

National Report

Greece

Work Package (WP) 1	Methodological Framework: Data Collection and Needs Assessment
Content of Document	Greece Final National Report prepared by NCDP (ESAmA) and PRAKSIS



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1. Aim of the document

The present document aims at analyzing information collected through desk research from local Greek authorities, national and international reports from NGOs and other documents, providing data from key stakeholders operating on the field of disability and migration. The ultimate goal of this national report along with an online survey and questionnaires dedicated to disability, is to contribute in the development of a Disability- Specific Needs Assessment Tool (NAT) which will help NGOs, DPOs, LAs and EU Agencies to address the specific and urgent needs of migrants and refugees with disabilities and respond to them effectively.

2. Methodology and resources that were used for the development of this document

This document was prepared based mainly on the below sources:

a. Literature review

Personal experiences, literature review, on -line articles, national reports and reports produced in the framework of a UNHCR funded project implemented by the National Confederation of Disabled People (NCDP) during the second half of 2017. The respective project was entitled: "Planning together: Empowering refugees with disabilities" and it continues throughout 2018.

2.2 Responses from the on line survey of the project AMiD that focused on professionals working with refugees and migrants with disabilities.

The survey was conducted on-line throughout the national territory of Greece and collected data based on the field experiences and hands-on knowledge of professionals working on the humanitarian field dealing with refugees with disabilities. An on-line questionnaire both in English and in Greek language was developed, to address professionals. The aim was to receive as much information as possible concerning the current situation in Greece and the needs of professionals working with migrants and refugees with disabilities.

Most of the participants chose to recruit participants using personal contacts and other contacts from key stakeholders operating on the field. PRAKSIS and NCDP forwarded the questionnaire to professionals from other national and International NGOs, Representatives from Local authorities

and front line field workers. PRAKSIS and NCDP proceeded with the online distribution of the questionnaire and the results were analyzed. The tool that we used for these goals was the Survey Monkey, which reduced the complexity of technical aspects. Regarding the data analysis, PRAKSIS and NCDP received the responses for CARDET and synthesized the main findings.

In some cases, there were considerable difficulties in accessing respondents due to the workload and the emergencies on the field. In the end, thirty-four (34) professionals responded to the online survey.

2.3 Main outcomes from the questionnaires dedicated to disability both with experts and refugees with disabilities.

Initially the suggested method of collection of quantitative and qualitative data were the focus groups, but due to specific limitations PRAKSIS and NCDP decided to proceed with one to one interviews in order to gather the appropriate data for the project. These limitations are due to the fact that professionals working on the field of migration, were hard to approach and gather in a common place and time, as most of them are working in emergency settings and their availability is limited.

We adjusted the questions given by CARDET in an interview format and we created Questionnaires which we distributed to professionals working with migrants and refugees either on the field or in accommodation facilities schemes in the urban environment. The recruitment for the participation to the questionnaire was based on their experience on this field as well as their availability to participate. The questionnaires were followed by a consent form which declares the protection of anonymity and confidentiality.

For each of the questionnaires, we aimed at addressing the issue in the best possible way in order to engage the participants to share their experience and their concerns regarding refugees and migrants with disabilities, the gaps in the national system and their training needs for enhancing their knowledge and personal skills.

3 Gap Analysis

3.1 Migration and disability in Greece (data on migrants, refugees and asylum-seekers)

In Greece currently, there are over 60,000 refugees and migrants, facing multiple protection risks. As of the 14th of June 2018, there are 16.937 people on the Greek islands. More specifically, there are 9.332 people on Lesbos Island, 1.775 people on Chios Island, 3.546 on Samos Island, 1.009 on Leros, 1.136 on Kos and 139 people on other Islands¹. Among them some of the most the vulnerable ones, pregnant women, single parent families, unaccompanied children, elderly people, people with specific needs, people with chronic diseases, VoT, SGBV survivors and victims of trafficking. The number of vulnerable people residing in the Reception and Identification Centers across Greece is hard to be ignored, taking into consideration the precarious conditions they are residing inside and outside of the Reception and Identification Centers across Greece.

With regards to the total number of migrants, refugees and asylum-seekers with disabilities in Greece, unfortunately there is no reliable national data. These people still represent an invisible group of individuals. Apart from the challenge to survive the journey, refugees and asylum seekers with disabilities encounter several barriers while being hosted in the hot spots and other accommodation centers in the country. One of the major concerns is the lack of information on their legal rights, international protection and challenges in safe access to legal, and psychosocial services, as well as Water Sanitation and Hygiene (WASH) facilities². These people face lack of accessibility to assistance related to their disability, lack of access to medical care and insufficient access to assistive technology which could make communication and mobility easier. Women, children, unaccompanied minors and older persons with disabilities face an even higher risk of being discriminated or excluded from receiving appropriate support.

In addition to the abovementioned, fieldwork experience shows that People with Specific Needs are very often under-registered and maltreated regarding their medical and social needs in the reception and identification centers³. Another fact is that the registered number of people with

¹<http://mindigital.gr/index.php/%CF%80%CF%81%CE%BF%CF%83%CF%86%CF%85%CE%B3%CE%B9%CE%BA%CF%8C-%CE%B6%CE%AE%CF%84%CE%B7%CE%BC%CE%B1-refugee-crisis/2374-national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-14-06-2018>

²<http://mindigital.gr/index.php/%CF%80%CF%81%CE%BF%CF%83%CF%86%CF%85%CE%B3%CE%B9%CE%BA%CF%8C-%CE%B6%CE%AE%CF%84%CE%B7%CE%BC%CE%B1-refugee-crisis/2374-national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-14-06-2018>

³ NCDP (2017): "Implementation of training seminars on disability & chronic diseases issues", 2017, produced under the UNHCR funded Project "Planning together: Empowering refugees with disabilities". Athens: December, 2018

specific needs residing in the RICs is far greater than the actual number. Also, in reception facilities the available spaces with proper accommodation facilities (accessibility, spacious facilities), are not enough to accommodate the total of people with special needs. This lack of proper accommodation along with the long delays in the transfer procedures of people with specific needs out of these precarious conditions of Reception and Identification centers, creates the feeling of insecurity and fear to everyone. Moreover, it is obvious that gaps do exist in both identification and referral procedures, especially in high-risk cases such as people with disabilities and multiple chronic diseases. Also, difficulties in identifying people with specific needs at heightened risk and ensuring that they receive adequate support persist, due to the lack of actors operating on the field. Addressing such issues is challenging and constantly evolving especially in a non-protective environment.

3.2 The concept of integration, discrimination and rights of refugees and asylum seekers in Greece

People arriving in Greece are struggling to balance their lives in this new environment. Since 2015, the reception conditions have dramatically changed and people are aware about the risks they might face in the reception country⁴. The transit condition of their stay in the Reception and Identifications Center, their stay in the islands and in the mainland, affects both their psychological and mental health.

In order for the administrative procedures to be completed in the islands, newly arrived people might stay on Reception and Identification Centers for months even for a year, until the geographical restriction is lifted. Usually, this is not the case when people are identified as vulnerable under the Greek law of the operation of Reception and Identification Service (RIS) where people identified as vulnerable are issued with a lift to geographical restriction either for medical reasons or for humanitarian. Reception and Identification Centers are obliged to provide special medical and psychosocial support to vulnerable people. However, due to the overcrowded conditions and the lack of proper identification people with specific needs might remain maltreated and neglected during their stay in the RICs. Even when they are transferred to the

⁴ NCDP (2017): "Implementation of training seminars on disability & chronic diseases issues", 2017, produced under the UNHCR funded Project "Planning together: Empowering refugees with disabilities". Athens: December, 2018

mainland, the lack of a supportive network and the limited access to services makes their integration rather difficult.

The integration of refugees and asylum-seekers with disabilities, in the urban environment is extremely difficult since these people are facing discrimination. The fact that they are non-locals, they leave under a temporary residence status (refugee or asylum seeking status) and at the same time they are persons with disabilities contributes to increase the risk factors. Any attempts and measures that exist on the integration of refugees and asylum seekers with disabilities, are very limited, sporadic, and temporary and they are not based on a nationally-defined strategy or policy. Therefore, it is not easy to trace them and what is more to record them.

With regards to the rights of refugees and asylum seekers with disabilities, those who are recognized refugees meaning that they have been granted the asylum status, theoretically they have same rights with Greek citizens with disabilities, and therefore they can have access to all disability allowances and other services addressed to persons with disabilities⁵. Disability allowances of recognized refugees depend on the type and percentage of disability and this also applies to Greek citizens with chronic diseases and/or disability. On the other hand, asylum seekers have the same rights with Greek persons with disabilities only if they are assessed as severely disabled people and are granted with a minimum percentage of 67% disability and over.

In Greece, a new Law was passed in 2018. Law 4540/2018 *on the transposition into the Greek legislation of the provisions of Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 on the requirements for the reception of the applicants of international protection.....*". This Law defines as "applicants with special reception needs" the vulnerable persons that are in need of special guarantees in order to benefit from the rights and comply with the obligations provided for in the Directive 2013/33/EU⁶. Persons with disabilities are included in the vulnerable groups. In accordance with the provisions of Law 4540, the special reception conditions should be applied for vulnerable groups immediately after an application for international protection is made. The special needs of the applicants, must be taken into

⁵ NCDP, (2017) "Implementation of consultation meetings with refugees and asylum seekers with disabilities, chronic diseases and their families", 2017, produced under the UNHCR funded Project "Planning together: Empowering refugees with disabilities". Athens: December 2018.

⁶ Presidential Decree 220/ 2007 on the transposition into the Greek legislation of Council Directive 2003/9/EC from January 27, 2003 laying down minimum standards for the reception of asylum seekers (Official Gazette volume A 251/13.11.2007)

consideration even if they become apparent at a later stage in the asylum procedure. The support provided to applicants with special reception needs must take into account their special reception needs throughout the duration of the asylum procedure; their situation must be also appropriately monitored. Only vulnerable persons may be considered to have special reception needs and thus benefit from specific support.

Despite the positive provisions of Law 4540⁷, it should be stressed out that in previous presidential decree (PD 220/2007) that has transposed the Reception Directive into the Greek legislation, it was explicitly stated that a disability allowance is provided to asylum seekers, if their accommodation in Accommodation Centers is not feasible. Due to the fact that in Law 4540/2018 there is no such specific reference to the disability allowances, asylum seekers might face discrimination.

In general, most of the refugees and asylum seekers with disabilities are not aware of their rights as persons with disabilities (e.g. disability certification procedure, allowances, etc.) and therefore they cannot claim them. Therefore, the vast majority of refugees and asylum seekers with disabilities have fears and concerns about their future in relation to their social and professional integration in the country.

3.3 Refugees and Asylum Seekers' needs and problems in Greece

Reception and Identification Centers, as well as Open accommodation Facilities (camps), do not provide the support that refugees and asylum seekers need in relation to their disability. For adults and children with severe disabilities it is very difficult to go through asylum interviews in person and therefore they should be excluded from this procedure. For example, in Lesbos and Samos RICs, wheelchair users cannot have access to the asylum office due to the poor infrastructures.

The healthcare system in Greece does not meet the specific health and medical needs of refugees and asylum seekers with disabilities (e.g. accessibility issues, hospitals cannot provide appropriate

⁷ Law No 4540/2018 on the transposition into the Greek legislation of the provisions of Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 on the requirements for the reception of the applicants of international protection (recast, L 180/96/29.6.2013 and other provisions (Official Gazette A' 91/22.5.2018).

treatments or undertake surgeries, there are big delays in appointments with doctors, etc.)⁸. At the same time, both the Greek state and NGOs cannot cover medication (e.g. insulin) and assistive equipment (e.g. wheelchair, crutches) that is necessary for some types of disabilities and/or chronic diseases. Therefore, a number of refugees and asylum seekers with disabilities prefer to leave from Greece and move to other EU countries considering that these countries provide better social welfare services.

Registration and identification centers, Asylum services, Accommodation facilities (e.g. apartments or shelters for minors) are not accessible to persons with physical and sensory disabilities. Refugees and asylum seekers who are wheelchair users, if there are any proper accommodation facilities, they are being transferred to apartments and hotels either in the islands or in the mainland, where the accessibility criteria do not apply most of the times. Several accessibility problems also exist in the camp and even in places where accommodation is accessible, the surrounding area may be not.

Refugees and asylum seekers living in apartments sometimes are not provided with the necessary psychological and social support. There are persons with disabilities that live alone in the country or their family cannot support them, and they have no assistance to cope with their disability. The appointed social workers follow up their cases in a weekly basis, but due to the urgent needs these people have, this might not be sufficient. Also, when placed in apartments the social workers support them with the necessary referrals to cover their medical and psychological needs.

Sometimes, parents of children with disabilities do not have the appropriate support to manage their children's needs and they have no access to services where personalized child support can be provided (e.g. special schools, centers for special therapies such as speech and language therapy, center with creative activities, etc.). In addition, Centers for Diagnosing Special Educational Needs (KEDDY) cannot respond to the assessment needs of refugee children with disabilities due to the workload and the lack of diagnostic tools adapted to the cultural background of the refugees. Therefore, the integration of refugee children with disabilities in proper educational structures is indeed a very demanding process. However, there are cases in which the social workers responsible for the families having children with disabilities follow up the case in

⁸ NCDP, (2017) "Implementation of consultation meetings with refugees and asylum seekers with disabilities, chronic diseases and their families", 2017, produced under the UNHCR funded Project "Planning together: Empowering refugees with disabilities". Athens: December 2018.

the best possible way and eventually they cover all their needs. In PRAKSIS apartments there were such cases, where despite the time consuming processes and the long bureaucratic procedures, the social workers managed to interconnect people with disabilities with the appropriate services both in the National Health System and in Social Welfare system.

Families with children or adults with severe disabilities, do not have the necessary support to relieve them from the burden of care of their family member that has the disability and allow them to deal with issues of their daily life (e.g. there are cases of people unable to visit doctors or go to the Asylum Service because they have no one to leave with the family member that needs care)⁹. No personal assistant or caregiver is provided to refugees and asylum seekers with disabilities who cannot look after themselves and do not have a supportive family environment or their family environment cannot meet their needs (e.g. elderly parent).

Many refugees and asylum seekers with disabilities are very disappointed with the lack of opportunities to learn the Greek language or take other courses that would either improve their daily life or facilitate their integration in the Greek society and the labor market. For example, refugees and asylum seekers with sensory disabilities are not provided with training in mobility and orientation skills or training in sign language. The vast majority also does not know if there are any vocational training programs they could benefit from, or if there are any occupational rehabilitation possibilities.

Refugees and asylum seekers with disabilities are not always identified and registered as vulnerable cases in a timely manner during their entry into the country. Bigger problems arise with the identification of persons with "invisible disabilities" (e.g. sensory disabilities, chronic diseases). This affects the proper and timely coverage of their needs, primarily in the field of housing, healthcare and psychosocial support.

There are no specialized protocols for the registration of refugees and asylum seekers with disabilities, apart from the vulnerability criteria described generally in the Greek law of the operation of the Reception and Identification Centers, and they do not follow up the person during transfers to urban environment within the country. That is why most of the persons feel disappointed by the fact that during their transportation from place to place they are requested

⁹ NCDP funded Project with support of UNHCR "*Planning together: Empowering refugees with disabilities*", Athens, December 2018

to repeat again the same information, respond to the same questions and declare again and again their needs and desires to staff of different organizations.

There is no official individual plan to follow a person with a disability and/or chronic disease that would cover health and disability issues, needs and pre-conditions for any movement and accommodation within the country, as well as provisions for general services and programs that would ensure full social and professional integration.

Staff and stakeholders involved in the refugee crisis in Greece are lacking the information about the appropriate structures and services that exist for persons with disabilities, as well as information about the rights of refugees and asylum seekers with disabilities in Greece (e.g. right for disability allowance). Although most of the staff working with refugees and asylum seekers on the field are social scientists - social workers, psychologists, sociologists and other professionals - they have no or little knowledge about disability and, above all, they do not know how to approach and communicate with a person with a disability and how to respond to their specific needs (e.g. accessibility needs). There is also a lack of information about public support services addressed to persons with disabilities for even the general population. For example, they are not aware of the Community Centers or the Disability Certification Centers (KEPA), etc.

3.4 Reference to relevant national projects or pre-existing initiatives

The majority of the projects implemented in Greece, providing support to refugees and migrants provide also services to people with special needs without having though a specific axis to disability. The only project focused on refugees and asylum seekers with disabilities in Greece was a project implemented in the second half of 2017 by NCDP The project titled: “Planning together: Empowering refugees with disabilities” was a unique project funded by UNHCR and had the following objectives: a) to identify and record the specific problems faced by refugees and asylum seekers with disabilities, as well as by their families, b) to contribute to the empowerment of these groups and enable them to claim effectively for their rights and c) to cooperate with competent authorities and entities for responding effectively to the specific protection and support needs of these groups. The main activities of the project were the following:

- 1) Holding of Consultation Meetings with refugees and asylum seekers with disabilities, chronic diseases and their families, with the aim to identify and record their needs and formulate

proposals to better address such needs. An important outcome from the Consultations was the establishment by NCDP of an Advisory Committee composed by refugees and asylum seekers with different types of disabilities, as well as parents of children with disabilities. The purpose of this Committee, which is still active, is to provide advice to NCDP for the development of strategies, policies and activities that will contribute to the more effective management of problems faced by refugees and asylum seekers with disabilities, chronic diseases and their families.

- 2) Another important activity of the project was the implementation of Training Seminars addressed to staff of UNHCR, NGOs active in the provision of services to refugees and asylum seekers, as well as staff of public reception, identification and hosting services for refugees and asylum seekers. The purpose of these seminars was to train the participants on issues related to disability and the needs arising from it depending on each type.
- 3) The third activity of the program refers to the operation of an Office and telephone service staffed with social scientists and two interpreters (one Arabic and one Farsi) that provided specialized information and guidance on disability issues to organizations working with refugees and asylum seekers. The office provided information also to refugees and asylum seekers with disabilities who called NCDP for information and support.

In the framework of the cooperation between NCDP and UNHCR, the project **“Planning together: Empowering refugees with disabilities”** continued with funding again from UNHCR after January 2018 with similar activities.

4. Main findings from the On-Line Survey

As a key component of this report was the on- line survey, mapping the current situation on the topic of migration and disability. This survey was distributed to four countries Austria, Finland, Italy and Greece. From Greece, thirty four (34) professionals participate in this survey. The following charts give an overview about the responses to each question.

Out of the 34 people who completed the survey in Greece, there were 9 male, 24 female and 1 N/A experts from the field of migration and disability.

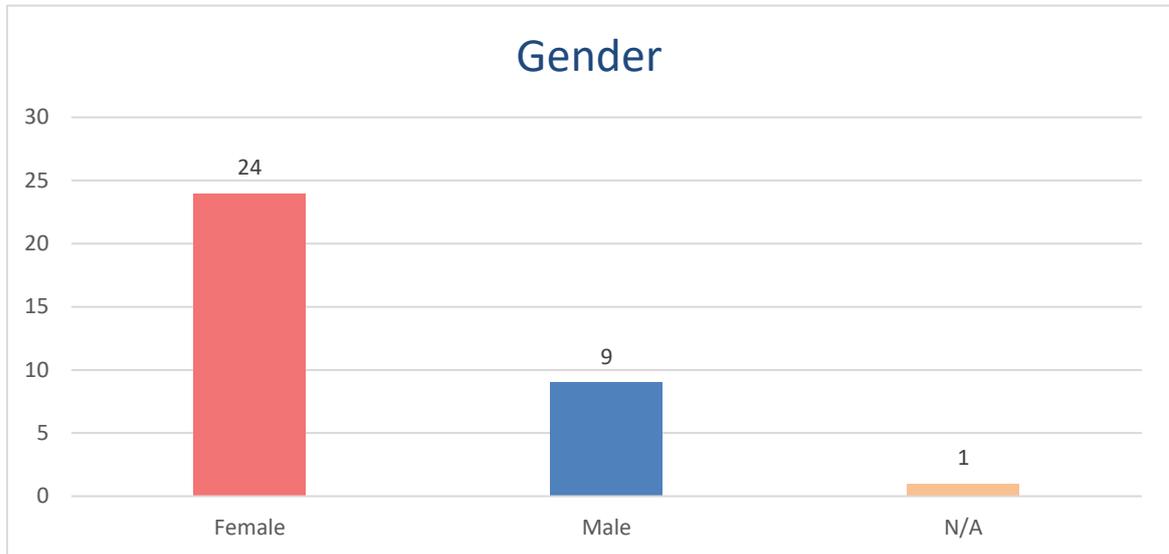


Figure 1. Gender

Their age distribution can be seen in the following chart

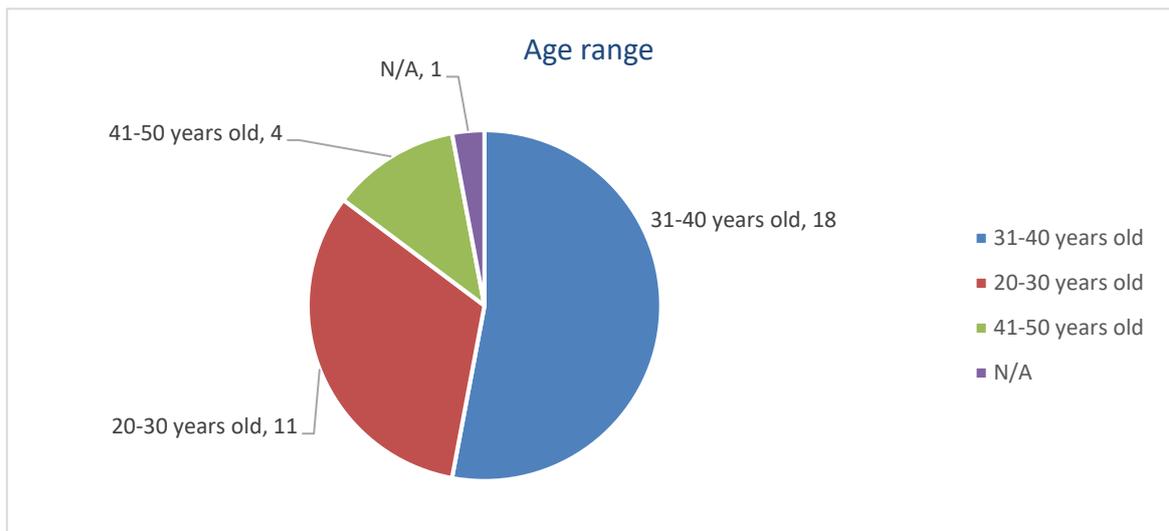


Figure 2. Age Range

The majority of the participants have a working experience in the field of migration and disability up to five years. Two of them had worked for 6-10 years in the field, one (1) had 11-15 years of experience and finally one (1) who had more than 15 years of experience.



Figure 3. Years of Working Experience

All of the participants in the on-line survey consider that there is a need to educate adult educators on disability and integration issues. Training topics recorded by the participants are the following:

- Rights of persons with disabilities.
- Access to information and services for persons with disabilities.
- Approach and assessment of disability.
- Social welfare structures.
- Types of Disability and Identification.
- Educational needs.
- Psychological support.
- Sensitization.
- Language skills-Access to school-Differential Diagnosis & Children support.
- Understanding the term of disability.
- Ways of approaching and training persons with disabilities.
- Tools for assessing skills and potential of migrants with disabilities for supporting labor integration.

Proposed tools for better and more effective assessment of needs and provision of support to disabled migrants:

- PSS tool adapted to persons with disabilities.

- Terminology.
- Vulnerability criteria or Criteria for assessing disability.
- Personalized tools (depending on disability) based on the linguistic and psychosocial background of the migrant.
- Mapping of services.
- Access to Centers for assessing educational needs.
- Interpretation services.
- Frequent education with targeted knowledge depending on the type of disability.
- Common reference on the possibilities for social integration in the hosting country.
- Common platform with information on integration possibilities.
- Detailed description and knowledge of the services provided by NGOs.



Figure 4. Needs for Training in Disability Issues

The following question shows which potential indicators would be helpful to assess migrants with disabilities.

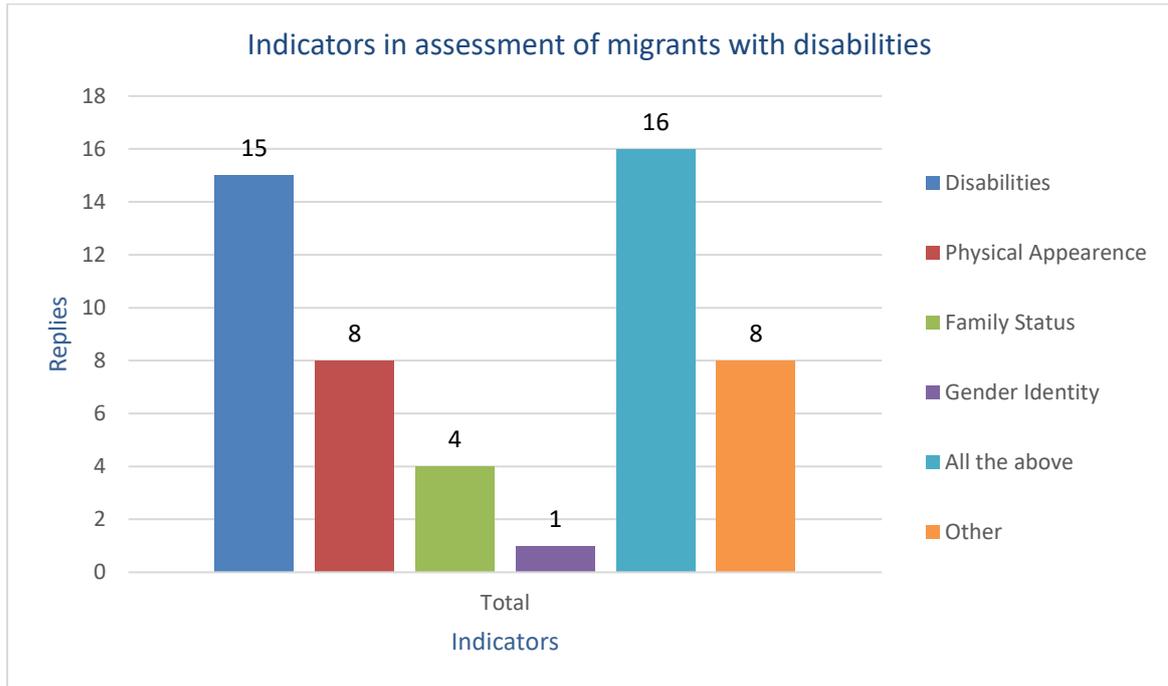


Figure 5. Indicators that would help to the location and assessment of migrants with disabilities

Regarding the current knowledge professionals have in assessing and identifying migrants with disabilities, the majority replied that they have fair knowledge on that. Only a few claimed to have very good knowledge, and one of them replied that he had very good knowledge.

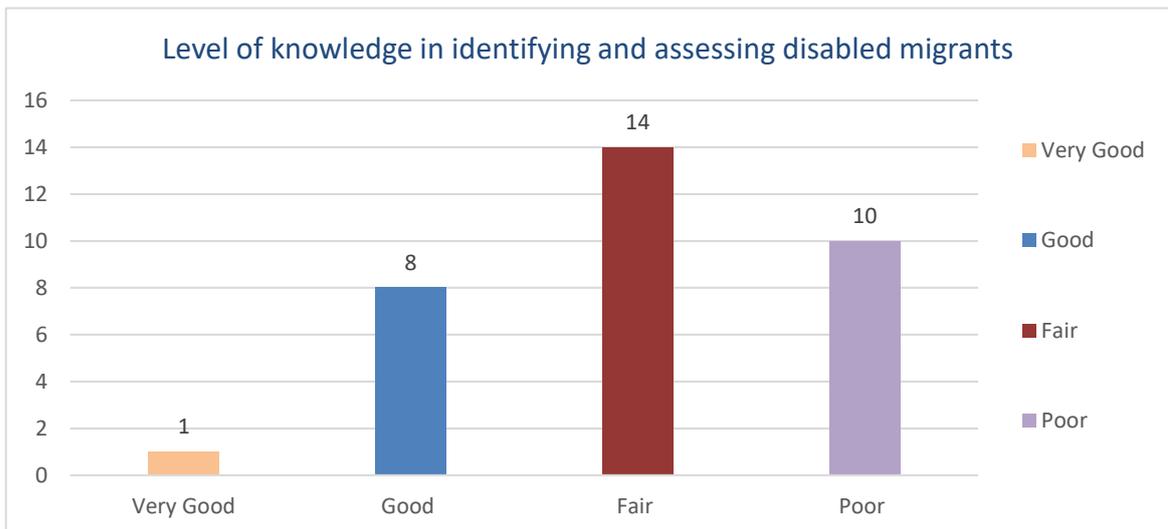


Figure. 6 Level of knowledge in identifying and assessing disabled migrants

Out of the 34 participants, 28 reported that they need more information on migrants with disabilities' needs. Only five (5) mentioned that they don't need more information.

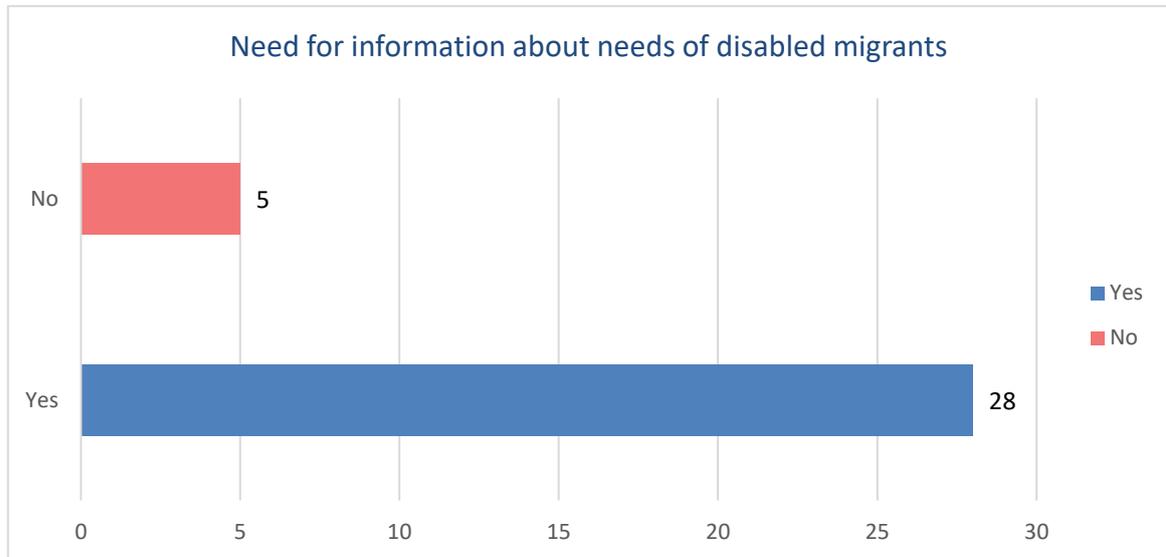


Figure 7. Need for more information about needs of disabled migrants

Areas for more information as recorded in the on-line survey are the following:

- Knowledge about welfare services in the country of origin
- Interpretation
- In all areas of life. Different culture is a barrier even in the provision of support

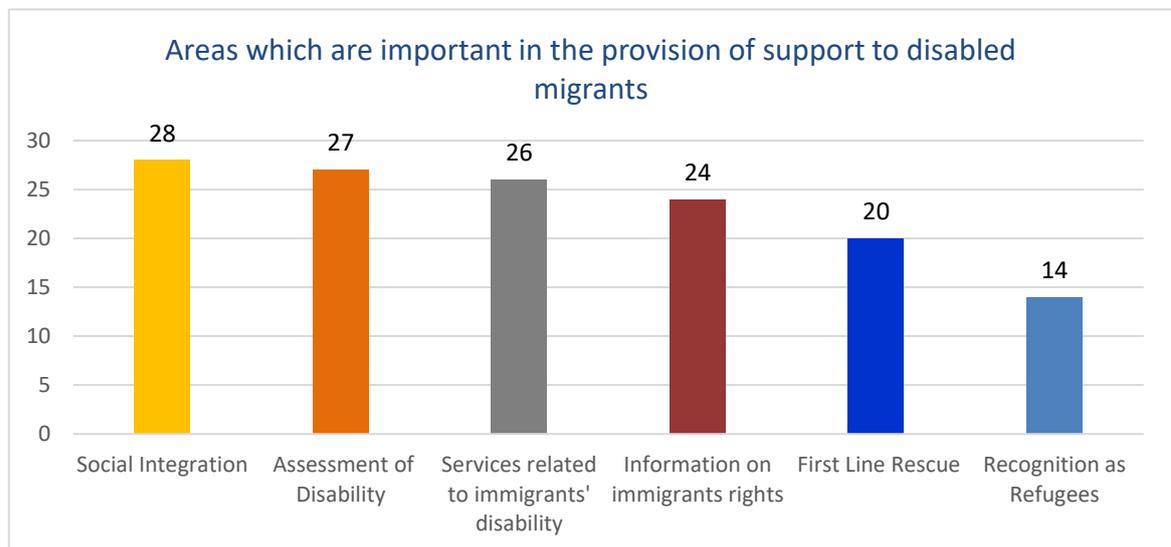


Figure 8. Areas which are important in the provision of support to disabled migrants

To the question whether there is need to educate migrants with disabilities when they arrive in the hosting country, the majority of the participants responded positively and declared the following reasons:

- It facilitates their access to appropriate services and the requested support. Moreover, knowing their rights helps them claim their rights. A proper mapping of provided services can alleviate their anxiety for the unknown
- Ensuring the right to equal treatment
- Migrants would know where to address themselves depending on the type of need, e.g. hospitals, health centers, disability organizations, social welfare service, etc.
- Migrants would become more efficient for themselves and their families. They would live with dignity fighting for their rights.
- Migrants should know where to address themselves and they should also know how the Greek state works.
- Need for knowledge about their rights and obligations
- Need for knowledge on available programs and ways of integration

Five (5) of the responders seems to believe that there is no need in educating and training migrants with disabilities at the recipient country.

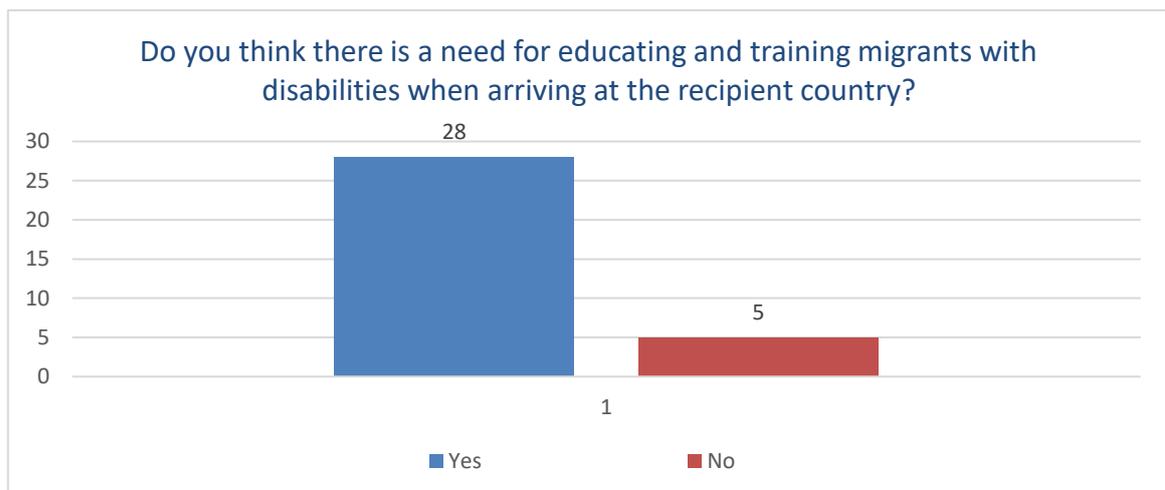


Figure 9. Do you think there is a need for educating and training migrants with disabilities when arriving at the recipient country?

The participants were also 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 rarely they use something.

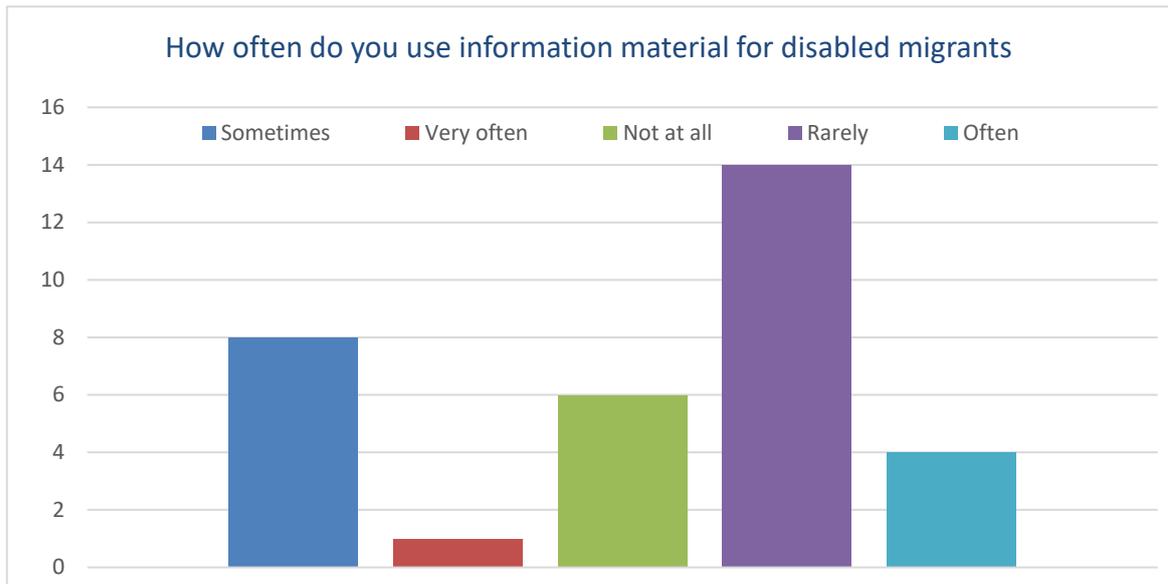


Figure 10. How often the participants in the survey use information material for disabled migrants the responses were the following.

This is also in line with the answers of the following question about the usefulness of information material.

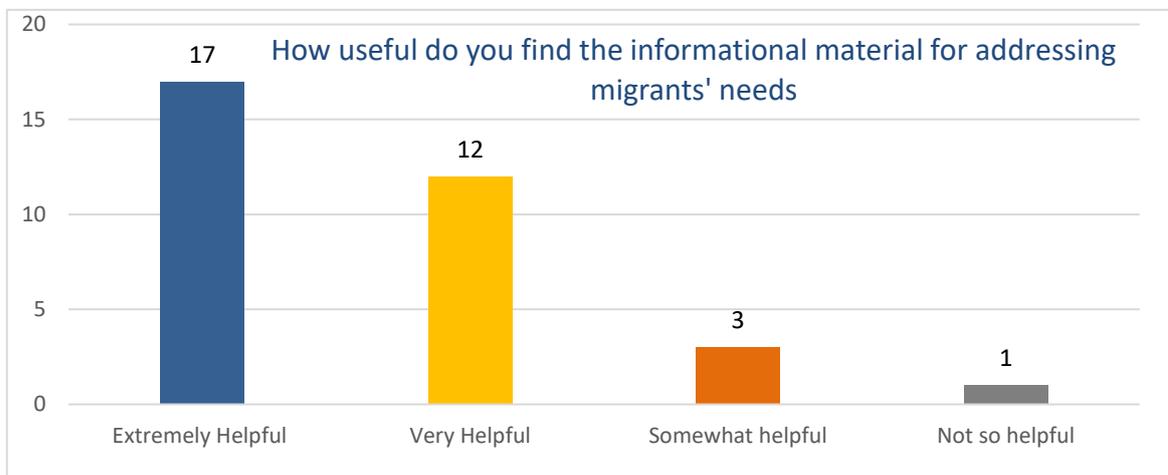


Figure 11. How useful do you find the informational material for addressing migrants' needs

And it seems that the majority of the participants claimed that this information material is not very accessible or not accessible at all.

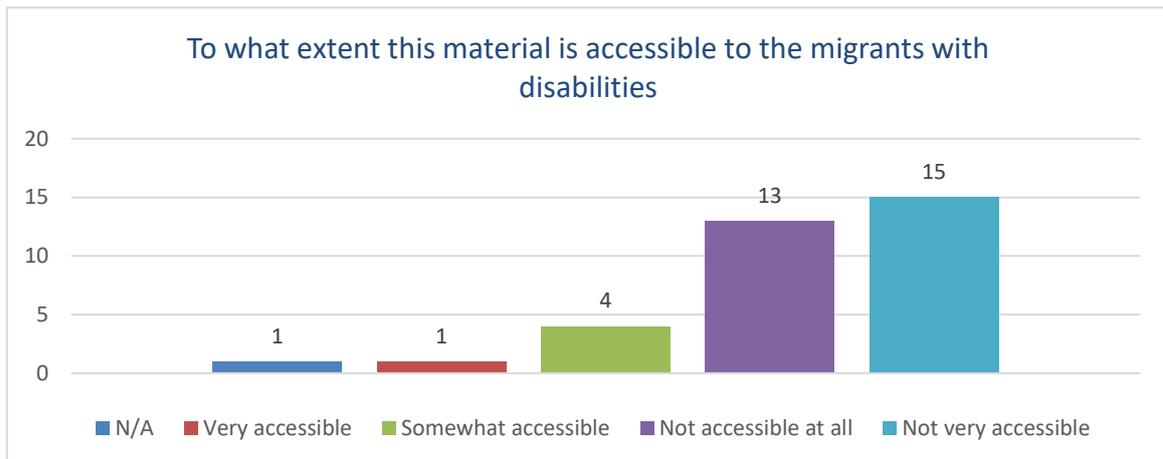


Figure 12. To what extent this material is accessible to the migrants with disabilities (printed and/or online material)

Following, there are some good practices declared in the area of migrants with disabilities:

- Interdisciplinary approach to disability.
- Existence of interpreter, translated documents.
- Access of the migrants with disabilities and their families in social structures and benefits.
- Easy to read and audio-visual material for refugee children with intellectual disabilities.
- Material with basic information.
- Schools for refugee children.
- Development of skills that will support disabled migrants' living in the new environment. (e.g. development of skills for their integration into the local labor market).
- Appropriate accommodation and assistive equipment necessary for their mobility.
- Programs for their employment integration.

Proposals for the Needs Assessment Tool so as for it to contribute to the identification of migrants with disabilities:

- Medical history and medication of the migrant.
- Socio-psychosocial history of the migrant.
- Self-determination elements.
- The NAT should be broad and include as many as possible areas that cover all aspects of life.

5. Main findings from the Questionnaires

The answers from the questionnaires presented below, are in a descriptive analysis. Due to the limited number of questionnaires, a general conclusion cannot be reached. However, we think that it is wise to present the information given both by the professionals and the migrants and refugees with disabilities.

5.1 Questionnaires from persons with disabilities

The participants at the questionnaires were asylum seekers that neither study nor work in Greece even though they are in the country more than one year. There were six (6) migrants and refugees with disabilities participated in the questionnaires.

The main reasons for coming to Greece are war in the country of origin and need for medical treatment that cannot be provided in it. Moreover, some responses showed that people were in danger in the country of their origin. Greece has been chosen mostly as an entrance to other European countries but some of them due to the border closure and the long and strict administrative procedures decided to apply for asylum in Greece. Most of the participants either came to Greece with friends and family or they came alone and they found their family in the country.

Refugees with disabilities who participated in the questionnaires, faced many difficulties to find accommodation and had to wait long time and several changes before residing in their final apartment. The whole process might last about 1 year average. Beneficiaries participating in the questionnaires found proper accommodation facilities with the help and support of national NGOs or UNHCR.

It is stated that some of the participants face double discrimination, on the one hand because of their disability and on the other hand because of they are not European citizens. Discrimination is faced even by family members who cannot accept their disability or persons of the same nationality.

As regards the access to health and welfare services, some of the participants declared that they do not face serious problems, but others said that they have no access at all. Without the support of the social scientists who are handling the cases beneficiaries stated that they wouldn't be able to have access to the national health system for example public hospitals and welfare services.

With regards to education, some of the participants attend Greek language lessons and they see such education as a mean of facilitation of their access to services. At the meantime other participants having kids with disability, face multiple difficulties registering their kids to public schools due to bureaucratic and accessibility reasons.

Most of the participants were not aware of any laws or policies that exist in the country for refugees and asylum seekers. One of the reasons is their inability to read even if there might exist information material in their native language. In some cases, the lack of awareness is due to the insufficiency of interpreters that could pass the existing information to the refugees. This also reflects how enable they feel, as the only information about law and policies that exist in Greece about disability, is through their social workers or caretakers.

Finally, the participants have no information if there are any cultural clubs or cultural events where they could participate and thus promote their culture or practice their religion. Cultural events may be organized and cultural clubs may exist in the country but they are not aware of them since they have no access to such information or they are not willing to attend.

5.2 Questionnaires from experts

Another tool we used for data collection and the mapping of the current situation in the field of refugee with disabilities in Greece were the Questionnaires addressed to professionals from key stakeholder non-governmental organizations, implementing projects on the field. Despite the fact that the sample is limited due to the workload of professionals, believe that it is indicative for the situation in Greece.

The questionnaires were addressed to professionals working on the field, during June in different dates.

Eight (8) Representatives from Key stakeholder organisations participated in the questionnaires. As abovementioned, the participants in the questionnaires were mainly social scientists working as case workers, social workers and psychologists in different organizations active in the refugee issue. Some of the participants have worked with people with physical disability while others have worked with refugees in a psychotic crisis, or with patients that are going under sever post traumatic disorders.

The main challenge that staff working on the field face concerns the already existing gap in the welfare public sector in Greece, when it comes to people with disabilities or people with mental

disorders. As a consequence, refugees and migrants with disabilities may not be provided with specialized services or the procedures it may be really slow. It is also worth mentioning that some professionals claimed that, some refugees with disabilities seems not to realize or want to accept their special needs and therefore they don't want to receive any specialize support. This fact is also based in their beliefs, that the public health system in Greece cannot provide them with the necessary care and only in other European countries could receive all the needed services.

Some other difficulties professionals on the field are facing, have to do particularly with the facilities that beneficiaries are residing. More specifically, when a person has a physical disability he/she may not be able to access the offices/premises in the Reception and Identification Centers and/or in the camps, where the support staff (e.g. social worker, doctor, etc) is based. So, the main problem professionals confront is related to the inaccessibility of services. Moreover, persons with disabilities are extremely isolated especially when they live in precarious accommodation places and even more when they have no supportive network. Also, the lack of accessible apartments in the islands, before vulnerable cases are transferred to the mainland, leads to accommodate People with disabilities in inappropriate facilities.

Various examples of good and bad experiences were given by the participants in the questionnaires. Some examples of positive experience had to do with the integration of a refugee child in the National educational system, the provision of assistive devices to persons in need of them (e.g. hearings to partially deaf asylum seeker). On the other hand, participants in the questionnaires declared also examples of negative experiences such as inaccessibility of wheelchair users, racist behaviors and existence of confusion among staff with regard to the health and welfare services refugees with disabilities could benefit from. Moreover, the lack of experienced staff in the identification process of vulnerability stresses the staff operating on the field.

Many of the participants in the questionnaires stressed the need for refugees and asylum seekers with disabilities, to be given the opportunity to participate in educational and training programs such as:

- language lessons
- liaison with the public health care system and services in general
- Providing Information regarding the legal process and the asylum seeking process
- Providing Information about organizations providing services to refugees with disabilities

- Addressing Special issues e.g. domestic violence legislation etc.

Other professionals believe that the trainings should focus in professionals working on the field either in NGOs or in public sector, especially regarding cultural issues and current living conditions. Such education should be provided in a coordinated manner by the state. In addition, information about the rights and the available support services should be provided to refugees and asylum seekers with disabilities, ideally by the state and not only NGOs or other organizations. Training in the Greek language is also very important because that way refugees with disabilities would be able to respond to their everyday needs effectively and would also be facilitated in their integration in the hosting society. Many of the participants also declared that they are not aware or there are no specific programs or practices designed and promoted by the Greek state for the coexistence of refugees and asylum seekers with disabilities with local people in order to promote integration.

It is obvious that there is a big need for training local authorities, local population, employers, workers etc., since it is not self-evident how to approach refugees with disabilities and even more how to support them. Most of the professionals have no training on how to interact with refugees and asylum seekers with disabilities and how contribute to their smooth integration which seems to be the greater need. Education and training of the hosting community would contribute to raising awareness on the needs and problems of refugees with disabilities and to the prevention and combating of racism, abolishing stereotypes and xenophobia. Moreover, the participants in the questionnaire indicated some training topics such as:

- Identification of disability
- Asylum procedures of people with disability
- Rights of Refugees and Asylum seekers
- How to approach and support refugees with disabilities.
- After the identification how to provide support in different kinds of disability and rights/benefits depending on the type of disability
- Establishment of referral pathways
- Disability and trauma
- Individualized support
- How to cooperate with an interpreter/cultural mediator in cases of refugees and asylum seekers with disability
- Simulation exercises, etc.

Another topic discussed is the integration of refugees and migrants with disabilities. All participants at the questionnaire declared that most of the recognized refugees and asylum seekers are working uninsured in the agricultural and construction sector, in animal husbandry, in food industry, when their disability is such that allows them to work in such sectors. However, in general there is no official policy or government programs that encourage and support the integration of refugees and asylum seekers with disabilities in the labor market of the country. Whatever programs exist for employment integration are run by NGOs and are not focused to refugees with disabilities.

6. National level recommendations

For the identification and registration of refugees and asylum seekers with disabilities the following are important:

- Further elaboration of registration protocols for the inclusion of questions that will allow the timely identification of different forms of disability.
- With respect to the protection of personal data, the registration form and the individualized plan with any additions and updates, must be kept by the refugee or asylum seeker with a disability during his stay in the country. Also, better collaboration for the key stakeholders on the field, will prevent the secondary victimization of persons with disabilities sharing their personal story.
- Drawing up of a common manual that will provide guidance to RIS staff for the identification and registration of refugees and asylum seekers with disabilities.
- Persons responsible for accommodation structures (hosting centers, apartments, etc.) must foresee procedures and take measures for the protection and support of refugees and asylum seekers in case of emergencies. For example, provide emergency buttons to persons with disabilities/chronic diseases with no family or friends, appoint staff for accompanying a person with disability in case of evacuation and inform the person with the disability in advance of what happens in case of emergencies. Also, proper accommodation facilities must be created both in reception centers as well as in urban environment, ensuring accessibility to people with mobility limitations of physical disabilities, e.g. wash facilities, information facilities and appropriate services. Reception and identification centers, as well as hosting and accommodation structures for refugees and asylum seekers, including hygiene, catering and entertainment premises, must be fully accessible for persons with disabilities.
- Speed up the identification, registration and asylum procedures for people with disabilities so as to ensure the immediate transfer of people with disabilities from transit stay to an integrated urban community model. People with disabilities have focal points at the reception centers for the provision of support for the identification and registration and for their interconnection with disability organizations and specialized service providers.

- Refugees and asylum seekers with disabilities must stay together with their family members, wherever they are accommodated. Splitting family members causes more stress and insecurity to those family members that have the disability. This can also help in the insurance of the integration of third country nationals in general and specifically of people with limited or no supportive network, to local communities through joint activities or local associations.
- Services and procedures addressed to refugees and asylum seekers (e.g. information about their rights, procedure for applying for asylum, etc.) must be accessible also to refugees and asylum seekers with disabilities, regardless of their country of origin and the type of their disability e.g. provision of sign language interpretation for deaf people, easy-to-read information material for people with intellectual disabilities, accessible spaces for asylum interviews, etc.
- When a person is granted asylum or his/her request for resettlement in another country is approved, then the same should apply also for all his/her family members, or at least some of them, taking into consideration that the family may be the only supportive network that carries the burden of supporting the relative with the disability or chronic disease. In addition, persons with disabilities and/or chronic diseases should be given priority for family reunification, and reunification should not involve only first-degree relatives, but also members from the wider family environment, since they could play an important role as supportive network.
- Refugees and asylum seekers with disabilities should be provided with the necessary legal support in order to take necessary action (e.g. appeal) when they are denied asylum by the respective authorities or they do not get certification for their disability/chronic disease by the Disability Certification Center.
- Refugees and asylum seekers with disabilities and/or chronic diseases, as well as their families, should have access to information about the representative organizations of the disability movement in Greece and should be supported for their networking with them at local level.
- Competent Ministries and authorities should draft and implement programs that would facilitate the social and occupational integration of refugees and asylum seekers with disabilities (e.g. vocational training programs, learning of job search techniques, information

on labor legislation in the country, information on employment opportunities, provision of support for the development of business schemes, implementation of subsidized employment programs, etc.)

- Taking into consideration specific needs that are related with some types of disability, state authorities and NGOs should implement, in collaboration with DPO organizations, educational programs aimed at acquiring skills such as orientation, mobility and daily life skills for blind refugees and asylum seekers and sign language lessons for persons with deafness.
- Special focus must be given to families with children with disabilities and support activities should be implemented for them in collaboration with DPO organizations. Such activities could include: a) creative and educational activities for the children and b) peer counselling for the parents of the children with the disabilities.
- Capacity building activities should be implemented in different cities of the country for staff of NGOs and other entities working with refugees and asylum seekers, with the aim to improve case management when it comes to refugees and asylum seekers with disabilities.

Training and awareness raising on disability issues should be addressed to key coordinators (e.g. field coordinators, apartment coordinators, etc.), many of whom lack the knowledge on how to manage cases of refugees with disabilities and do not respond adequately to requests made by field staff about the coverage of specific needs related to disability. Seminars addressed to staff working with refugees and asylum seekers with disabilities must be interactive and include work in teams based on specific case studies/scenarios, experiential exercises, audio-visual material, role playing, etc. Case studies/scenarios used during the interactive part of the seminars must be close to the reality faced by field staff, particularly in the hot spots on the islands. This would contribute to the discussion on possible solutions for the problems encountered with different cases. Involvement of refugees and asylum seekers with disabilities in training seminars addressed to staff and stakeholders is also an important element that would strengthen the awareness raising and sensitization impact of the seminars.

- Staff working in the refugee field should become more familiar with the disability movement and create closer networking relations with disability organizations representing different kinds of disabilities.

- Financial support granted should be provided at least until the beneficiaries start receiving the disability allowance.
- Competent ministries and authorities should plan and implement specific measures for the protection, support and social/occupational integration of refugees and asylum seekers with disabilities, and DPOs should play an active role in this procedure through cooperation with all involved actors, as well as through the submission of concrete proposals.

7. References

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7. 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)?
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?