

National Report

Austria

Work Package (WP) 1	Methodological Framework: Data Collection and Needs Assessment
Content of Document	Austria Final National Report prepared by Chance B

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1. Introduction

The aim of this paper is to give an overview about the situation of migrants with disabilities in Austria and especially the region of Styria, where Chance B is located and where a huge storm of refugees took place during the crisis in 2015. In 2016 Austria had 8 739 806 inhabitants, Styria 1 237 346 and Graz as the capital of Styria 283 089. About 10 000 people live in Gleisdorf where Chance B is based. A geographical overview can be found in Figure 1. Some numbers on migration and disability were listed in Chapter 3.



Figure 1: Overview about the location of Styria and Gleisdorf and the neighbors of Austria

2. Methods

As a methodological approach the following strategies and resources were used:

- Literature review (Books, articles,...)
- Screening the internet (Google,...)
- Local and national newspaper reports (Der Standard, Kleine Zeitung,...)
- Speaking with people who directly work with migrants with disabilities (Caritas)
- Speaking with university experts on the topic of migration and/or disability (Universities of Vienna and Graz)
- Using official documents from the local and national government
 - o Federal Ministry for Internal Affairs (BMI)
 - o Federal Ministry of Labour, Social Affairs, Health and Consumer Protection

In addition, two focus groups with experts and migrants were conducted and an online questionnaire about the current situation was sent to around 15 organisations. The results were summarized in the Chapters 4 and 5.

3. Analysis

3.1. Migration

About migration and integration in Austria

The Austrian integration report lists integration as a comprehensive, long-term process that takes place in all areas of life. The goal is to provide framework conditions for “integration through achievement”, i.e. a system where people are not judged on their origin, language, religion or culture, but solely by what they are willing to contribute to Austria. To achieve this, it is essential to promote, demand and acknowledge merit so that all citizens are able to participate fully in Austrian society.

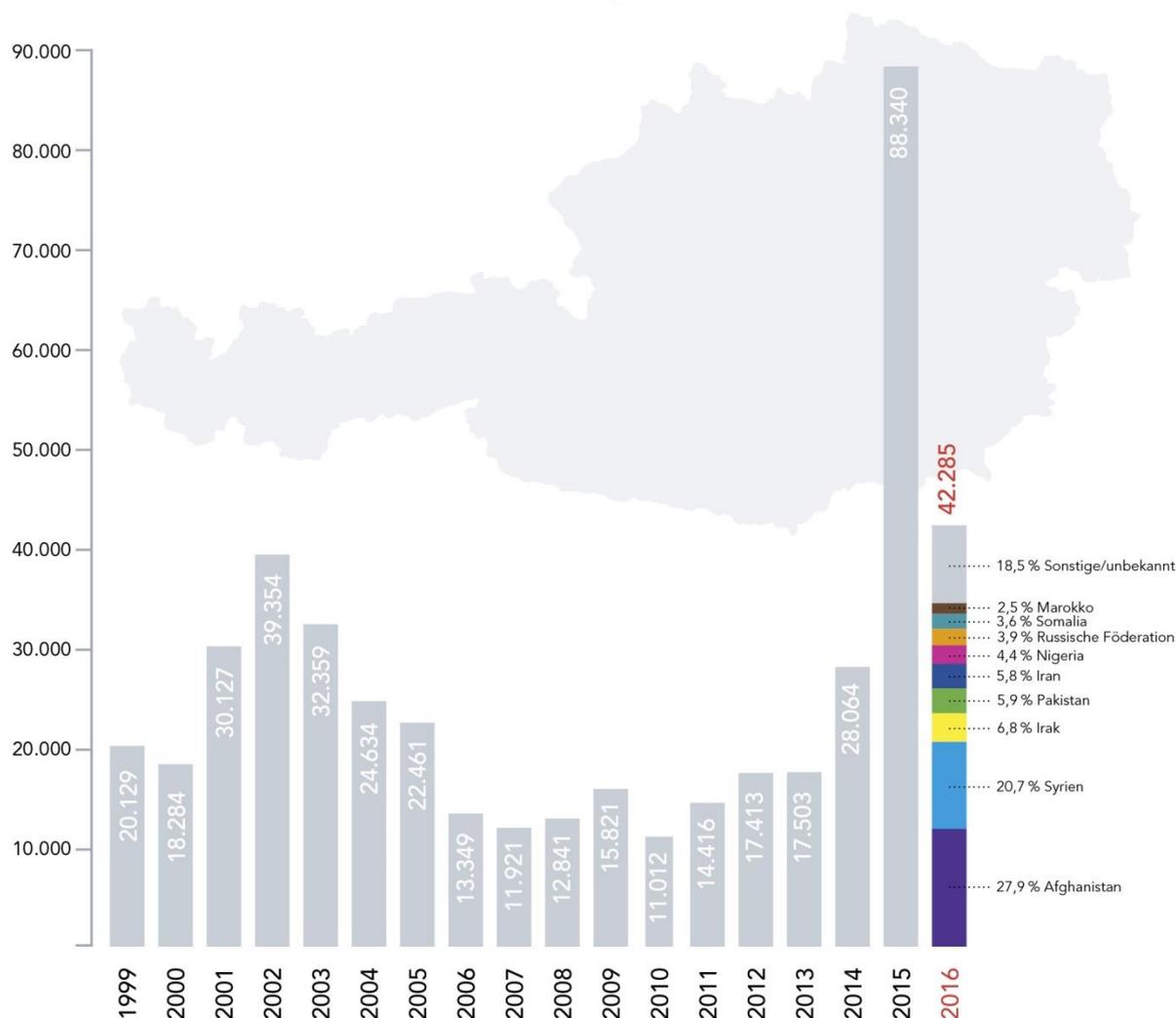
Together with strong partners - for instance the Austrian Integration Fund (ÖIF), the Expert Council for Integration and the Advisory Committee on Integration- important steps in this direction have been taken, which are reflected in the annual Reports on Integration: The adoption of the Austrian Integration Act, the implementation of Values and Orientation Courses, simplified recognition procedures for qualifications acquired abroad through the Recognition and Assessment Act, the promotion of German language-learning in early childhood, the adoption of the Austrian Islam Law, the amendment of the Citizenship Act, to name just a few.

All these integration measures are based on the principle that integration is a reciprocal process that demands efforts from both migrants as well as the majority society. As integration affects all of us, it is a challenge addressed to society as a whole, to ensure our peaceful, shared existence in a society at ease with its diversity.

Actual numbers on migration

Austria recorded an international net-migration gain of 64 676 people in 2016, about 43% less than in the previous year because of the refugee crisis (2015: +113 067). Migration statistics showed an inflow of 174 310 people in 2016 and an outflow of 109 634.

In 2016, 42 285 asylum applications were lodged in Austria, meaning that their number has more than halved in comparison to the year 2015. These figures show in particular the effect of the reintroduction of border controls in March 2016, and the control of valid passports and visas along the Balkan route. Despite the significant decline, the number of asylum applications in 2016 reached the second highest level since 1999 and thus remains above-average (see Figure 2).



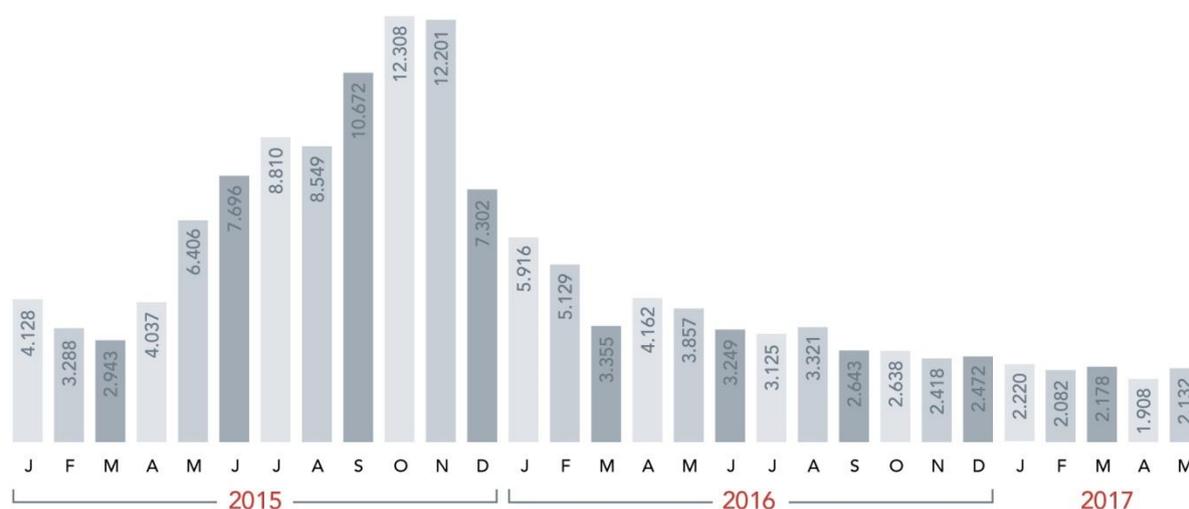
Quelle: BMI (Asylanträge seit 1999; Asylstatistik 2016); eigene Darstellung

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Figure 2: Asylum applications in Austria from 1999 to 2016

In 2016, most of the asylum seekers in Austria came from Afghanistan (11 794), followed by Syria (8 773) and Iraq (2 862). Looking at these main countries over the last seven years, it is clear that Afghanistan, with the exception of the years 2010, 2013 and 2014 (in each case second place), has always been the country of origin with the most applications. Asylum seekers from the Russian Federation were also always in the top rank of the countries of origin in the years 2010 – 2014, until the refugee migration from the Near and Middle East shifted the centre of origin from 2014 onwards and now – besides Afghanistan – Syria and Iraq are in the top 3 of countries of origin of asylum seekers. With regard to the regions of origin of asylum seekers, the differences between Europe as a whole and Austria are becoming more and more evident: In comparison to the average of the EU 28, almost twice as many applications are lodged by Afghans (27.9 % of all applications in Austria from Afghanistan, 14.8 % on average in the EU 28).

Even if a significant drop in the number of asylum applications in Austria took place in 2016 due to the reintroduction of border controls along the Balkan route, the figures are still very high in a European comparison. Austria is still in second place in the per capita rate of asylum applications in Europe (clearly behind Germany, but slightly ahead of Greece). However, taking into account the fact that only 280 000 asylum seekers actually entered Germany in 2016, Austria and Greece were proportionally affected most by the refugee migration in 2016, despite the fact that their total numbers fell. It is also noteworthy that the number of asylum applications in Europe in 2016 has scarcely decreased compared to the record year 2015. Here, too, it is necessary to draw attention to calendar effects between entry and application, especially in connection with the German and Greek application numbers. An overview about asylum applications per month from 2015 to 2017 can be found in Figure 3.



Quelle: BMI (Asylstatistik 2015, 2016, Vorläufige Asylstatistik Mai 2017); eigene Darstellung

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Figure 3: Monthly asylum applications in Austria from 2015 to 2017

Concrete actions

The National Action Plan (NAP) for Integration is supposed to provide a structured platform for nation-wide cooperation of all involved stakeholders for successful integration measures and optimize their implementation. In addition to general guidelines for integration policies, the NAP covers challenges, principles and objectives in the following fields of action in a profound manner: language and education, work and employment, rule of law and values, health and social issues, intercultural dialogue, sports and recreation, as well as living and the regional dimension of integration.

German courses and Values and Orientation Courses as well as advanced courses The Values and Orientation Courses “My life in Austria” address both the fundamental values on which

our coexistence is based, such as freedom of opinion, equal rights and tolerance towards all citizens, as well as important everyday knowledge in all areas of life. In order that central topics of the Values and Orientation Courses can be dealt with in more detail, the ÖIF offers free in-depth courses on key topics (e.g. labour market, women, environment and neighborhood, health). The courses are held with central cooperation partners and are open to all target groups.

The responsible organisation for the labour market is the Public Employment Service Austria (AMS). According to their numbers there are 32 644 refugees and people who are subsidiary entitled to protection jobless. 10,1 % of migrants and refugees who were registered in 2015 had a job in 2016, 26,2 % in 2017. Of those who were registered in 2016 16,8 % had a job or are in a training. Although there is a steady increase in numbers and these actions are very important in the integration process, the budget for work and integration is shortened by the government in 2018.

Having a look at Styria there is the department for asylum issues. Its responsibilities are the implementation of the Styrian law of basic services and therefore housing, health care and social supply for asylum seekers in Styria. It is strongly connected to national and regional policy makers and committees.

3.2. Disability

In August 2017 the third report about people with disabilities was released from the so Federal Ministry of Labour, Social Affairs, Health and Consumer Protection. It covers the development from politics for people with disabilities from 2008 to 2016. According to this report 18,4 % of Austrians have a disability, which are approximately 1,3 million people.

Austria is a prime example in relation to the rights of people with disabilities, they ratified the UN Convention on the Rights of Persons with Disabilities in 2008 and there is also a National action plan with 250 actions sectioned into 8 main topics which take and took place from 2012 to 2020. Styria itself has a regional action plan with three phases. Phase 1 was from 2012 to 2014, phase 2 from 2015 to 2017 and phase 3 is about to start in 2018. With the present Styrian action plan for people with disabilities, Styria is in the first rank of those countries that are following the UN Convention on the Rights of Persons with Disabilities for concrete implementation steps.

The country's Social Department, in collaboration with external professionals and personally affected people, has created a comprehensive program that is a serious challenge to implement. The social department of the state sees itself not only obliged to further co-

ordinate the action plan, but also to take concrete actions in its own area and to control its implementation.

The regulation of services for people with disabilities is in the Law for people with Disabilities (BHG). Styria has ratified this in 2004 with the Styrian BHG. The requirements to get access to services from the BHG like medical, psychological and social support are the following:

- Citizenship of a country which is part of the European Economic Area (EEA)
- Residence permit
- Principal residence

3.3. Migration and Disability

Having a look on the topic migration and disability there are no official data in Austria, only a few initiatives who are trying to support this vulnerable target group. The main provider for services for migrants is the Caritas. They have an exclusive contract with the government of Styria when it comes up to support migrants of any kind. Actually they take care of 6 759 people which is 0,5 % of all the Styrian citizens. From those people 4 490 are male and 2 269 are female foreigners. Graz as the capital of Styria has 2 329, whereas other regions have approximately 10 % of those numbers. For example in Gleisdorf there are actually 63 people, but it is most likely that those people were relocated. From those 63 there are only two with a disability, related to the information given by the responsible staff from the Caritas.

For migrants with disabilities there are special spots in housing in the Caritas accommodations which are called SU-spots. To get such a spot one needs a medical report or diagnosis. Next to people with disabilities, also people with chronic diseases are offered such a spot. For the distribution of these people, the department of asylum in Styria is responsible. The daily rate to cover the costs for hosting a refugee or an asylum seeker is 18 €, having a SU-spot brings up to 40 €.

Although there is more money for the daily life and support, still asylum seekers and refugees are excluded from services of the Styrian BHG (2004) with the criteria mentioned above which they cannot be met. At least children with disabilities are included since January 2018 and they get the same support as local children with a disability.

So far the practical situation in Austria and especially in Styria was described. Furthermore there are a few scientific investigations in the field of migration and disability. At the University of Vienna Michelle Proyer is working in the intersectionality of migration and disability which

is also topic of an article of Köbsell and Pfahl (2015)¹. A good overview about migration and disability can be found in the article of Pisani and Grech (2015)². In an investigation of Trummer and Novak-Zezula (2016)³ access to health services for migrants was discussed. Unfortunately migrants and especially some with disabilities are excluded to main social and health services. This can have an impact on the money spend for those services. They explained that for example for a person with diabetes it can be crucial if not to support this person immediately but only when the situation is severe. Independent from the health status of the person with diabetes, medical treatment costs rise to a maximum. The similar problems will arise if migrants with disabilities do not get proper treatment from the start when entering a safe country. Policy makers actually might not be aware of this specific situation but it will be a problem in the next years.

4. Focus groups

To get more insight into the current situation about refugees and asylum seekers with disabilities in Austria, two focus groups were conducted. The first one was with relevant experts in the field and the second one with asylum seekers with disabilities or their legal representatives. The results of both focus groups are summarised in the next two sub-chapters.

4.1. Focus group with experts

The focus group with relevant experts was held in the middle of April 2018. The following seven people participated in there:

- A leader of the Caritas integration department
- A team leader of the Caritas houses Graz
- A team leader of a Caritas house with SU-spots
- Two university researcher in the cross section of migration and disability
- A representative from Pronegg & Schleich
- A researcher on the topic migration and health care

¹ Köbsell & Pfahl (2015). Behindert, weiblich, migriert – Aspekte mehrdimensionaler Benachteiligung. *AEP Information* 4, 10-14.

² Pisani & Grech (2015). Disability and Forced Migration: Critical Intersectionalities. *Disability and the Global South* 2/1, 421-441.

³ Trummer & Novak-Zezula (2016). Gesundheitsversorgung von Flüchtlingen. *Das österreichische Gesundheitswesen – ÖKZ* 57, 13-14.

All gained experience in the field of migration in combination with disability and/or possible access situations. They are working in the field for several years.

The first topic after a presentation of the project and a round of introduction was about some positive or negative examples. A critical point is that the support from the government for the target group is poor and not sufficient. The experts are afraid that it stays like this for the next years, because of the political situation in Austria and due to the fact that there is no lobby for the target group. However, the interconnectedness between the organizations who are working for migrants or people with disabilities is quite good. The national action plan and NGOs are doing a lot in this direction, the academic research is a bit behind. Still, there are some problems like access to schools or medical treatment. In some cases access is given but the transportation can't be afforded. One situation was mentioned in which kids could go to school but they had to pay food for the afternoon classes which was not affordable by the family. The schools itself are willing to help, but bureaucracy is still a big issue. Taking the offer BEAM which is explained in Chapter 6.3., in which migrant families with disabled kids were enlightened about their rights and possibilities. The Styrian government is not happy about the offer because there are more applications to execute if migrants ask for services for their kids. It produces demand for help and work, so they won't support it.

The second topic was about training and info materials. They all agreed that it is of high importance to give refugees and asylum seekers information about what services they can get access to and which rights someone with a disability has. The rights and obligations someone has in the specific country. To train locals is also an issue, but the problem is that the focus is either on disability or on migration, not on the mixed case we have in this project. Moreover and mostly in all cases there is a lack of resources, especially financial.

Info materials are not used that much, only one person reported about having those. In this organisation, open exchange meetings are held regularly. In the other cases they are fighting with other issues. Mostly, they had no training in the specific field because of being overstrained by the migrant crisis in 2015. Everyone was fighting and supportive staff was very welcomed, now it's going more in the direction to use qualified staff. In the beginning of the crisis there were so many people and the Caritas and other organisations needed everyone to help, now there is a shift to quality staff because the normal support is not sufficient. This problem is on the agenda and there will be a working group to the context of disability.

There are a few practices from the government, that's why all participants were thankful about the project. Still they are aware of a few initiatives which were discussed:

- Migrant kids with disabilities have access to health and social care services only since 2018, before it was not possible which lead to drastic problems in the supply of kids with disabilities.

- There are two interesting EU projects in the field of migration: 1) ION E-PHR: It is an assessment instrument including medical checks in which everyone who is registered gets a personal health record like a vaccination record in Austria. They made a feasibility study and came to the point that it is a lot of work to implement (both political and practical). Project partners of the pilot implementation phase were in Slovenia, Italy and Greece. 2) Assessment tool checklist for migrants, which was also based on health parameters.
- Course for deaf migrants with migration background from the Austrian Umbrella organisation of the Austrian Disability Associations. And a second project where a migrant with disability gets a ticket and with this ticket access to services.
- Language courses for migrants with disabilities (see Chapter 6.3.)

At the end the topic was about trained staff, which is desperately needed. Staff is needed who has experience in working with people with disabilities. Once it is very important to be aware of the background of the kids and especially to work with and train the parents. In many of the asylum centers there are no experts, just ordinary staff. One positive example was mentioned where a staff worker made a course in sign language to communicate with deaf people and used his ability also in the work with refugees. Another organisation had an internship from a disability education school and this was very fruitful for all other staff members. An important issue is also how different cultures see disability, which is totally different in several regions and countries. Many communities are 30 years back (e.g. kids with disabilities are hidden). Sometimes there is a discrepancy if you offer someone help but in fact they don't want any. And last but not least, language is a problem and the complexity of the applications, more support would definitely be needed.

The exchange was very important for the experts, because there are just a few in the field of migration and disability and therefore they found it really fruitful.

4.2. Focus group with migrants with disabilities

We conducted a focus group with migrants with disabilities in the beginning of May 2018 in an accommodation house for asylum seekers in Graz, Austria. In total there were seven participants, five migrants and two professional interpreters. The asylum seekers coming from Afghanistan and Armenia had either physical impairment and were forced to use a wheelchair or they were speaking for their children who have intellectual and/or combined forms of disability.

All mentioned that they had no support on their way to Austria. They said that it was very tough, difficult and painful. One asylum seeker reported that she fled with three kids of which two were disabled, on every arm one and nobody helped her. Not all participants have been

aware that they were in Austria, some have heard that it is possible to seek for asylum there and so they tried to reach Austria.

The access to medical service is possible, but there are barriers to this access. For example some doctors only take appointments when the professional interpreter accompanies the migrant. Furthermore it is not easy to get the therapies and treatments which are needed. Some report that they have access and they are happy about it. It revealed that it is depended on the kids, if they are smart or not, speaking the language – it is very individually and arbitrary if the doctors help or not.

Access to school is given, but some schools are far away and family members have to bring the kids every day because of having a wheelchair. Unfortunately, there is no proper transport service which they could afford.

Information about Austria and the situation they get via value and orientation courses, but no information about the rights of a person with disability. A strong support system is the community from their home country and the advisor from the Caritas which are speaking their mother tongue. All the participating migrants were interested to learn more about their situation either as a migrant as well as someone with a disability. A problem is at the initial meeting in which migrants are forced to sign a paper quite fast, but the text is not well translated and contains some wrong information. Questions of the refugees are coming later in the process, first they are relieved that they are safe and nothing can happen.

The integration of migrants with disabilities is quite good. There are some festivities in the region, as well from the Catholic Church and also from a Muslim one. The asylum seekers are going there and are also participating by bringing food, decoration or other stuff. German courses are as well important, some of them could already speak a little bit like presenting their self and giving information about age and family situation.

At the end they were asked what else they would need to feel more comfortable in Austria. All agreed that the official status and connected with that all the access possibilities a compared local citizen would get (for example continuous therapy) would be the most important thing. Other mentioned things were possibilities for recreation activities like walking in the park etc. The transportation to a park or other recreational areas is a problem. Still, the kids have tickets for public transport but these are only valid for the route to school and on school days. On other days when the family could make an excursion, they have to pay for the tickets which they can't afford. There is also no car from the caritas. Another point would be proper wheelchairs and other support materials for the kids. One really important which was discussed at the end and also shown to us was accessibility. There is an elevator in the building which is already good, but the sanitary facilities are so small and tiny and it is nearly impossible to proper wash or shower the kids or him/herself.

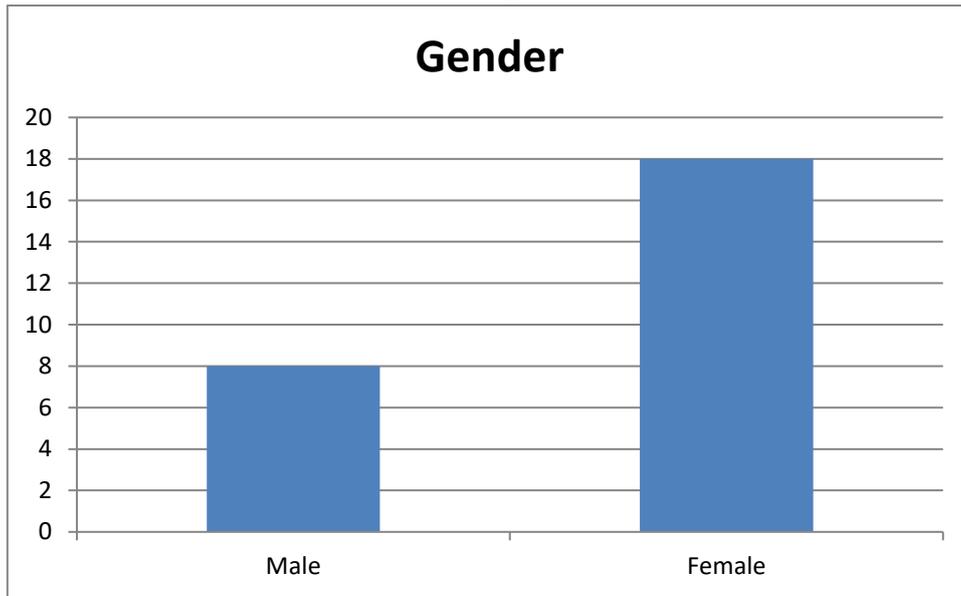
All the participants were really thankful for the meeting and interested in the project and at the end they thanked us and the country Austria. See the following group picture, which was made at the end of the focus group session.



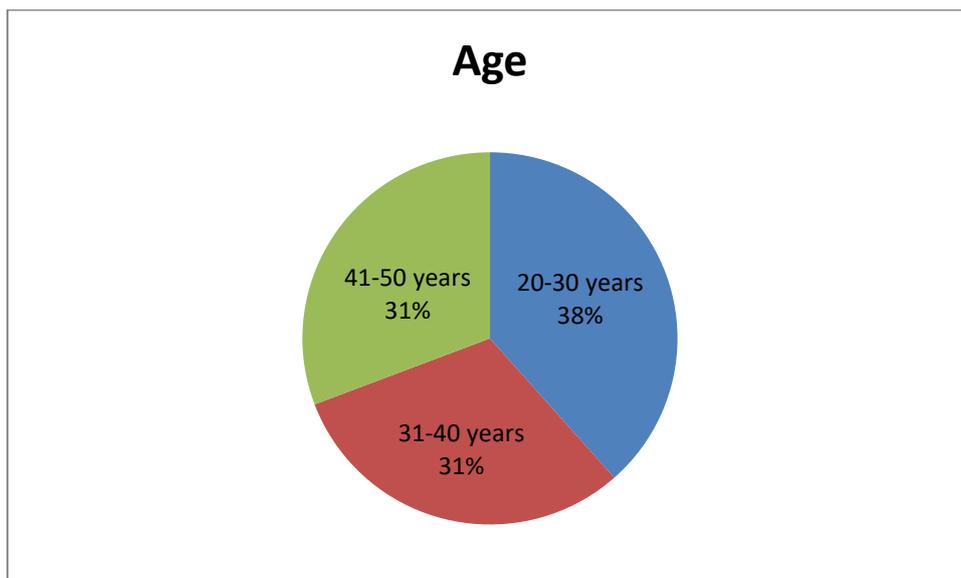
5. Online-Questionnaire

Above the focus groups, an online questionnaire was conducted to get more information about the current situation on the topic of migration and disability. This questionnaire was distributed to the four countries Austria, Finland, Italy and Greece. From Austria, 26 participants took part in this survey. The following charts give an overview about the responses to each question. The whole questions of this questionnaire can be found in the APPENDIX.

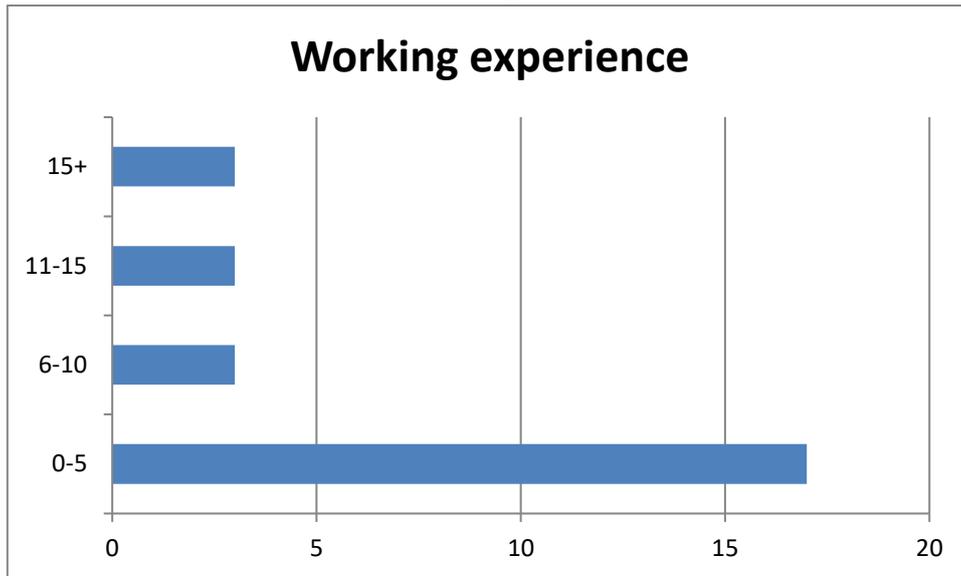
Out of the 26 people who completed the survey in Austria, there were 8 male and 18 female experts from the field of migration and disability.



Their age distribution can be seen in the following chart.



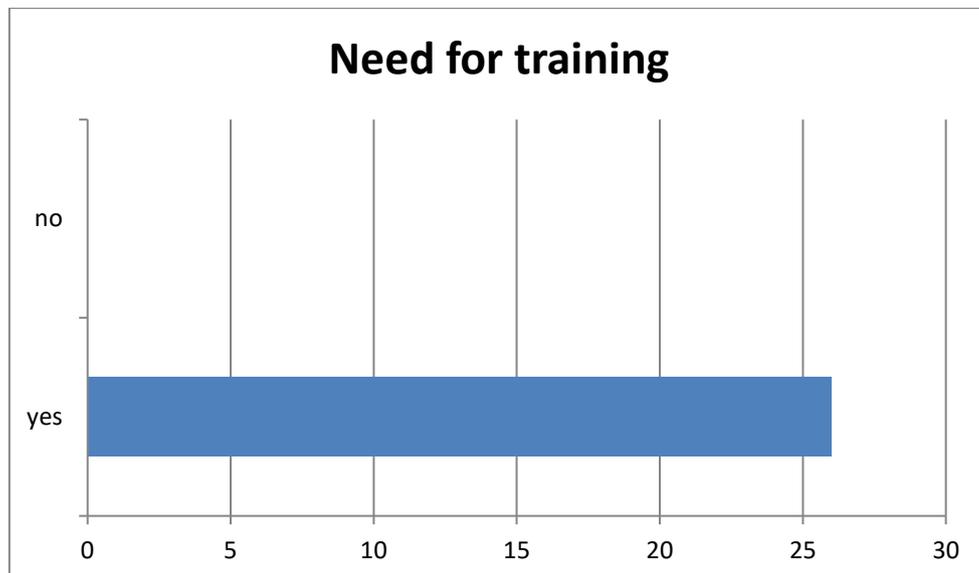
The working experience in the field of migration and disability were mostly up to five years. Some of them had worked for more years in the field, with a few who had more than 15 years of experience.



Asked about some already existing initiatives, they mentioned a few like the following:

- Special concept houses and initiatives for migrants with disabilities like Diakonie AmberMed, “Sozialmedizinische Beratung”, Equalizent or UKI
- Initiatives which provide psychotherapy like ESRA or Hemayat
- Integrational projects in schools
- Individual initiatives

All of the participants agreed, that there is need for training adult educators in disability and integration issues.



Training subjects were the following:

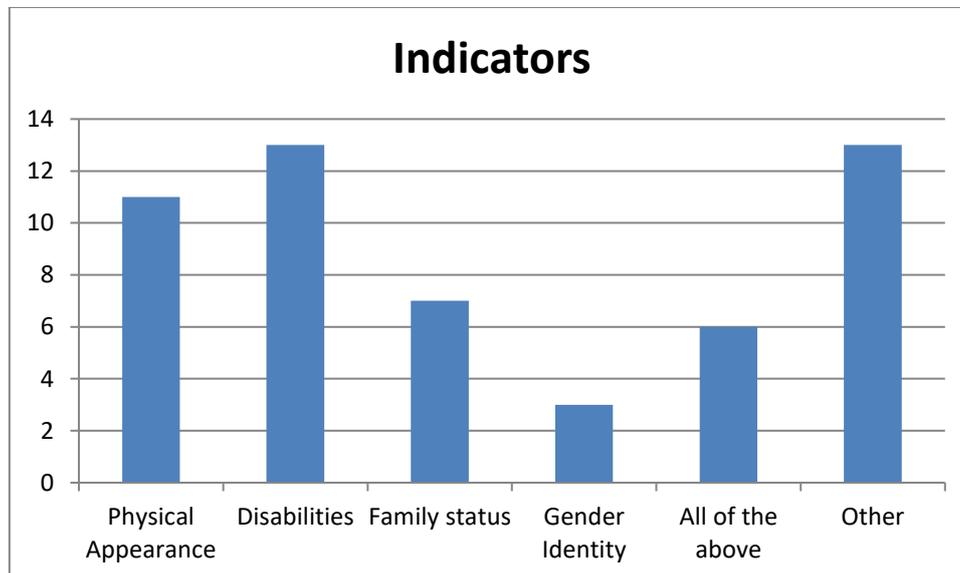
- Basic education for the support of people with disabilities
- Basic education in asylum law

- Education in social education, social work, psychology or something similar
- Information about which access to which services, welfare system is possible
- Needs assessment and proper "handling" of migrants with disabilities
- Diversity training
- Intercultural communication

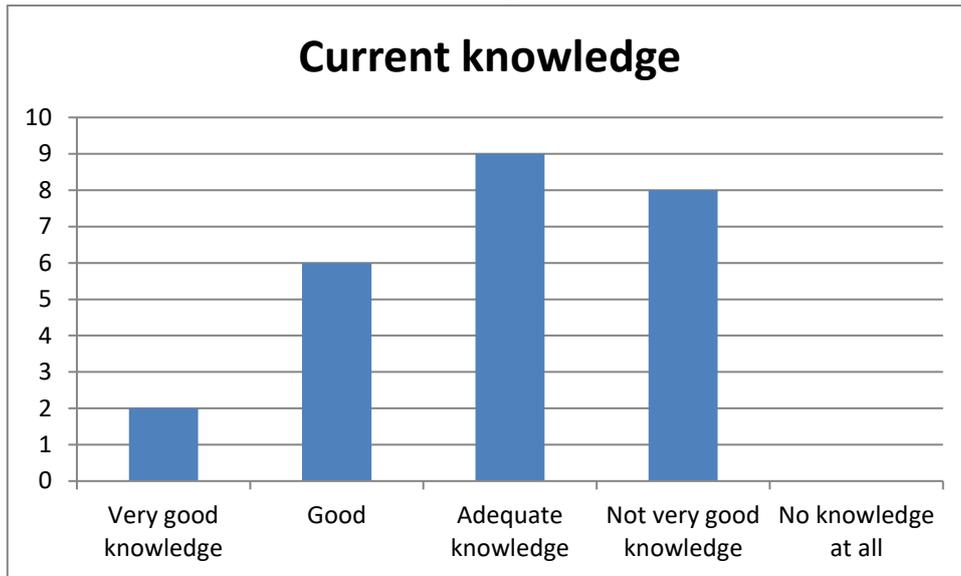
In one question the topic of assessing and supporting migrants with disabilities more efficiently was asked. Mostly all agreed on the four following important topics:

- More resources
- Better education
- Accessible camps and accommodation
- More information and advanced training for the workers in the field

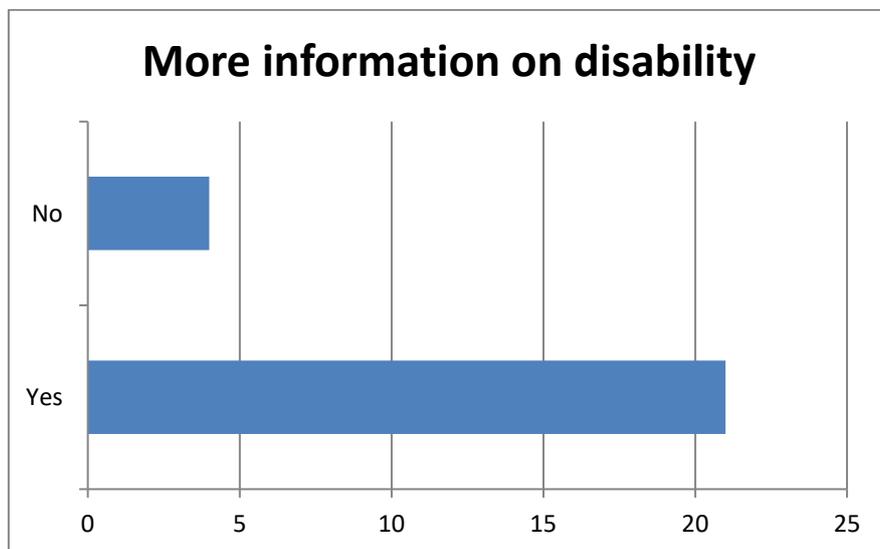
Another question was asked about which possible indicators would be helpful to assess migrants with disabilities (more options could be ticked). Other was referring to an examination tool or simply interview the migrants with disabilities and very often mentioned was a disability awareness of the people who are working with migrants with disabilities.



Asked about their current knowledge about assessing and identifying migrants with disabilities, one can say that they have average knowledge on that. Only a few have very good knowledge, most of them score in the middle.



Out of the 26 participants, 21 reported that they need more information on migrants with disabilities' needs. Only four mentioned that they don't need more, one was not answering.

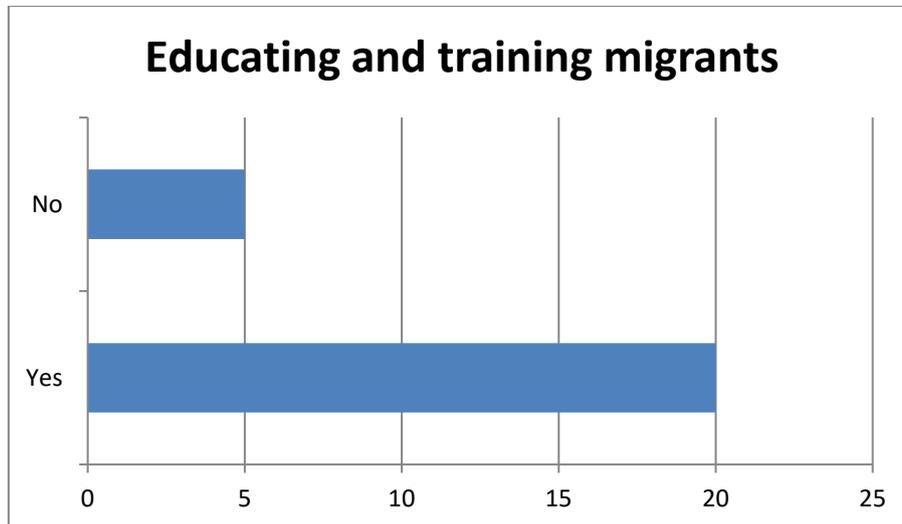


For those who answered with yes, they were asked about which aspects they would need more information. Summarised the following aspects were mentioned:

- Every aspect!!!
- More information on the forms of disabilities and how to handle them
- More information about the rights migrants with disabilities have (available services, legal framework...)

- More information about organizations who are working with people with disabilities and how to connect with them

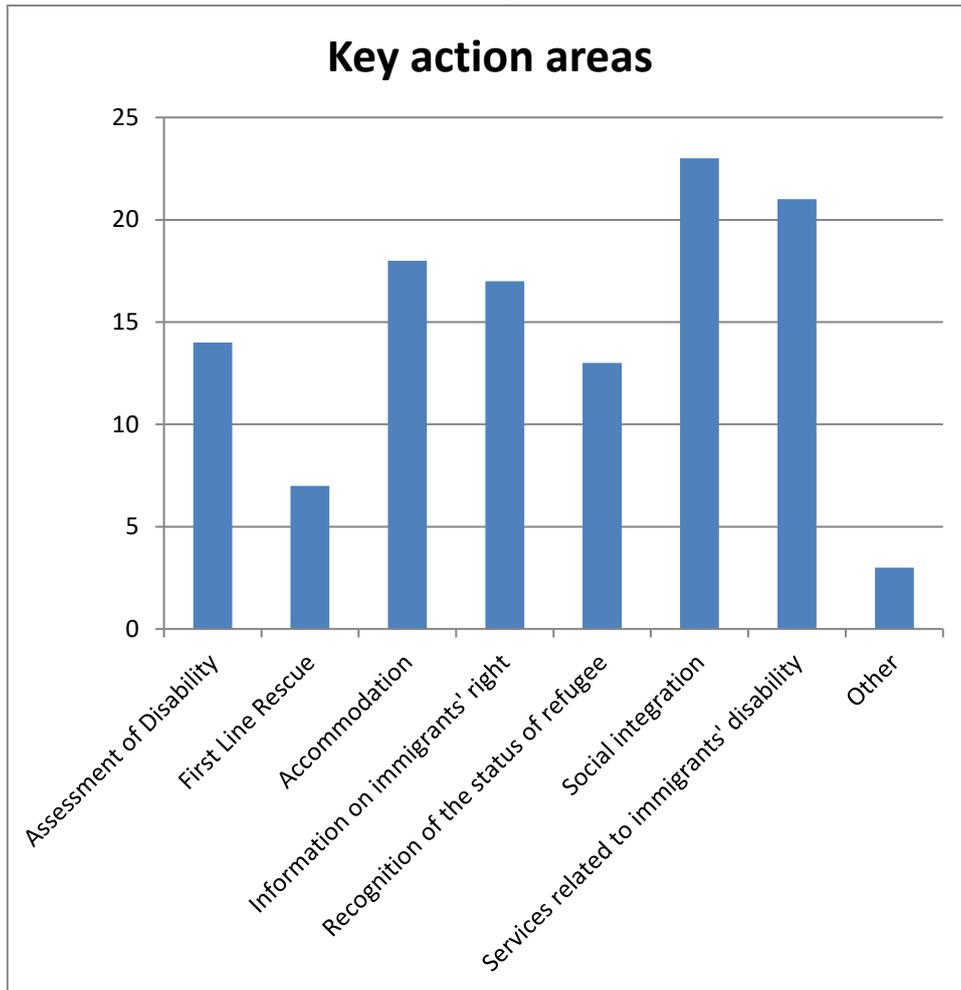
Asked about the need of educating and training migrants at the recipient-countries, 20 out of 26 agreed that it is necessary, 5 disagreed and one answer was missing.



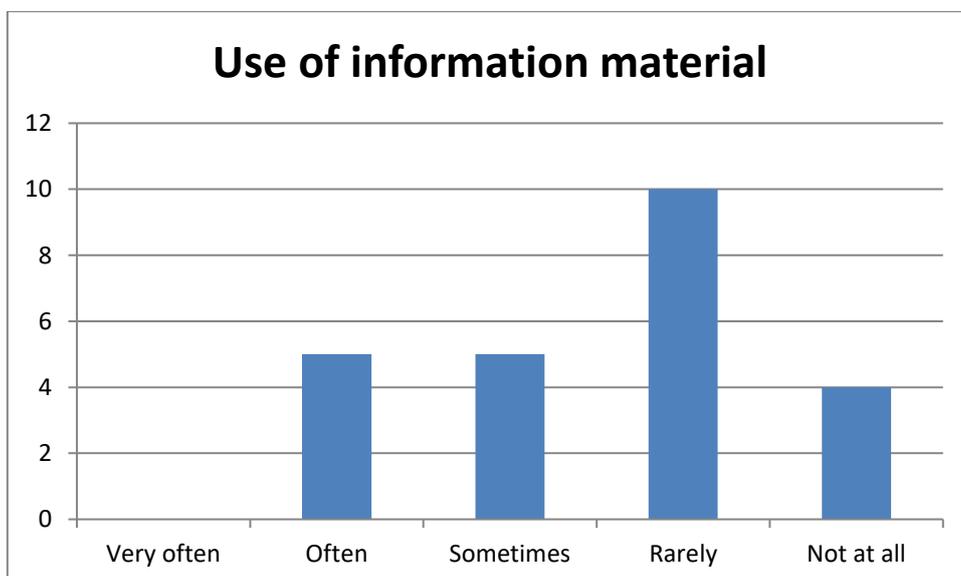
Asked about reasons why there is a need for training, the following answers were given:

- Empowerment
- Awareness raising
- Integration
- Rights according to the UN Convention of People with Disabilities

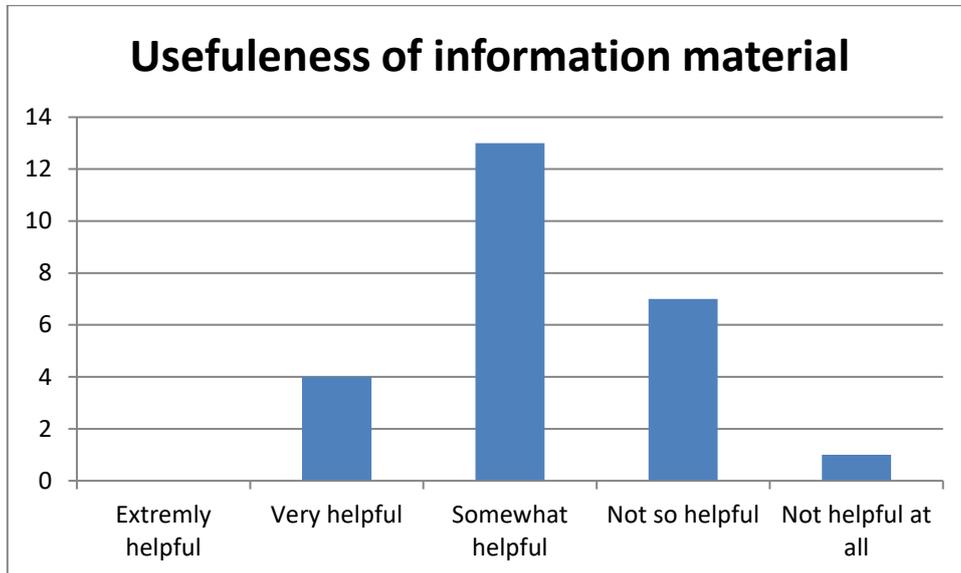
The next topic was about the key action areas of assistance for migrants with disabilities. The most answers were according to social integration and services related to the migrants' disability.



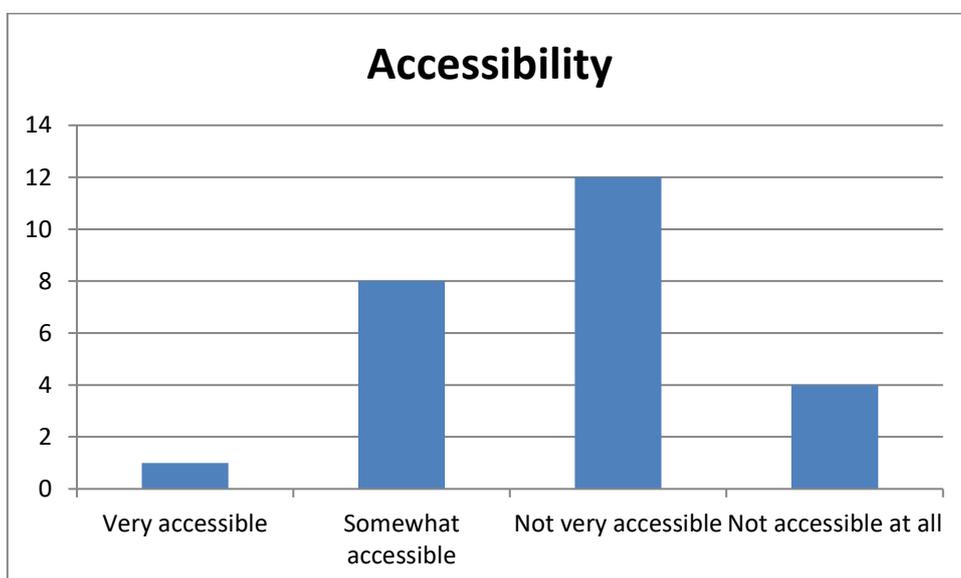
Asked about how often they use any kind of information material for migrants with disabilities regarding their rights or obligations, most of them said that they use something rarely.



This is also in line with the answers of the following question about the usefulness of information material. Taken the answers of these two questions together, one can assume that there is hardly any information material present in their daily working life.



This very little information material is described a little bit, but mostly not very accessible.



At the end, participants were asked to mention good practices that they consider to be important in the field of migration and disability. Good practices were the following:

- More direct contact
- Being empathetic and supportive
- Repeat and regularly listen to the needs of the people

- Open houses
- Cooperation among organisations in the field

The last question was about the needs assessment tool and what they think has to be included in such a tool. They answered as follows:

- A clear definition on disability
- An overview about organisations working in the field
- Short and clear instructions for the daily work with the target group
- Necessary steps to get the same rights as a local with disabilities

6. Reference projects

As mentioned above there are some initiatives for migrants with disabilities as the following three:

- Intercultural psychotherapy from ZEBRA
- House St. Gabriel from Caritas
- BEAM from Pronegg & Schleich

6.1. Intercultural psychotherapy from ZEBRA

ZEBRA is a NGO, which was founded in Graz in 1986. They offer counselling and support concerning the topic of migration. Their service is confidential and free of cost, psychotherapy is covered by the state insurance system. Counselling is carried out by counsellors who speak the mother tongue or with the help of professional interpreters. This especially is an offer for people, who have been forced to flee their home countries, who have been severely traumatised due to torture, war, persecution and flight and need psychotherapeutic treatment in their mother tongue.

Their offer consists of:

- First clarifying meetings
- Psychotherapy focusing on trauma therapy
- Accompanying body therapy
- Medical-psychiatric counselling
- Accompanying social work



The treatment is carried out with the help of specially trained interpreters. ZEBRA supports people, who have experienced terrible suffering, in order to learn to how to live with the

consequences. To sum up this is a very good and important offer especially for migrants with a mental disability. Although this is a great offer, the daily life of the implementation is very challenging since it is not so easy to support all the people who would need this special treatment. Speaking with representatives from care services for migrants, they stressed that there are not enough spots and there is a waiting list for at least one year. This is very crucial and goes in line with other findings. Especially when thinking of the high numbers of post traumatic stress disorders (PTSD), which is estimated by around 50 % according to another therapeutic centrum in lower Austria called Jefira. In a report of the German psychotherapist organisation, they list that 40 to 50 % suffer from PTSD and around half from depression symptoms. These two diseases are often linked and can be predominant at the same time.

Caritas

6.2. House St. Gabriel from Caritas

As mentioned above Caritas is the main service provider for migrants, refugees and asylum seekers in Styria. They have several offers for the whole processes new arrived people go through and they support them in all phases of life. On special offer they have is the house St. Gabriel which is a house in which they host asylum seekers with high demand of care.

For more than 20 years this house existed in Styria but they had to close it because the support from the government not sufficient to cover all the costs for quality of care. Still, in Maria Enzersdorf, a town in lower Austria, one house exists. According to their webpage, 140 people are located there right now, 50 of them have strong mental or physical disabilities. Through to structure and a broad therapeutic offer, they try to get a daily routine of these vulnerable people.

6.3. BEAM from Pronegg & Schleich

Pronegg & Schleich is a service provider mainly for people of all ages with disabilities. The aim of the project BEAM is to support migrants and their children with disabilities and mental retardations. Their offer consists of three phases. The first phase is a personal consultation face to face or on the phone. In this early phase of the professional company they try to help finding support systems and guide parents of a disabled kid through the process with legal authorities. In phase 2 they offer trainings and guidance of multipliers to facilitate access to communities and to provide information in the cultural sphere. Phase 3 consists of so called mummy discussion, which are information sessions with trained peers in families at home.

Furthermore there is accompanying like public relations and target group adequate preparation of information. And last but not least a sensitization for the topic disability and migration and a direct support in the communities.



Connected to this special project Pronegg & Schleich also offers German language courses for people with disabilities. Compared to ordinary language courses the speed and contents are adapted to meet the needs of migrants with a disability.

7. Recommendations

The situation for migrants in Austria is quite challenging these days. Especially when keeping in mind that Austria has a (far) right wing government which would like to get rid of all the refugees and asylum seekers. Furthermore the atmosphere in the society about fled people shifted. In 2015 the welcome culture was strong and important, nowadays many people are annoyed of migrants and the help they should get. This is especially a problem when thinking of migrants with disabilities which is a very vulnerable and often stigmatised group.

Nevertheless there are local and national organisations like the Caritas which are doing a really good job under those tough conditions. They are doing their best to help migrants with disabilities although the support from the government is very poor. They are also well connected in the regions and if someone needs something, they try to arrange additional resources to help. Both from the focus groups and the online questionnaire, the demands that service providers for people with disabilities take migrants with disabilities and not only locals with disabilities were mentioned. Right now the situation is like this that migrant organisations treat also the ones with disabilities, but do not have that experience and resources which other service providers from the disability field have. Information material is also very rare and would be helpful, moreover it should be accessible.

Therefore the need for a sensitization on the topic and help from a higher political European level would be very important for those people in Austria. Keeping the numbers of asylum seekers in Europe from chapter 3 in mind, our neighbours Germany have the most fled and located people beginning during the refugee crisis in 2015. It might help to analyse the situation there and screen for possible projects on the topic migration and disability.

8. References

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Reference Projects

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Access to services for Migrants with Disabilities

Caritas: <https://www.caritas-wien.at/hilfe-angebote/asyl-integration/wohnen/wohnhaeuser/haus-st-gabriel/>

Pronegg & Schleich: <http://www.soziale-dienste.at/angebote/projekte-bildung/beam/>

APPENDIX

Online-Questionnaire for experts in the field of migration and disability

1. Gender
2. Age
3. Years of Working experience in the migration field
4. Country of Residence
5. Current job position
6. List some initiatives, policies, programmes which exist in your country about the integration of migrants with disabilities. Please indicate if they have been successful or not by providing examples. (If you are not aware, please provide NA for answer here)
7. Do you think there is a need for training adult educators in disability and integration issues?
8. If yes, please list 3 training subjects (If no, please provide NA for answer here)
9. What kind of tools would you need for assessing and supporting migrants with disabilities better/more efficiently?
10. Based on your current knowledge and experience, which indicators would you think they will help you identify and assess migrants with disabilities? (you can select more than one answer)
11. To what degree would you rate your current knowledge of identifying and assessing migrants with disabilities?
12. Would you feel that you would need more information on migrants with disabilities' needs?
13. If yes, in what aspects?
14. Which would you consider as the key action areas of assistance for migrants with disabilities?
15. Do you think there is a need for educating and training migrants with disabilities when arriving at the recipient-country?
16. If yes, please list up to 3 reasons why is there a need for training (If no, please provide NA for answer here)
17. In your job, how often do you use any kind of informational material for migrants with disabilities (regarding their rights, obligations etc.)?
18. How useful do you find the informational material for addressing migrants' needs?
19. To what extent this material is accessible to the migrants with disabilities (printed and/or online material)?



Access to services for Migrants with Disabilities

20. Can you list some good practices that you consider important in the field of migrant with disabilities?
21. What would you suggest that needs to be included in such a needs assessment tool that will help you identifying and working migrants with disabilities in your practice?