144-145; UNICEF, 2016).

The everyday life of many children and youth is marked by dreariness and waiting - waiting for a decision on their asylum procedure, waiting for an apartment suitable for their family, for a place at school or kindergarten, recreational activities or health care. Particularly for children, long waiting times are unjustifiable. Especially for children with disabilities, time is lost for support, learning, therapies and fostering development. In this unique phase of life, which is so crucial for development, the course is set for life. The decisive developmental steps are made in the first years of life (Berlin Global Village et al., 2015: 3; Lewek & Naher, 2017: 7-8). Long waiting times for schooling or language classes for youth means falling behind. Further interruptions of their educational processes are due to school changes because of reallocations (Lechner & Huber, 2017: 57-58).

With regard to barriers for physical and sensory impairments or other special protection needs, there is hardly any systematic information available on the structural situation in the shelters (Otten, 2017: 200). In practice, there is a lack of accessibility in shared accommodation and no adequate housing for individuals and families affected by disability (Otten, 2019: 182). Living with barriers in reception accommodations such as no elevators for instance, forces a single mother, who lost her husband during the war, to carry an older child with a disability up and down the stairs to the kitchen for food preparation and to the bathroom, which is one floor above the living room and bedroom (Berlin Global Village et al., 2015; Hombach, 2015).

Reception centers and shared accommodation are places of rights violations against

children and adolescents, harm the well-being of children and prevent them from participating in society (González Méndez de Vigo et al., 2020: 3).

#### **6.4 Giving Priority to the Child's Welfare**

In general, the focus of refugee social work in reception centers is not on the children and young people in the facility (Peucker, 2018: 131). The idea of unconditionally putting the best interest of the child first is anchored in the UN Convention on the Rights of the Child. This thought also is the foundation of the German Child and Youth Welfare Act. However, if a refugee child in Germany has to wait several months for medical or other services to be approved of and in too many cases is denied the necessary services, then his or her rights are being disregarded. During the period of their asylum procedures and beyond, special attention must be paid to children's special needs due to disability and also their well-being, including child-friendly housing and care as well as participatory entitlement to education and training (UNHCR, 2022; Lewek et al, 2017: 6).

The best interest of the child needs to have priority. It is essential to create positive conditions of life for all children and youth. Up to now, the child's welfare has not been sufficiently taken into account in asylum procedures. A thorough examination of the best interests of the child should be mandatory from the beginning. This should especially apply to refugee children with disabilities (UNICEF 2016; Berlin Global Village e.V. et al., 2015: 3).

Findings from the interviews mirror and underpin the situation described in the literature. Interviewees reported situations where obvious impairments were not documented or taken into account even in official hearings by authorities. In this way it would be possible to reject an application for asylum (Interview Professional 4). Likewise, a family with a child affected by disability was mentioned as having been deported during the night regardless of any harm being done (Interview Professional 2).

### **7. The Role of Social Work**

The intersection of flight and migration and disability or medical fragility is considered an inter-institutional field of social work in Germany (Otten, 2019: 182). For both sides, for the person affected by disability in flight and asylum situations and in their existential dependence, but also for the social worker, major challenges arise. This has to do with the often very difficult life situation of the clients and their needs but also very much with the form of institutional responses and procedures. On an individual level, in many areas of social work, the legal requirements for services force a constant "putting oneself in certain categories" in order to be able to obtain even rudimentary access to appropriate assistance. Existing competencies, developmental designs or self-designs of refugees often take a back seat to the necessary proof to be a "case" in special need of protection and assistance. The question arises, how, under these circumstances, the human rights principle of full participation in society can be understood and promoted (Otten, 2019: 181).

On a structural level, what makes social work in this intersection so challenging is working in the paradoxical situation of dealing constantly with two contrary welfare state basic principles in an individual case. Inclusion and exclusion are constantly mixed. On the one side, the welfare state presents disability law with an entitlement to support, benefits and participation. On the other side, the same state presents asylum law in the perspective of

non-citizens with the restriction or denial of social benefits due to non-German citizenship. The examination and recognition or denial of reasons for asylum is ultimately such a form of exclusion justification. Asylum aid and assistance for the disabled as specific fields of action of social work, however, have hardly any institutional points of contact. Inadequate or failure of support is less due to the often overworked social work professionals in reception centers, but rather the lack of functioning procedural and co-operational structures (Otten, et al. 2017 :200-201).

As a rule, social work as a profession is not directly involved in the legal status decision or the determination of a recognized disability for the severely disabled person's pass for instance. But it assumes a very important role in obtaining and pre-evaluating information relevant to these kinds of decisions. It enables and exercises available protective rights, identifying and articulating a special need for protection or forwarding information and concerns. Especially when the asylum status is still unclear, a lot depends on the interpretation of the problem or a specific life situation such as being affected by disability. Supervising social workers are then able to involve other actors and institutions if necessary. As mentioned, unfortunately the politically intended inclusion paradigm clashes with a practice of exclusion under asylum law. The intersection of flight and migration and disability or medical fragility with the corresponding legal areas of asylum law and disability law induces the contradictory basic principles of inclusion and exclusion at the same time. The practical exclusion of persons with disabilities created by asylum law thus has a direct effect on social work practice (Otten et al., 2017: 201).

Persons at this intersection have a heightened need for specific counseling and information. This situation poses practical consequences and challenges for social work professionals due to the complex political, legal and structural framework conditions of each area. Professional and socio-legal expertise from the fields of asylum social work and disability assistance are indispensable. In order to have an impact on and to improve the general situation, the challenges need to be mastered in multi-professional cooperation structures (Otten et al., 2017: 197). This is even more the case as refugees and asylum seeking persons have no political lobby because they do not bring votes - to the contrary in states struggling with right-wing populism (Interview Professional 4).

For this multiprofessional task, cooperation with civil, church, private as well as regional welfare organizations and services is important. These organizations offer facilities and services such as daycare centers, nursing services, counseling centers, self-help groups, hospitals, nursing homes, residential homes for people with disabilities, homes for children and young people, homeless facilities, after-school care centers, women's shelters, technical schools for social professions, family centers or hospices.

Caritas in Germany, for example, is the Catholic welfare association, being the largest of the six German welfare associations (Caritas, 2022). Diakonie is the welfare organization of the Protestant Church in Germany. Alongside Caritas and the German Red Cross, Diakonie is one of the largest welfare organizations in Germany (Diakonie, o.J.). The German Red Cross is part of the International Red Cross and Red Crescent Movement. This worldwide humanitarian organization, the largest in the world with 192 National Societies, has been providing comprehensive assistance to people in conflict situations, disasters, health or social emergencies for over 150 years (DRK, o.J.). The Workers' Welfare (Arbeiterwohlfahrt) is also one of the six large welfare organizations in Germany. Its special character is that women and men come together as members, volunteers and

full-time workers in order to help deal with social problems and tasks of society and to implement the democratic, social state (AWO, o.J.). The Parity Welfare Association is an association of independent welfare organizations, institutions and groups which offer social work. It is based on the idea of parity, the equality of all in their standing and possibilities, on principles of tolerance, openness and diversity. It aims to mediate between generations, world views, approaches and methods of social work or between its member organizations (Der Paritätische, 2022). The Central Welfare Office of the Jews in Germany<sup>14</sup> forms the association of Jewish welfare work in Germany. Its main concern is helping in the sense of balancing social justice (ZWST, o.J.).

And then there are special regional organizations like MediNetz Magdeburg e.V., which is a human rights initiative that aims to improve the situation of persons who are completely or partially excluded from medical care by the legislation of the Federal Republic of Germany (Medinetz, 2017).

Furthermore, since 2018 independent counseling centers have been established by legislation on disability law<sup>15</sup> to give information about the special aids and services the disability law in Germany provides. In practice, access to this kind of counseling again is difficult. Professionals report that the distribution of information providing access to services in reception centers is often not permitted or discouraged by the owners of the buildings. And even if refugees affected by disability find their way into those above mentioned counseling centers, it often depends on the political conviction of the staff, whether they are treated and counseled appropriately. When treated rudely, in an unfriendly and humiliating manner by staff some of whom may be right wing voters, refugees may not be willing to ask for further help (Interview Professional 4).

The overall objective is to provide refugees and migrants with a needs-based access to medical, psychosocial, psychiatric and psychotherapeutic services and facilities as well as language assistance (Ministerium für Arbeit, Soziales, Gesundheit und Gleichstellung des Landes Sachsen-Anhalt, 2021: 89). In practice, professionals report many examples of lack of staff and financial resources for language services (Interview Professional 3). There is a great need to have multilingual staff with the ability to communicate in a culturally sensitive way and an attitude of openness. Standardized education, training and continuing education in the areas of intercultural competencies in health care, working with language mediators, dealing with trauma and particularly vulnerable refugees and migrants, and sensitizing medical staff to discrimination in the health care system are all essential (Interview Professional 4; Ministerium für Arbeit, Soziales, Gesundheit und Gleichstellung des Landes Sachsen-Anhalt, 2021: 89).

Because the need for multiprofessional and inter-institutional cooperation has been recognized by practitioners, during the past years a number of model projects in Germany have developed which address precisely this intersection in order to improve system transitions. For example, online compilations of information at the intersection of flight and disability, like the “Roadbox” of Handicap International in Germany, have proven helpful. It is an online topic portal which provides practice-oriented information, working aids and downloadable materials for professionals in the field of disability aid and refugee

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<sup>14</sup> Zentralwohlfahrtsstelle der Juden in Deutschland (ZWST).

<sup>15</sup> Ergänzende unabhängige Teilhabeberatung (EUTB) [Supplementary independent participation counseling], § 32 SGB IX.

aid “in order not to give up prematurely in the complicated subject area of flight and disability” (Handicap International Deutschland, o.J.). Worth mentioning also is MINA, the Diversity Inclusive project in the city of Berlin, which is dedicated to multiplying knowledge around the topics of flight and migration and disability. MINA especially provides workshops for professionals at this intersection (MINA, 2021). Also situated in Berlin is InterAktiv, an association dedicated to establishing self-help groups, providing counseling, support and cultural and leisure activities for persons with or without a disability as well as with and without a history of immigration and/or flight (InterAktiv, 2022). Also worth mentioning is the Berliner Netzwerk für schutzbedürftige Geflüchtete (BNS) [Berlin Network for Vulnerable Refugees], a special office for refugees with disabilities situated in the Berlin Center for Self-Determined Living of Disabled Persons (BNS, 2022).

## 8. Conclusion

Flight, asylum seeking, migration and disability or medical fragility as an intersectional life situation is not a rare situation, although it seems that only gradually practice and politics are recognizing the needs and challenges and are looking for initial solutions and strategies. Numerous parties are involved in support and aid. In particular, it has become clear that the two legal systems concerned, asylum law and disability law, are so complex that the intersections hardly meet with expertise in many places. Neither the disability assistance services nor the support systems for asylum seekers have been sensitized to and/or trained in the other field. There is a lack of expertise and knowledge of the other area whereas knowledge of both areas of law is required in order to gain access to services (Schülle 2017; Gag et al., 2017: 5).

It is necessary for politics to provide appropriate framework conditions and assure the implementation of international and national law as well as legal guidelines in the practical fields (Otten et al., 2017: 203). According to Crock et al., “no country can yet claim to fully apply the principles in the landmark United Nations Convention on the Rights of Persons with Disabilities to displaced persons” (2017: 5).

There is still significant inequality to be acknowledged. Refugees, adult and minor, seeking protection and asylum in Germany are subject to considerable legal restrictions, which have become even more severe in recent years. The unequal treatment runs through all areas of life (health, housing, participation, education, protection) and is even intensified within the already very heterogeneous group of refugee children, depending on the predicted “stay perspective” (Lewek et al, 2017: 9; UNICEF, 2016).

Inequality in health care provision is especially severe for those with disabilities. Due to the increased but inconsistent introduction of the health card, the existing inequality within the health care system for refugees has increased just the same. In order to counteract this health inequality due to different and reduced access to services, a uniform federal regulation is required. In particular, such a regulation would also reduce barriers for persons with disabilities in accessing the health care system and ensure a needs-based range of services for this particular group of people at risk (Schülle, 2017).

Despite a slowly emerging awareness of the problem, it can be assumed that many refugees, migrants and children with disabilities will still be left with limited medical care, temporary, non-barrier-free accommodation and few opportunities for social and cultural participation (Otten et al. 2017: 201).



Civil and welfare organizations are organizing themselves to network, gather information, counsel and support persons with special needs. They create projects, raise funding and work on political (internet) platforms to bring about change. But it still will need a lot of continuous efforts and staying power to provide asylum seeking persons, refugees and migrants, especially those with disabilities, with a needs-based access to health care as well as to the therapeutical, psychosocial, psychiatric and psychotherapeutic services and facilities.

Child welfare should have priority. This thought underlies the Convention on the Rights of the Child as well as the child and youth welfare legislation in Germany. To ensure this fundamental idea and transfer it accordingly into a well-functioning practice for displaced persons with disabilities, needs-based supply and support for them and their families is an order. This is with regard to medical supply, as well as accommodation or social, pedagogical, educational and legal issues, ensuring inclusive participation and well-being in all areas involved.

Professionals and volunteers in the respective fields of refugee law and disability law are challenged to work and bring together the different disciplinary areas in order to have a meaningful impact on the situation for children and youth with disability or medical fragility. Taking on their perspective may contribute to an even broader understanding of flight and migration issues.

## References

- AWO (Arbeiterwohlfahrt). (2022, March 7). *Über Uns*. <https://www.awo.org/ueber-uns>
- BAfF (Bundesweite Arbeitsgemeinschaft der Psychosozialen Zentren für Flüchtlinge und Folteropfer). (2020). *Living in a box. Psychosoziale Folgen des Lebens in Sammelunterkünften für geflüchtete Kinder*. [https://www.baff-zentren.org/wp-content/uploads/2020/05/BAfF\\_Living-in-a-box\\_Kinder-in-Ankerzentren.pdf](https://www.baff-zentren.org/wp-content/uploads/2020/05/BAfF_Living-in-a-box_Kinder-in-Ankerzentren.pdf)
- BAMF (Bundesamt für Migration und Flüchtlinge). (2015). *Leitfaden zur unmittelbaren innerstaatlichen Anwendung der Richtlinie 2013/32/EU des Rates vom 26.06.2013. Referat 410-7406-30/15*. [https://www.fluechtlingsrat-thr.de/sites/fluechtlingsrat/files/pdf/gesetze\\_verordnungen/europa/Lietfaden%20Umsetzung%20Verfahrensrichtlinie.pdf](https://www.fluechtlingsrat-thr.de/sites/fluechtlingsrat/files/pdf/gesetze_verordnungen/europa/Lietfaden%20Umsetzung%20Verfahrensrichtlinie.pdf)
- BAMF (Bundesamt für Migration und Flüchtlinge). (2016) *Das Bundesamt in Zahlen. Asyl, Migration und Integration*. <https://www.bamf.de/SharedDocs/Anlagen/DE/Statistik/BundesamtinZahlen/bundesamt-in-zahlen-2016.pdf?blob=publicationFile&v=16>
- Berlin Global Village, Menschenkind, Lebenshilfe Berlin, & HVD. (2015). *(K)eine Zukunft. Flüchtlingskinder mit Behinderungen. Menschenrechtsverletzungen in Berlin*. [https://www.lebenshilfe-berlin.de/media/docs/Kita/HVD\\_Menschenkind\\_Fluechtlingskinder.pdf](https://www.lebenshilfe-berlin.de/media/docs/Kita/HVD_Menschenkind_Fluechtlingskinder.pdf)
- BMZ (Bundesministerium für Internationale Zusammenarbeit). (2022). *Flucht und Migration. Grundlagen und Begriffe*. <https://www.bmz.de/de/entwicklungspolitik/flucht/fachbegriffe>
- BNS (Berliner Netzwerk für schutzbedürftige Geflüchtete) (2022). *Beratung + Unterstützung für Geflüchtete*. <http://www.bzsl.de/bns.html>
- Caritas (2022) *Cariwas? Caritas!* <https://www.caritas.de/diecaritas/wir-ueber-uns/wofuerwirstehen/cariwas>
- Concern worldwide us. (2019). *Forced migration: 6 causes and examples*. <https://www.concernusa.org/story/forced-migration-causes/>
- Crock, M., Smith-Khan, L., McCallum, R., & Saul, B. (2017). *The legal protection of refugees with disabilities. Forgotten and onvisible?* Edward Elgar Publishing.
- Der Paritätische (2022, March 7) *Gesamtverband*. <https://www.der-paritaetische.de/>
- Diakonie (2022, March 7) *Evangelische Kirche in Deutschland*. <https://www.ekd.de/Diakonie-11055.htm>

- Dialogforum Pflegekinderhilfe. (2019). *Pflegekinder mit Behinderungen. Fachliche Positionen des Dialogforums Pflegekinderhilfe*. Internationale Gesellschaft für erzieherische Hilfen (IGfH). <https://www.mitreden-mitgestalten.de/sites/default/files/downloads/p4a7q8v.pdf>
- DRK (Deutsches Rotes Kreuz) (2022, March 7) *Das sind wir*. <https://www.drk.de/das-drk/selbstdarstellung-des-roten-kreuzes/>
- Familienratgeber.de Migration (2022, January 24) *Migration und Behinderung*. <https://www.familienratgeber.de/beratung-hilfe/weitere-hilfen/migration-behinderung.php>
- Familienratgeber.de. (2022, January 24). *Informationen, Rat & Adressen für Menschen mit Behinderung und deren Angehörige. Flüchtlinge und Behinderung*. <https://www.familienratgeber.de/beratung-hilfe/weitere-hilfen/fluechtlinge-behinderung.php>
- Flüchtlingsrat (2022, February 16). *Medizinische Versorgung*. <https://www.nds-fluerat.org/leitfaden/12-status-fluechtlinge-mit-duldung/medizinische-versorgung/>
- Gag, M. & Weiser, B. (2017) *Leitfaden zur Beratung von Menschen mit einer Behinderung im Kontext von Migration und Flucht*. <https://b-umf.de/src/wp-content/uploads/2018/02/Beratungsleitfaden-Behinderung-im-Kontext-von-Migration-und-Flucht-2017.pdf>
- Gold, A. W., Weis, J., Janho, L., Biddle, L., & Bozorgmehr K. (2021). *Die elektronische Gesundheitskarte für Asylsuchende. Zusammenfassung der wissenschaftlichen Evidenz*. Health Equity Studies & Migration Report Series, 2021-02. <https://doi.org/10.11588/heidok.00030347>
- González Méndez de Vigo, N., Schmidt, F., & Klaus, T. (2020). *Kein Ort für Kinder. Zur Lebenssituation von minderjährigen Geflüchteten in Aufnahmeeinrichtungen*. [https://www.tdh.de/fileadmin/user\\_upload/inhalte/04\\_Was\\_wir\\_tun/Themen/Weitere\\_Themen/Fluechtlingskinder/2020-06\\_terre-des-hommes-AnkerRecherche.pdf](https://www.tdh.de/fileadmin/user_upload/inhalte/04_Was_wir_tun/Themen/Weitere_Themen/Fluechtlingskinder/2020-06_terre-des-hommes-AnkerRecherche.pdf)
- Handicap International Deutschland (2022, March 14) *Herzlich willkommen in der Roadbox*. <https://www.hi-deutschland-projekte.de/crossroads/capacity-building/roadbox/roadbox-uebersicht/>
- HelpAge International, & Handicap International. (2014). *Hidden victims of Syrian crisis. Disabled, injured and older refugees*. <http://www.helpage.org/resources/publications/?ssearch=hidden+victims&adv=0&topic=0&region=0&language=0&type=0>
- Hombach, S. (2015). *Interview. Traurig, aber keine Einzelfälle*. <https://www.igp-magazin.de/traurig-aber-keine-einzelfaelle/>
- InterAktiv. (2022) *Über uns*. <https://www.interaktiv-berlin.de/de/ueber-interaktiv-ey/>
- LAMSA. (2022, February 1) *Landesnetzwerk Migrantenorganisationen in Sachsen-Anhalt*. <https://www.lamsa.de/projekte/projekte-misa-migration-und-inklusion-in-sachsen-anhalt-projektbeschreibung/>
- Lebenshilfe. (2016). *Kinder mit Behinderung und Fluchterfahrung. Eine Praxishilfe für Kindertageseinrichtungen*. Bundesvereinigung Lebenshilfe e.V., Marburg. [https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/2\\_Informieren/BVLH-Flucht-und-Behinderung-Praxishilfe-fuer-KiTas.pdf](https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/2_Informieren/BVLH-Flucht-und-Behinderung-Praxishilfe-fuer-KiTas.pdf)
- Lechner, C. & Huber, A. (2017) *Ankommen nach der Flucht. Die Sicht begleiteter und unbegleiteter junger Geflüchteter auf ihre Lebenslagen in Deutschland*. <https://www.dji.de/veroeffentlichungen/literatursuche/detailansicht/literatur/25854-ankommen-nach-der-flucht.html>
- Lewek, M., & Naber, A. (2017) *Kindheit im Wartezustand. Studie zur Situation von Kindern und Jugendlichen in Flüchtlingsunterkünften in Deutschland*. UNICEF Deutschland. <https://www.unicef.de/blob/137024/ecc6a2cfed1abe041d261b489d2ae6cf/kindheit-im-wartezustand-unicef-fluechtlingskinderstudie-2017-data.pdf>
- MediNetz Magdeburg (2017) *Wer wir sind*. <https://medinetz-magdeburg.de/deutsche/>
- MINA Leben in Vielfalt e. V. (2021) *Projekt Vielfalt Inklusiv*. <https://mina-vielfalt.de/home>
- Ministerium für Arbeit, Soziales, Gesundheit und Gleichstellung des Landes Sachsen-Anhalt (2021). *Integrationskonzept des Landes Sachsen-Anhalt 2020*. [https://integrationsbeauftragte.sachsen-anhalt.de/fileadmin/Bibliothek/AGSA/Integrationsbeauftragte/Integrationskonzept2020\\_gesamt.pdf](https://integrationsbeauftragte.sachsen-anhalt.de/fileadmin/Bibliothek/AGSA/Integrationsbeauftragte/Integrationskonzept2020_gesamt.pdf)

- Oehme, A., & Schröer, W. (2018). Beeinträchtigung und Inklusion. In K. Böllert (Ed.), *Kompendium der Kinder- und Jugendhilfeforschung* (pp. 273-290). Springer VS.
- Otten, M., Farrokhzad, S., & Zuhr, A. (2017). Flucht und Behinderung als Schnittstellenaufgabe der Sozialen Arbeit. *Gemeinsam leben*, 4/2017, 197-206.
- Otten M. (2019) Partizipative Forschung zur Teilhabe von geflüchteten Menschen mit Behinderung. In V. Kломann, N. Frieters-Reermann, M. Genenger-Stricker, & N. Sylla (Eds.), *Forschung im Kontext von Bildung und Migration. Kritische Reflexionen zu Methodik, Denkglogiken und Machtverhältnissen in Forschungsprozessen* (pp. 181-194). Springer VS.
- Paiva Lareiro, P. d. (2019). *Kinder und Jugendliche nach der Flucht. Lebenswelten von geflüchteten Familien in Deutschland*. (BAMF-Kurzanalyse, 5-2019). Bundesamt für Migration und Flüchtlinge (BAMF). Forschungszentrum Migration, Integration und Asyl (FZ). [https://www.ssoar.info/ssoar/bitstream/handle/document/67582/ssoar-2019-paiva\\_lareiro-Kinder\\_und\\_Jugendliche\\_nach\\_der.pdf?sequence=1&isAllowed=y&inkname=ssoar-2019-paiva\\_lareiro-Kinder\\_und\\_Jugendliche\\_nach\\_der.pdf](https://www.ssoar.info/ssoar/bitstream/handle/document/67582/ssoar-2019-paiva_lareiro-Kinder_und_Jugendliche_nach_der.pdf?sequence=1&isAllowed=y&inkname=ssoar-2019-paiva_lareiro-Kinder_und_Jugendliche_nach_der.pdf)
- Peucker, C. (2018). Kinder, Jugendliche und Familien mit Fluchthintergrund. Ausgangslage und Potenziale der Kinder- und Jugendhilfe. In J. Bröse, S. Faas, & B. Stauber (Eds.), *Flucht. Herausforderungen für Soziale Arbeit* (pp. 125-137). Springer VS.
- Scholz, A. (2017). Flüchtlingskinder und ihr Zugang zu Kindertagesbetreuung. Chancen und Herausforderung an der Schnittstelle von Kita und Flüchtlingssozialarbeit. In T. Kunz, & M. Ottersbach (Eds.), *Flucht und Asyl als Herausforderung und Chance der Sozialen Arbeit* (pp. 144-154). Beltz Juventa.
- Schülle, M. (2017) *Gesundheits- und Teilhabeleistungen für asylsuchende Menschen mit Behinderungen. Teil II: praktische Barrieren und Möglichkeiten*. <https://www.reha-recht.de/fachbeitraege/beitrag/artikel/beitrag-d18-2017>
- Schülle, M. (2018). Medizinische Versorgung für Menschen mit Behinderungen, die Leistungen nach dem Asylbewerberleistungsgesetz erhalten. Rechtliche und praktische Barrieren der Barrierefreiheit. In M. Westphal, & G. Wansing (Eds.), *Migration, Flucht und Behinderung. Herausforderungen für Politik, Bildung und psychosoziale Dienste* (pp. 145-165). Springer VS. [https://doi.org/10.1007/978-3-658-15099-0\\_8](https://doi.org/10.1007/978-3-658-15099-0_8)
- UN CRPD. (2015) *Abschließende Bemerkungen über den ersten Staatenbericht Deutschlands*. [https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Weitere\\_Publikationen/CRPD\\_Abschliessende\\_Bemerkungen\\_ueber\\_den\\_ersten\\_Staatenbericht\\_Deutschlands.pdf](https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Weitere_Publikationen/CRPD_Abschliessende_Bemerkungen_ueber_den_ersten_Staatenbericht_Deutschlands.pdf)
- UNHCR. (2022) *Flagship Reports. Forced Displacement in 2020*. <https://www.unhcr.org/flagship-reports/globaltrends/>
- UNHCR Deutschland (2022, January 21). *Asylsuchende*. <https://www.unhcr.org/dach/de/ueber-uns/wem-wir-helfen/asylsuchende>
- UNHCR. (2016). *Vulnerability Screening Tool*. <https://www.unhcr.org/protection/detention/57fe30b14/unhcr-idx-vulnerability-screening-tool-identifying-addressing-vulnerability.html>
- UNICEF. (2016) *Wachsende Probleme für Flüchtlingskinder. Aktueller UNICEF-Lagebericht zur Situation der Flüchtlingskinder in Deutschland*. <https://www.unicef.de/informieren/aktuelles/presse/2016/unicef-bericht-fluechtlingkinder-deutschland/115146>
- UNO Flüchtlingshilfe Deutschland für den UNHCR (2022). *Flüchtlingszahlen*. <https://www.uno-fluechtlingshilfe.de/informieren/fluechtlingzahlen>
- ZWST (Zentralwohlfahrtsstelle der Juden in Deutschland e.V.). (2022, March 17). *We care. Since 1917*. <https://zwst.org/de>

## Other Sources

Upon request, these sources are available from the author:

- Interview Professional 2
- Interview Professional 3
- Interview Professional 4