



Gap Analysis and Need Assessment Report: Austria, Finland, Greece and Italy

December 2018

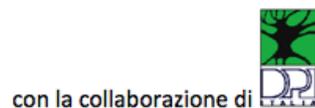


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1.Introduction

It is well-documented that the EU demographic landscape has become progressively diverse, as a result of growing migrant and refugee populations. Persons with disabilities are estimated around 15 % of the global population and comprise a significant minority of refugees and migrants (European Union Agency for Fundamental Rights, 2016¹). More specifically, asylum seekers and refugees with disabilities are not properly assessed and without an adequate understanding of their needs aid agencies and NGOs cannot respond effectively. Under the CRPD, people with disabilities include those with long-term physical, mental, intellectual or sensory impairments. This includes wheelchair users and people with other mobility impairments, blind and deaf people, people with mental health issues – or ‘psychosocial disabilities’ – and people with intellectual disabilities (CRPD, n.d²). In addition, apart from the pre-existing physical, sensory, intellectual or psychosocial impairments, people may acquire or develop impairments during the migration process. When identified, these impairments place an obligation on Member States to provide specific support throughout the arrival, registration and asylum process (European Union Agency for Fundamental Rights, 2016³). As such, ensuring equal opportunities for persons with disabilities is now considered as an important facilitator of participation and inclusion in society. In these terms, both the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Council of Europe Disability Strategy 2017-2023 address equality and equalisation of opportunities for persons with disabilities. Article 5 of the UNCRPD requires States to adopt positive measures aimed at ensuring equality across the substantive rights in the Convention.

Based on this approach the AMiD (Access to services for Migrants with Disabilities) project aims to support an efficient management of the reception and integration of asylum seekers and migrants with disabilities in the EU. More specifically, AMiD will outline a Needs Assessment tool to empower NGOs and Local Authorities to assess and support with adequate responses migrants and refugees with disabilities in the EU. The project will facilitate the systematization of a common Union approach in the assessment of migrants and refugees with disabilities, improving cooperation among LAs and NGOs in order to:

- **empower NGOs and local authorities to assess and support with adequate responses migrants and refugees with disabilities in EU.**
- **improve the registration process**, as it can be used at any stage of the asylum procedure and/or of the reception process.
- **to increase the knowledge and responses of multidisciplinary professionals working with migrants and/or persons with disabilities**

¹ <http://fra.europa.eu/en/publication/2016/fundamental-rights-report-2016>

² <http://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-disability>

³ <http://fra.europa.eu/en/publication/2016/fundamental-rights-report-2016>

- **to ensure access to proper support services throughout the process.**

The present report is going to be prepared as part of project Work Package 1 (Methodological Framework: Data Collection and Needs Assessment). The objective of this activity is to identify and analyse gaps and challenges in the existing disability sector and the services available to the migrants with disabilities in Austria, Greece, Finland and Italy. The findings from all national reports will contribute to the development of the Needs Assessment Tool which address to assess and identify the specific needs of the particular vulnerable group.

In an effort to document the overall situation of migrants in Greece, Austria, Finland and Italy, as well as to fully understand the gaps and training needs of professionals and of the individuals themselves, this report combines four country-specific sections: the **gap analysis** section as presented by each participating country, focusing on the current situation in migration and disability, the concept of integration and disability, the rights of migrants and discrimination (in social life, laws, healthcare, education etc.) in each country and alongside with reference to national recommendations. The second section investigates the online **survey** conducted for the purposes of the study, in order to collect online data via an administered questionnaire that is being developed in collaboration with all partners. The questionnaire looked at aspects such as the current needs and the challenges of the professionals working with migrants and refugees' services in several Non-profit Organisations (NGOs), Disabled People Organisations and Service providers for people with disabilities and their training needs. The requirement of the organisations that needed to be included range from 15-20 organisations per country, but in the case of Finland the number of participating organisations was limited to 1 due to challenges of identifying additional organisations in the region within the given timeframe. To continue with, the third sections address the other method used for the collection of qualitative data including **focus groups and interviews** with experts and migrants with disabilities where possible. The purpose of the focus groups was to discuss the current working experience of the professionals, any possible challenges they face and additional needs they may have. The focus groups with migrants with disabilities were targeted into exploring their perspective and experience and giving voice to the migrants to express their views. It is noted that in the case of Greece, the two focus groups were not possible to take place due to the current migrant situation of the country and thus, a questionnaire-based interview approach was used instead as an alternative data collection method. Finally, the report presents some **national recommendations** as proposed by the partners and aim to summarise potential actions that can be taken in order to address the current challenges which each country currently experience and deals with.

2. Methodology

2.1 Introduction

In this section of the report, the methodology proposed for the purposes of the project is presented. More specifically, the methodology of the report requires the participants firstly to undertake a gap analysis and needs assessment report in which they will identify the main challenges faced in the area based on reports, articles and statistical data. In addition, the gap analysis included current projects in the area that they address some of the challenges of the field. To continue with, the partners were also asked to conduct focus group with experts and migrants with disabilities and finally, to undertake an online survey which needed to be distributed to a maximum number of 15-20 organisations (including NGOs, DPOs and other service providers in the participating countries). In some circumstances this was not possible, for example in the case of Greece that due to the current situation in the country, it was proved challenging into identifying and engaging experts and migrants with disabilities into focus group discussions. For this reason, the alternative method of questionnaire, including the questions from the focus group was used instead. Also, in the case of Finland, it was not possible to identify the requested number of experts to complete the online survey and thus a limited number of participants is presented. In the following sub-sections, the gap analysis, the focus groups/interviews with experts and migrants with disabilities and the results of the online survey are presented and discussed.

2.2 Gap Analysis and Needs Assessment:

In this section, the two focus groups, the one with stakeholders and experts, in the case of Greece, the questionnaire analysis, and the other one with migrants with disabilities were presented by each partner country. A number of noteworthy points were mentioned which in many cases are common across the countries.

Austria

Starting with 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.

In terms of the number of migration in the country in relation to the refugee crisis, 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). 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.

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.

Following the concrete actions being taken, it has been reported that 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.

In the region of 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.

Considering the aspect of 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.

However, as indicated in the report, having a look on the topic of 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 Caritas⁴.

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 €.

Reference to initiatives and relevant projects:

Finally, regarding the initiatives for migrants with disabilities, the Austrian report refers to the following three:

- Intercultural psychotherapy from ZEBRA

⁴ <https://www.caritas-wien.at/hilfe-angebote/asyl-integration/wohnen/wohnhaeuser/haus-st-gabriel/>

- House St. Gabriel from Caritas
- BEAM from Pronegg & Schleich

Intercultural psychotherapy from ZEBRA

ZEBRA is an 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.

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.

House St. Gabriel from Caritas

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 enough 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.

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. 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.

Greece:

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 Islands⁵. 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) facilities⁶.

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 centers⁷. Another fact is that the registered number of people with 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.

Regarding the concept of integration, discrimination and rights of refugees and asylum seekers in Greece it is suggested that people arriving in Greece are struggling to balance their lives in this new environment. Since 2015, the reception conditions have dramatically

⁵<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>

⁶<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>

⁷ 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

changed, and people are aware about the risks they might face in the reception country⁸. The transit condition of their stay in the Reception and Identifications Centre, their stay in the islands and in the mainland, affects both their psychical 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 (RICs) 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 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 which seems to be one of the main challenges the refugees and asylum-seekers with disabilities face in Greece.

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 disabilities⁹. 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.

Refugees and Asylum Seekers' needs and problems in Greece

A number of needs and problems relevant to refugees and asylum seekers seem to be identified and reported in the Greek national report. The main challenges identified are the following:

⁸ 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

⁹ 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.

- 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 Lesvos and Samos RICs, wheelchair users cannot have access to the asylum office due to the poor infrastructures.
- In addition, 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 treatments or undertake surgeries, there are big delays in appointments with doctors, etc.)¹⁰. 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.
- What is more, 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.
- 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.

¹⁰ 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.

- 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)¹¹.
- 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.
- 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.
- 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.
- 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).
- 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.

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

¹¹ NCDP funded Project with support of UNHCR "Planning together: Empowering refugees with disabilities", Athens, December 2018

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:

- 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.
- 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 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.

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.

Finland

In the Finnish report, barely any research data exists on disabled asylum-seekers and refugees in Finland. Even statistics of their numbers are non-existent. According to Statistics Finland, there were around 360 000 persons with foreign background in Finland in 2016¹². Following the calculation of the numbers of disabled people in the population, the following percentages were reported: 1% severely disabled, 5% moderately disabled, and 10% mildly disabled. If this formula is applied to the number of persons with foreign background, there may be an estimated 3 600 severely disabled asylum seekers and refugees and up to 50 000 migrants with some type of impairment in Finland. It is noteworthy that these numbers exclude migrants who did not receive any services and they are not currently registered or identified and very often they are in the most vulnerable position¹³.

¹² Statistics Finland available at: <http://www.stat.fi>

¹³ <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/vammainen-maahanmuuttaja>

Finland receives approximately 1 000 quota refugees annually. Refugees are defined as the people who have had to flee from their home countries or countries of permanent residence and cannot stay in the country where they have fled to. Further criteria indicate that they must have been defined as refugees by the United Nations Refugee Agency UNHCR¹⁴. Usually, quota refugees have been chosen from a UN camp and are injured people with impairments or mental health problems¹⁵.

To continue with, the Act on the Promotion of Immigrant¹⁶ Integration aims to ensure that immigrants receive education that provides them with the knowledge and skills they need to function in society and the labour market. Furthermore, it promotes support in maintaining immigrants' own languages and cultures. The Act also includes definitions of social reinforcement, which aims to improve each immigrant's ways of life as well as prevent marginalization. With the Act, authorities aim to guarantee multi-sectoral cooperation. The purpose of the Act is to ensure that immigrants with special support needs can receive enhanced integration measures because of reduced functional capacity due to impairment or other reasons. The Act on the Promotion of Immigrant Integration was drawn to ensure that an immigrant gets basic education on the Finnish society and information of his or her own rights and duties in society and working life. Proper guidance and instruction in these matters is guaranteed in the Act. The particular Act does not apply to Finnish citizens, but to people who have a residence permit instead, registration of right of residence, or a residence card¹⁷.

In addition to the disabled person's rights, the report has mentioned that a disabled person has equal rights to integration, but those rights are not always met. In 2013, Kokkonen and Oikarinen¹⁸ published a survey that focused on disabled immigrants and the ways in which they are acknowledged when planning integration training. According to the survey, people with special support needs are not taken into consideration in integration training, and individual integration measures cannot be carried out due to a lack of resources. In addition, the measures in which the initial assessments are carried out have not been developed sufficiently. A disabled person has often been denied access to labour market training, because it is easy to assume that he or she could or should not be employed. Accessible

¹⁴ <http://migri.fi/kiintiopakolaiset>

¹⁵ <https://intermin.fi/maahanmutto/turvapaikanhakijat-ja-pakolaiset/kiintiopakolaiset>

¹⁶ <http://www.finlex.fi/fi/laki/ajantasa/2010/20101386#L1>

¹⁷ <http://kotouttaminen.fi/laki-kotoutumisen-edistamisesta>

¹⁸ Kokkonen, M., & Oikarinen, T. (2012). Kotoutumista kaikille. *Vammaiset maahanmuuttajat ja kotoutumiskoulutus. Vammaisten maahanmuuttajien tukikeskus Hilma. Vammaisfoorumi ry. Helsinki.*

integration training and sufficient support measures call for more opportunities; for example, waiting periods for language training have ranged from one to twenty years¹⁹.

Finland signed the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and ratified it in 2015. "The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."²⁰ Finland breaks the Convention if participation in integration training is prevented or executed inappropriately.

Disabled immigrants have the right to services, but they are easily left marginalized, because they fall in between immigration services and services for the disabled. Support and application processes are often difficult and complicated. Disabled immigrants are not aware of their possibilities, because they have not been presented with options. They may not know how to study, because they have never had the opportunity to do this in their home countries. They cannot focus on studies while waiting for a decision on whether or not they can stay in the country. In addition, they may have waited for years to attend immigration training, or they have participated in training without sufficient support services, and therefore their learning has been limited²¹.

Italy

The Italian report takes into consideration the ordinary reception system mainly, namely the SPRAR Central Service, in order to delimit the field of research. It should be noted that it is difficult to extrapolate specific data on migrants and asylum seekers with disabilities, because statistics are generally calibrated on one or the other characteristic. It is known that 338 foreign minors (13%), 846 adults (1.7%) and 278 non-self-sufficient elderly people (0.1%) were among the guests of the social-welfare and socio-health residential units in 2012, while it is estimated that the Input data on civil invalidity pensions (12.493) and the accompanying allowances (6,764) provided to non-EU citizens is below the real number.²²

a) Persons with disabilities: legal guarantees. Education/Health/Work

¹⁹ Kokkonen, M., & Oikarinen, T. (2012). Kotoutumista kaikille. *Vammaiset maahanmuuttajat ja kotoutumiskoulutus. Vammaisten maahanmuuttajien tukikeskus Hilma. Vammaisfoorumi ry. Helsinki*

²⁰ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

²¹ Kokkonen, M., & Oikarinen, T. (2012). Kotoutumista kaikille. *Vammaiset maahanmuuttajat ja kotoutumiskoulutus. Vammaisten maahanmuuttajien tukikeskus Hilma. Vammaisfoorumi ry. Helsinki.*

²² FISH, UNAR (2013), Report di Ricerca "Migranti con disabilità, conoscere i dati per costruire le politiche", 2013. FISH, UNAR Research Report "Migrants with disabilities: Know the data to build policies", 2013 available at: http://www.fishonlus.it/files/2012/05/ReportMigranti_Unar_Regioni_Ob_Con.pdf

b) *Migrants and asylum seekers: legal guarantees Reception/Education/ Health/Work*

a) *Legal guarantees for persons with disability*

Italy has ratified the **UN Convention on the Rights of Persons with Disabilities** with Law 18/2009, which states the commitment by individual States to collect the appropriate information, including statistical data and research results, which allow them to formulate and implement policies that can effectively implement the rights of persons with disabilities²³.

The Italian cooperation has approved the Vademecum on Humanitarian Aid and Disability (2015)²⁴ as appropriate approach to guarantee the respect of human rights of displaced persons and migrants with disabilities

According to its **Constitution** the Italian Republic:

- guarantees school for all (*Article 34*);
- requires the mandatory duty of solidarity to be fulfilled (*Article 2*);
- assumes the 'duty of the Republic to remove any obstacles constraining the freedom and the equality of citizens in order to ensure the full development of the human person' (*Article 3*);

In terms of education, the Italian legislation include all students with disabilities in ordinary schools and classes at all level of education, in the public and private schools (**law 517/77**). For support the education progress a special teacher follow the student. A personalised educational plan is created for any student with disabilities, providing appropriate educational tools and resources. Municipalities are responsible to provide transport and eventual specialised assistance. If the pupil has a condition of disabilities the number of pupils in the class is reduced to 22, if is one pupil, 20 if are 2 pupils²⁵. **Law 170/2010** recognises dyslexia, dysgraphia, dysorthographia and dyscalculia as specific learning disorders. This Law – which states that pupils with learning disorders do not need special teachers, but rather a new way of teaching, according to their way of learning – promotes a change in perspective.

²³ UNCRPD (2006), United Nations Convention on the Rights of Persons with Disabilities, available at: <https://www.un.org/esa/socdev/enable/rights/convtexte.htm>

²⁴ Vademecum (2015) Humanitarian Aid and disability report, available at: https://www.esteri.it/mae/resource/doc/2016/07/a_01_vademecum_disabilita_emergenza_eng.pdf

²⁵ Eurydice (2018), Special Education Needs Provision within Mainstream Education, Italy, available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/special-education-needs-provision-within-mainstream-education-33_en

The aim is to shift the focus from a clinical to a pedagogical view, by empowering all subjects involved in the educational process²⁶.

The principle of integration and the right of pupils with disabilities to receive specific support are also included in all the subsequent legislation that regulates general aspects of the education system, such as enrolment, class size and pupil assessment, as well as curricular teacher training and support teacher training. Subsequent regulations have specified the educational and didactic measures to be applied from pre-primary education to support the correct process of teaching and learning such as more inclusive practices in classrooms through individualised and personalised education plans²⁷.

As per the migrant pupils, additional measures may include forms of support (e.g. exemption from some fees). In the case of foreign pupils, schools can set up language laboratories, either individually or in groups, to facilitate language learning.

Foreign minors, including those in a situation of irregular migration, have the same rights to education and health as Italian minors, since **Italy ratified the UN Convention on the right of child**.

To continue with the Health sector, the **Law of 5 February 1992, n. 104** is a "*Framework law for assistance, social integration and the rights of handicapped people.*" (Published in G. U. 17 February 1992, No. 39, S.O.) where it addresses the following regulations:

The Republic: **a)** guarantees full respect for human dignity and the rights of freedom and autonomy of the handicapped person and promotes full integration into the family, school, work and society; **b)** prevents and removes the disabling conditions that impede the development of the human person, the achievement of the maximum possible autonomy and the participation of the handicapped person in the life of the community, as well as the realization of civil, political and property rights; **c)** pursues the functional and social recovery of the person affected by physical, mental and sensory impairments and ensures services and benefits for the prevention, treatment and rehabilitation of minorities, as well as the legal and economic protection of the handicapped person; **d)** prepares interventions aimed at overcoming states of marginalization and social exclusion of the handicapped person. Additional information relevant to the general principles, entitled persons, the establishment of the handicap, the general principles for the rights of the handicapped person, the prevention and early diagnosis, and care and rehabilitation can be found in the respective Italian report in more details.

Continuing with the work sector, persons who have been recognized as having a percentage of civil invalidity of more than 45%, possessing the working capacity ascertained by the ASL

²⁶ Eurydice (2018), Special Education Needs Provision within Mainstream Education, Italy, available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/special-education-needs-provision-within-mainstream-education-33_en

²⁷ Eurydice (2018), Special Education Needs Provision within Mainstream Education, Italy, available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/special-education-needs-provision-within-mainstream-education-33_en

medical commissions, can register for the employment centers at the appropriate desk dedicated to persons with disabilities. The worker with a disability with serious connotation (paragraph 3, article 3, **law 104/1992**) can alternatively take advantage of the paid daily rest of two hours or three-monthly days. What is more the right of choosing, where possible, the place of work closet and not to be transferred without consent is addressed.

In addition, workers with a disability of more than 50% can benefit every thirty days of leave, granted by the employer following a request by the interested party accompanied by a request from a public or contracted medical institution indicating the need for treatment in connection with to the disabling invalidity. the economic treatment is that of the illness (article 7, **legislative decree 119 of 2011**).

Considering the early retirement and the inability pension, the financial law for 2001, **law n. 388, 23 December 2000**, art. 80, paragraph 3, allows deaf-mute and invalid workers for any reason (to which an invalidity of over 74% or similar) has been recognized, to request, with effect from 1 January 2002, for each year of work actually performed, the benefit two-month figurative contribution up to a maximum of five years. The disability pension is for those who in the course of their working life are in fact in the position of being unable to carry out any more work, can apply to their social security institution under specific conditions such as physical or mental illness or an insurance and contribution seniority of 260 weekly contributions has matured, equivalent to five years of insurance, of which at least 156, i.e. three years, paid in the five years preceding the pension application.

b) Legal guarantees for migrants and asylum seekers

It is possible to reconstruct the framework of fundamental rights of migrants, present in Italy, in the light of the following "multilevel" construction of rights:

Starting with 1) the right to life (**Article 1 ECHR**); 2) the right to personal freedom and security, except in case of legitimate arrest or detention (**Article 5 of the ECHR, Article 9 of the International Pact**), with guarantees and limits similar to those provided for by art. 13 Cost. 3) **the right not to be subjected to cruel, inhuman or degrading punishments, treatments or punishments** (Article 3 of the ECHR, Article 7 of the International Covenant, see articles 13, paragraphs 3 and 27, paragraph 3 of the Constitution and the New Convention) 4) the right to respect for their private and family life, their home and correspondence, without any interference that is not provided for by law (**Article 8 of the ECHR, Article 17 International Covenant, see Articles 14 and 15 of the Constitution**); 5) the right to freely express one's thoughts, including the freedom of opinion and the freedom to receive or communicate information or ideas without interference, except for the limits set by law which constitute a measure necessary for national security, for integrity territorial, (**Article 10 of the ECHR, Article 19 International Covenant, Article 21 of the Constitution**); 6) the right to freedom of thought, conscience and religion, including the freedom to change religion or thought and the

freedom to express one's religion or thought individually or collectively, in public or in private, through worship, of teaching, of practices and fulfillment of rituals (**Article 9 of the ECHR, Article 18 of the International Covenant, Article 19 of the Constitution**, which does not allow rituals contrary to morality, and articles 20 and 21 of the Constitution); 7) the right to the recognition of the personality or legal capacity (**Article 16 of the International Pact**) or of citizenship, without any deprivation for political reasons (**Article 22 of the Constitution**); 8) the right to respect the principle of legality in criminal matters, that is, prohibition to be condemned for an action or omission which, at the time it was committed, did not constitute a crime according to the law (**Article 7 of the ECHR, Article 15 of the Covenant International, Article 25 of the Constitution**); 9) the right to freedom of peaceful assembly and freedom of association, including the right to establish with other trade unions and to join trade unions for the defense of their own interests (**articles 17, 18, 39 of the Constitution, article 11 of the ECHR**), Articles 8 and 21 International Covenant, ILO Convention No. 87 of 9 July 1948 concerning the freedom of trade unions and the protection of trade union rights, ratified and enforced by law March 23, 1958, No. 367); 10) the right to marry and to form a family, in which spouses must enjoy equal rights and responsibilities between themselves and their children in all phases of marriage (**Article 29 of the Constitution, Article 12 of the ECHR, art. 5 Protocol No. 7, Article 23 International Agreement**); 11) the right to education, including the right of parents to ensure education and teaching according to their religious and philosophical convictions (**Article 2 Protocol to the ECHR No. 1, Article 18 paragraph 4 International Covenant**), with ways and limits similar to those set out in articles 30 c. 1, 33 and 34 Cost.; 12) the right to act in court to protect their rights in civil, criminal and administrative matters before an independent judge established by law, who must examine the case impartially, publicly and within a reasonable time, with the presumption of innocence of the defendant until his guilt has been legally established by a definitive sentence (**Articles 24 (1), 101 (2), 11 (c) and Article 27 (2) of the Constitution, Article 6 (c) 1 and 2, and 13 ECHR, Article 14 International Covenant on Civil and Political Rights**); 13) the right to defense, including the right to be assisted free by a lawyer, if he does not have the means to pay one of his trust, and an interpreter, as well as the right to obtain compensation for improperly held detention (**arts. 24, paragraphs 2, 3 and 4, and 111 of the Constitution, Article 6, paragraphs 3 and 5 of the ECHR, Article 3 Protocol No. 7, Article 14, paragraph 3, International Covenant.**²⁸⁾

In terms of reception, the data on the SPRAR reception system in 2016 reveal a total of 45 projects aimed at disabled users or those with mental illness, compared to a total of 652 national projects. In 2016, the beneficiaries received in the SPRAR network belonging to the category of mental disability and disability were 442, of which the vast majority are men (76.7%) and partly women (23.3%) and minor (9.5%)²⁹.

²⁸ Migrants' Integration Portal (nd) available at:

<http://www.integrazionemigranti.gov.it/normativa/documenti-ue/Pagine/Italia.aspx>

²⁹ Atlante Sprar (2016), Rapporto Annuale, Sistema di Protezione per Richiedenti Asilo e Rifugiati, available at:

<http://www.sprar.it/wp-content/uploads/2017/06/Atlante-Sprar-2016-2017-RAPPORTO-leggero.pdf>

However, as it is reported the constant increase in cases of mental distress actually reflects a change in the profile of the vulnerabilities of the applicants and holders of international protection. If vulnerabilities pertaining to the psychic sphere could still be traced back to torture and traumas during the migratory path until the three years 2011-2013, from 2014 to today we are more and more confronted with more structured situations in which psychological suffering seems to have preceded to the migratory trauma and to this it overlaps. This has determined the need to respond to these needs with a reception network capable of guaranteeing the acceptance of the various vulnerabilities on the territory in an effective and widespread manner, through a homogeneous increase in reception standards, which is one of the primary objectives of the SPRAR network for the three-year period 2014/2016. More information on the DGLS 140/2005, Art. 8. *Reception of persons with special needs* can be found in the full report of the respective country.

To continue with the education sector, the right-duty to the education and training of minors of non-Italian citizenship is regulated in part by the legislation on education and training and partly by the immigration legislation (in particular the **Legislative Decree 25 July 1998** n. 286 and the relative Regulation of implementation of Presidential Decree 394/1992). However, the legislation does not always cover all the cases that can be presented in a comprehensive manner. Furthermore, some provisions can be interpreted in several ways. As consistently reiterated by the constitutional jurisprudence, among several possible interpretations of any normative provision, it is always necessary to privilege only that conforming to the Constitution and to the international and community obligations of the Republic. The Italian Constitution, the community law and the international Conventions ratified by Italy guarantee the right to education and training for all minors, *without discrimination based on citizenship, on the regularity of the stay, or on any other circumstance*.

Article. 34 of the Italian Constitution establishes that "The school is open to all". The New York Convention on the Rights of the Child, ratified and enforced in Italy with Law n.176 / 91, the main international reference in the field of children's rights, establishes two fundamental general principles: - the principle of "non-discrimination" (art 2): "States Parties undertake to respect the rights set forth in this Convention and to guarantee them to any child who depends on their jurisdiction, regardless of any kind and regardless of any consideration of race, color, sex, language, religion, political or other opinion of the child or his parents or legal representatives, their national, ethnic or social origin, their financial situation, their incapacity, their birth or any other circumstances", means, as the UN Committee on the Rights of the Child has made clear, even independently of their citizenship or regularity of stay³; - the principle of "the best interests of the child" (Article 3): "In all decisions concerning children, within the competence of public or private institutions of social assistance, courts,

administrative authorities or legislative bodies, the higher interests of the child must be a primary consideration”.

As of the *The irrelevance of the regularity of the stay*, the **Legislative Decree 286/98 and the D.P.R. 394/99** establish that foreign minors present in the territory, regardless of the regularity of the position regarding their stay, are subject to compulsory schooling and have the right to education, in the forms and ways envisaged for Italian citizens, in schools of every order and degree (more details of the decree are presented in the full report of the Italian report). It is worth noting that they are subject to compulsory education according to the provisions in force on the subject. The enrollment of foreign minors in the Italian shakes of every order and degree takes place in the ways and conditions foreseen for Italian minors" 6, co. 2 of Legislative Decree 286/98, then explicitly excludes from the burden of showing the residence permit the inscriptions and other provisions concerning "compulsory school services". With reference to the interpretation of this rule, the Ministry of the Interior has confirmed that there is no obligation to exhibit a residence permit for the registration of foreign minors in schools of all levels and at the nursery school. Finally, it should be emphasized that the constitutional, community and international principles that guarantee to all children the right to education apply fully also to kindergartens and nursery schools. In conclusion, therefore, it is not possible to request a residence permit from either the minor or the parent, for the purpose of enrollment, as well as primary school and secondary school, not even: - day nursery school and primary school; - secondary school and vocational training, even after 10 years of schooling and 16 years of age, until obtaining a secondary school diploma or a professional qualification lasting at least three years.

Regarding the *Cases of illegitimate rejection of the registration* a school can legitimately refuse the registration of a minor of non-Italian citizenship only in the following three cases:

- if the minor does not have the age requirements established by the regulations for enrollment; - if the Class Council assesses that the minor over sixteen years old without school documentation that requires enrollment in secondary school does not have adequate preparation for the program of the first class;
- if a minor is enrolled during the year and the school has reached the maximum number of students per class in all sections and therefore has no more places available.³⁰

In the Health sector the access to the Access to the NHS for regular migrants who legally reside there is an obligation to enroll in the National Health Service (SSN) (Legislative Decree 25 July 1998, No. 286, Article 34). It concerns all subjects who are legally resident or who have

³⁰ EMN (2009), The practices in Italy concerning the granting of non-EU harmonized protection statuses, Italy: Rome, available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/european_migration_network/reports/docs/emn-studies/non-eu-harmonised-protection-status/14a_italy_national_report_non-eu_harmonised_forms_of_protection_version_5jan10_en.pdf

requested the renewal of the residence permit for the following reasons or are in one of the following conditions:

- subordinate employment;
- self-employment;
- family reasons;
- political asylum (including refugees);
- humanitarian asylum - temporary protection;
- social protection;
- foreign minors;
- pregnant and puerperium women up to a maximum of six months after the birth of the child.

For the irregular migrants the **Art. 32 of the Italian Constitution** says the Republic protects health as a fundamental right of the individual and the interest of the community. **DLvo 286/98, art. 35**, paragraph 3 states that foreign citizens present on the national territory, not in compliance with the rules on entry and stay, are insured, in public and accredited hospitals, urgent or essential, but still ongoing, outpatient and hospital treatment, with particular concerning prophylaxis, diagnosis and treatment of infectious diseases. Court of Cassation, Sec. I Civil, Sent. n. 20561/2006 Civil Court of Cassation, Sec. I, 24th January 2008, n. 1531 Cons. of State, Sent. n. 5286/2011 Cons. of State, Sent. n. 4863/2010, Court of Cassation, Sec. Unite Civil, Sent. n. 14500, 10 June 2013. Jurisprudence has repeatedly affirmed that all essential services for the life of a foreign person must be considered guaranteed, considering the universal and constitutional value of health prevailing compared to the State's interest in expelling the foreigner from the national territory without permission of stay.

The residence permit: the absence of the residence permit limits the rights of the foreign person, given that failure to comply with the regulations governing entry and stay in Italy excludes, in itself, the right to carry out further activities. In particular, the possibility of signing a contract of employment, signing a lease contract, carrying out self-employment activities, enrolling in a course of study, etc., are precluded.

The absence of the residence permit, on the other hand, does not preclude foreign persons from receiving, in the public and accredited premises of each ASL, the following services:

- urgent and essential hospital treatment, even if continuous, including those provided under the day hospital emergency room;
- urgent and essential outpatient treatments, even if they are ongoing due to illness and accident, including preventive medicine and post-accident rehabilitation programs, measures to reduce and prevent damage compared to risky behavior, as well as programs to protect mental health.
- essential minimum benefits, such as preventive medicine programs to safeguard individual and collective health.

Foreigners who are irregularly present at the time of first assistance, must be assigned an individual regional code of access to the abbreviation STP (Temporarily Present Foreigner), recognized throughout Italy. This code identifies the migrant person also for the reimbursement of the services performed by the accredited public and private structures.

The Italian Ministry of Health has introduced, last March, the National Guidelines on assistance and rehabilitation interventions and also on the treatment of psychic disturbances of refugees' victims of torture, rapes or other serious kind of psychological, physical and sexual violence.

Finally, in terms of work, in order to be able to work in Italy, non-EU foreign citizens must be in possession of a residence permit that enables them to work, or issued for one of the following reasons: custody, statelessness, asylum, political asylum, minor assistance, sports, residence of a family member of a Union citizen, permanent residence card for family members of European citizens, family reasons, minor family, minor integration, seasonal work, artistic work, self-employment, subordinate work, waiting for employment, seasonal work, even for many years, work special cases, EC residence permit for long-term residents, subsidiary protection, temporary protection, scientific research, study, humanitarian reasons and working holidays.

- They cannot work in Italy the foreign citizen who have a residence permit for: medical treatment, tourism, religious reasons, minor age; business; justice.
- Employers wishing to hire non-EU workers legally residing in Italy and in possession of one of the above residence permits must send to the Employment Center the place where the place of employment is located, within 24 hours of the day before recruitment, the "UNILAV" model of mandatory recruitment communication.

All legally resident foreign workers enjoy equal treatment and full equality of rights compared to Italian workers. Pursuant to Article 5, paragraph 9 bis of the Consolidated Act on Immigration (Legislative Decree 286/98), pending the issue or renewal of the residence permit, the worker may still work, with fullness of social security rights (for detailed information on the security rights please see the full report of the respective country).

NATIONAL PROJECTS

A. JobDiversity: Career Forum of equal opportunities promoted by the Sodalitas Foundation, UNAR, Adecco and People Foundation for Equal Opportunities.

JobDiversity is the Career Forum of equal opportunities that, from 2007, simplifies the access to the job market to special-needs, foreigner and transgender people, involving businesses and institutions. **“We look for talents to offer them equal working opportunities”** is the goal that JobDiversity presented itself from the beginning, drawing the interests of thousands of

people coming from all parts of Italy and the world, giving them the chance to candidate themselves and get job interviewed, enhancing their skills and peculiarities. Thanks to **JobDiversity** during the year businesses have the chance to meet the candidates selected according to requested profiles. From 2007 to 2015, there have been 21 editions of the Career Forum, in which they have participated more than 80 enterprises and more than 13.000 candidates. In 2016 **JobDiversity** – after being recognized as the best international practice in the field of Diversity and Inclusion- became a project completely handled and financed by the private and the social private world³¹.

2.3 Focus Groups with Stakeholders/Experts:

In this section, the summary of the main areas of the focus groups as these are identified in all focus groups with stakeholders are the following:

Challenges:

To start with the area of challenges one main point that was mentioned in the focus groups/questionnaires with experts and stakeholders in all countries is:

- the lack of appropriate training of the staff working with migrants with disabilities and in the reception centres. Most of the staff working in those centres might not be properly trained or fully trained in both aspects of disability and migration. Some of the workers might have knowledge and experience in one of the two areas but the combination of the two areas is regarded as a challenging task. Also, its being identified that in most countries there is lack of information on materials relevant to the rights of the migrants to education, healthcare, social aspects and work, and if there is availability of material this is not available in the language of the migrant so as to be accessible. The accessibility of the materials was proved to be yet another challenge for the experts and the stakeholders to support the individuals and at the same time the experts reported that the support, they get from the government for this target group is poor and not sufficient.
- Yet another point which is related to the information material is that of the language of the material per se which in some cases is not translated in the mother language of the beneficiaries.

To continue with, another point that it was mentioned throughout the focus group with experts is:

³¹JobDiversity (2016), *JobDiversity: Career Forum of equal opportunities*, Available at: <https://www.diversitalavoro.it>

- that of the academic research and the lack of consistent research projects that would provide up to date evidence in the area. Some of the experts mentioned a few projects that are referred to initiatives at a national level, but they recommended the consistency on more relevant research projects.
- 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.
- Some other difficulties professionals on the field are facing, have to do particularly with the facilities that beneficiaries are residing and the inaccessibility of services that the professionals cannot address.

Positive and negative experience:

The participants were also referred to some positive examples they have experienced in their practice along with some negative examples.

- For example, they reported one positive example in which 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. This exchange of different cultures has helped into gaining additional knowledge in the field of migration and disability and therefore they found it really fruitful.
- 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).
- Some negative examples that are reported are related to the inaccessibility of wheelchair users, racist behaviors and existence of confusion among staff.
- In addition, the bureaucratic processes lead to frustration since they do not meet the expectations of the beneficiaries and they have to wait for a long time. This process might relate to areas such as healthcare, education, language courses etc.

Recommendations:

Some of the recommendations mentioned during the focus groups are:

- a) The experts 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.

- b) 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 and that they should be provided 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 organization
- c) In terms of training courses for staff involved in the reception these need to be more related to individuals considered as vulnerable, both physically and psychologically, with a special attention to vulnerabilities related to ethnic-cultural and gender issues
- d) Another recommendation being proposed in relation to the lack of a systematic research on data and the It would be advisable to proceed with a **systematic mapping** or data collection of the availability and characteristics of the reception center, so that it is possible for experts in the sector to direct the migrant person with disability towards centers where architectural barriers are absent and where not, and which services and equipment are available.
- e) Another recommendation has indicated that necessity for building networks between Universities, SPRAR, ASL, etc., for a continuous mutual exchange, to promote virtuous examples and good practices and for the implementation of a circular training for the interested public entities.

2.4 Focus group with migrants with disabilities

To start with some of the challenges and difficulties they experience in their everyday life are presented below:

Difficulties/Challenges:

- All refugees referred to their way to the country of residence and the difficulties they experience during the way and they lack support they had during this time. They all reported that it was very tough, difficult and painful and some of them they have not decided the country the country they will reside since they were not given this option.
- Another challenge they referred to is the access to medical service which is possible, but there are barriers to this access. For example, some doctors only take appointments when the professional interpreter accompanies the migrant. Some of the participants mentioned that 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. Furthermore, it is not easy to get the therapies and treatments which are needed. On the other hand, they were some of the migrants, for example in the case of Austria they do have access and they are happy about it.

- Access to school is given, but some schools are far away, and family members have to bring the kids to the school.
- In terms of finding accommodation, the migrants reported that they have to wait for a long time and they experience several changes usually 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.
- Another challenge identified is that 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.
- In the case that the participants have kids with disability, they face multiple difficulties registering their kids to public schools due to bureaucratic and accessibility reasons.
- In terms of the access to the information and the material, the participants mentioned that they experience difficulties in accessing them due to 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.
- In terms of personal assistance, the participants in the case of Finland, mentioned that one person needs personal assistant during the day, but he receives assistance only during the day time, for example from 8am to 12pm, and thus during the night time he doesn't receive any help and he cannot move without help. Disability services have offered him a place from group home, but he was not willing to move there. Also, the participants admitted that it's a quite difficult to apply services in Finland and they are not aware of the benefits and services they can apply for.
- Both told that they were asked about their rights and services, but either they didn't understand that information or the authorities haven't worked according the law.

Positive experience in the country of residence:

- In the case of Greece, one of the participants attend Greek language lessons and they are positive into seeing such education as a mean of facilitation of their access to services.
- The integration of migrants with disabilities in the case of Austria is reported as quite good. In terms of social activities, 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. This is in contrary with other participants in the other countries which have mentioned that they are not aware of cultural clubs and activities that took place due to the lack of information relevant to these events.

- In the case of Italy, the participants mentioned that in general terms they feel satisfied with the current situation and they are looking forward to find a job and do sports in the country of residence. Also, they reported that they do not feel discriminated.

Recommendations:

When the migrants were asked what it would make them feel more comfortable in the country of residence:

- 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 participants mentioned activities that would be interested in more possibilities for recreation activities like walking in the park etc. The transportation to a park or other recreational areas is a problem. Still, the children don't 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 are not affordable and there are not cars offered from the caritas. Another point suggested is the use of proper wheelchairs and other support materials for the kids.

2.5 Online Survey with maximum 15-20 NGOs, DPOs, EU agencies in each country

Introduction:

In this section the results of the online survey conducted via the Survey Money® online survey development cloud-based software is presented by country. The activity included the distribution of the online survey to maximum 15-20 organizations in each country. Due to practical difficulties explained, it was not possible for Finland to complete the task and approach the number of organisations proposed and thus the number of organisations participated in this case is limited to two. The results of each country are presented below along with the summary of the results

In this section, the results of the survey are presented summarising the main points addressed through all the surveys conducted by the participating countries. As already indicated the requested number of the organisations involved in this activity were max 15-20 organisations and there was a number of 21 items relevant to the training needs of the professionals, their understanding of the challenges of their profession, training subjects for the professionals, some of the initiatives being proposed based on the needs of their country and their contribution to the NAT. Furthermore, the results present professionals from both female

and male, with a diverse range of working experience in the field of immigration and disability and different job positions within their organizations. The results are presented below:

Starting with one of the first questions of the questionnaire which was directed to professionals in order to identify current initiatives that currently exist in their country and if they considered them as useful, the participants indicated the following ones among others:

Initiatives being proposed

- Special concept houses and initiatives for migrants with disabilities like Diakonie AmberMed, "Sozialmedizinische Beratung", Equalizent or UKI (Austria)
- Initiatives which provide psychotherapy like ESRA or Hemayat (Austria)
- Integrational projects in schools
- Individual initiatives
- FGM policy (not applied effectively) (Italy)
- Project SPRAR for people with mental disease (Italy)
- BEAM project for migrants with children with disabilities;
- SPRAR Castri - Lecce managed by GUS (Italy)

Need for training

To continue with, another main item of the questionnaire was that of the need for training of adult educators in the area of migration and disability. The majority of respondents in all countries have agreed that there is a great need for training the adult educators and only a few respondents considered that there is no need for such activity. As such, the training subjects that being indicated by the participants are 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
- Increasing awareness, building accessible environment and attitudes, telling people about how big our service network is.
- Benefits and how to apply them.
- 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.
- FGM and rights of women with disabilities
- Ethnography and cultural mediation for migrants with disabilities
- Access to social and health services
- Integration paths and empowerment of migrants with disabilities
- Access to labor market and professional empowerment
- Increasing awareness, building accessible environment and attitudes, telling people about how big our service network is.
- Benefits and how to apply them.

Tools for assessing and supporting migrants with disabilities more efficiently

In the following question, the participants were asked to report what kind of tools they would need for assessing and supporting migrants with disabilities better/more efficiently. The respondents were referred to the following tools which of the tools such as mapping of services, interpretation services, personalized tools seemed to be common in the results but there were also some others which tend to be more country-specific. To a great extent there seem to be similarities on the tools identified by the respondents across the countries as follows:

- 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.

Current knowledge and experience

In question 10 which was based on respondents' current knowledge and experience, they were asked to provide the indicators which they think they be helpful in identifying and assessing migrants with disabilities. The most common indicators being mentioned in order are the following:

- Disabilities
- Physical appearance
- Family Status
- Gender identity

Degree of the current knowledge of identifying and assessing migrants with disabilities:

In terms of the degree that the respondents rate their current knowledge of identifying and assessing migrants with disabilities most of them reported that they have good to adequate knowledge while there were an increased number of participants among the different organisations that indicated that they do not very good knowledge. The greater proportion in all countries reported that they are interested in gaining more information on the needs of migrants with disabilities in the following aspects:

- to inform about the welfare system, legal framework and available services for people with disabilities and women's rights as well;
- to empower migrants with disabilities.
- 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.

Key areas of assistance for migrants with disabilities:

To continue with, the key areas of assistance for migrants with disabilities that were reported as the most frequent among the respondents are in the following order:

- Services related to immigrants' disability
- Social integration
- Assessment of Disability
- Information on immigrants' rights
- Accommodation
- Recognition of the status of refugee
- First Line Rescue

Need for education and training for migrants with disabilities:

In relation to the topic of the need for education and training migrants with disabilities when they arrive at the recipient country, all of the participants responded positively and they reported the following reasons that they think it is important to:

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

Frequency of the use of informational material

In question 17 the respondents were asked about the frequency of the informational material they use for migrants with disabilities which in the case of Greece for example most of the respondents answered that they rarely or not at all they use the informational material. This

was the case in Italy were most of the respondents (4) rarely use the informational material while others (2) they do use them often. In the case of Finland, that was one respondent use them often whereas the other one rarely. Finally, in the case of Austria, most of the participants answered rarely as well.

Surprisingly, even most of the respondents across the participating countries have indicated that they rarely use the informational material, they do find them extremely helpful in most cases (i.e Greece), very useful (Italy, 4 respondents, Finland 1 respondent) addressing the migrants' needs while in Austria the majority of the respondents found it somehow useful and in Italy 4 out of the 9 respondents and the 1 respondent in Finland as well.

Accessibility of Material

In terms of the extent that the respondents consider the material as accessible to the migrants with disabilities either in printed or in online form, most of the participants across the countries, answered that they found it not accessible or not accessible at all.

In the last two questions of the questionnaire, 20 and 21 respectively, the professionals were asked to provide their views and perspectives on good practices and aspects that needs to be included in the Needs Assessment tool. Their responses in question 20 are as follows:

List of good practices that considered important in the field 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 marker).
- Appropriate accommodation and assistive equipment necessary for their mobility.
- Programs for their employment integration.
- Individuals solutions about services, ACC-tool.
- Cooperation with different kind of actors, for example different authorities from municipalities, 3rd sector (organizations etc.)
- Women's shelters approach to empower women with disabilities;
- Focus group and dissemination of good results;
- Agreements with local associations dealing with disabilities (FISH);
- Training of people working in health and social services;
- Inclusion in contexts in which there are not only disabled people.

Suggestions for the needs assessment tool:

Finally, their responses in question 21 are the following:

- 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
- Medical history and medication of the migrant.
- Socio-psychosocial history of the migrant.
- Self-determination elements.
- easy reading and translation tools including tools combining language with pictograms, signs, not so specific focus on access to labor market and training;
- disability from birth or not;
- conception of disability in the country of origin;
- presence of friends or relatives in the recipient-country;
- FGM.

3. National Recommendations:

In this section, the national recommendations being proposed by the participating countries are presented and then they are summarized into the most prominent ones. The recommendations are based on each country's current practices and initiatives and they are recommended based on the aspects being discussed in the gap analysis and needs assessment section.

Austria:

National Level 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.

Greece:

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.

Finland:

National level recommendations

In Finland, we must discuss more about refugees and asylum seekers with disabilities. We must think more carefully how they can integrate to our society even better. Now there are barriers for their good life.

We should think more carefully for example the following thoughts and questions:

- How asylum seekers and refugees with disabilities can participate in different kinds of trainings (especially language courses) and they don't have to wait years.
- We know that people with disabilities don't have much opportunities to work in Finland, but should we arrange some kind of job for refugees and asylum seekers with disabilities, so they can integrate even better to our society?
- We also know that our service system is quite difficult even for Finnish people. There is a lot of bureaucracy and you have to apply for benefits and services again and again. How could we train even better asylum seekers and refugees with disabilities and their families, so they know our system and can handle it?

We know that there are many experts who are working in this field and they are doing an excellent job, especially in the immigrants' services. But when people leave those services, it feels like they don't get enough support. How could we make this process even better?

There is a lot to do in this field, but important is that we have awakened in this situation in Finland.

Italy:

National level recommendations

FIRST AID

- It is good practice that the patrol boats involved in rescue operations have on board one or more **doctors** who can provide first aid and assistance.
- The **basic notions** of international, **European and national principles** and laws on the protection of refugees, the treatment of minors, and the procedures to be applied in carrying out the tasks assigned in relation to the management of mixed migratory flows arriving by sea, should be widespread among the naval bodies most involved in sea rescue operations.
- At international or at least Community level to reach an **agreement on** the following points: - adoption of **common criteria** suitable to define a situation of difficulty as "**emergency**"; - common definition of the criteria for identifying a given port of landing as "safe" for persons who might be in need of international protection; - definition of a responsibility sharing mechanism to facilitate the disembarkation of people rescued at sea.

- Before reaching the port, the Port Authorities should inform the competent Prefecture of the arrival time in advance so that the latter can arrange the **necessary assistance** for the landing, alerting the Civil Protection, the ASL and the associations and organizations that provide relief and advice to migrants.
- All assistance activities must be carried out with full **respect for the fundamental rights of migrants**.
- It is also essential that, from the moment of disembarkation, all the actors involved participate in the **identification of vulnerable people**.

ASSISTANCE

- The **health care** activity must be of absolute **priority** with respect to any intervention carried out against newly disembarked migrants. It is also necessary that the same should take place within a period that is congruent with the needs identified.
- It is good practice to guarantee the presence of **cultural mediators**.
- It is important that during the disembarkation operations the **privacy** of all migrants is ensured -It is advisable to ask the migrants, as soon as they are disembarked, if they are aware of **other vessels** that could still be found in the sea in difficulty.
- During the first landings assistance operations, if circumstances permit, it is good practice to identify households (to avoid their possible separation during subsequent transfers) and potential unaccompanied minors

IDENTIFICATION (personal data and vulnerability)

In the case of migrant women arrivals, it is essential that inspection operations are always carried out by **female** police personnel.

- It is important that the newly disembarked migrants are always transferred to specific centers that perform a function of first reception and identification
- As a general principle, it is necessary to **take into account the conditions of the journey**, as well as the possible state of fatigue and disorientation of the migrants. In the event that the migrants have arrived in critical condition or otherwise are affected by the difficulties of the journey, it is necessary to ensure that the identification operations are carried out only after the castaways have received a first assistance.
- It is important that before the identification procedure the Immigration Police Office, through its own cultural mediator, **provides migrants with general information** about Italian legislation on immigration and asylum with particular regard to the right to request international protection. -It is good practice that the identification operations carried out by the Police **take into account the vulnerability** of the individual subjects and that the obvious children and women with newborn children can be listened to with priority over the other migrants.

-In general, it is necessary to pay attention to the entire process of identification, even in consideration of the significant repercussions that this has on the subsequent path of foreigners in

Italy.

-In the phase immediately after entering the first reception center it would be advisable to make available to all the migrants arrived by sea an information flyer translated into different languages containing the **basic principles relating to the stay in the destination country** and to the instruments of protection and protection provided for by national legislation. Migrants should also be informed about the rules of coexistence and services present within the Center.

-It would be appropriate to develop a **standardized identification procedure**, possibly also with the possible adoption of a short form, in order to facilitate for the competent authorities, the identification of possible international protection needs of migrants. Early access to the procedure by asylum seekers should also be guaranteed through the adoption of easily comprehensible and effective operating procedures, in compliance with the principles listed in the Schengen Handbook;

INFORMATION

-The information activity aimed at migrants may provide for the organization of **group information sessions**. These sessions should be organized taking into account the profiles of migrants and needs that have emerged.

- Group information sessions for potential asylum seekers should clarify the **conditions for the request for international protection** and the different stages of the procedure (access procedures, obligations of the applicant during the procedure, hearing, possible outcomes and possible recourse). Equally important is to provide detailed information about the criteria for determining the State responsible for examining the application for international protection, as defined by the Dublin II Regulation 40, or about special circumstances (e.g. presence of a spouse in another European country).

-Compared to minors, it is advisable that the group counseling sessions are carried out by adopting **preventive measures for the protection of minors**, in particular by ensuring the presence of at least two adult operators with minors.

-In case you suspect you are in front of one or more victims of trafficking it is recommended to carry out an **individual interview** and in conditions of confidentiality

-**Information sessions** aimed at migrants regarding information and health prevention should be **held** with the aim of improving the sanitary conditions **in the reception centers** and increasing the capacities and possibilities of access to health facilities and services.

Summary:

The recommendations that were proposed and identified in each country were based on the gaps being identified in the section of gap analysis and needs assessment section and they are presented below:

To start with the case of Austria and considering the situation with migrants in the country, the report has summarised some of the work that local organisations such as CARITAS do especially through difficult conditions in order to help vulnerable and stigmatised groups. As such what is recommended based on the gap analysis report and the focus groups and questionnaires is to provide additional resources and at the same time there is a need for sensitization on the topic and help from a higher political European level which would have been very important for people in Austria. Also, keeping the numbers of asylum seekers in Europe as indicated in the gap analysis section, the neighbour country Germany has 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.

In Greece, the national recommendations were focused around the identification and registration of refugees and asylum seekers with disabilities and some of them are suggested as follow:

- 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.
- 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 to be fully accessible for persons with disabilities.
- Ensuring quick identification, registration and asylum procedure for people with disabilities so as to ensure the immediate transfer of people with disabilities from transit stay to an integrated urban community model.
- Refugees and asylum seekers with disabilities must stay together with their family members, wherever they are accommodated.
- 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.
- 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.
- 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.
- 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.
- Financial support should be granted to the asylum seekers and refugees to work

In Finland, the recommendations that were proposed are the following:

- The participation of asylum seekers and refugees with disabilities in different kind of trainings (especially language courses) and so as not to have to wait for a long time through bureaucratic processes.
- Arrangement of job positions to refugees and asylum seekers with disability so as to be integrated into the Finnish society more easily
- Training asylum seekers and refugees with disabilities and their families on the current service provider system which is rather challenging and bureaucratic even for Finnish people.
- In Italy the recommendations that were proposed were based on each sector such as first aid, health, identification, information and the main ones are summarized as following:

- Starting with First Aid, it is been proposed that the patrol boats involved in rescue operations have on board one or more **doctors** who can provide first aid and assistance.
- At international or at least Community level to reach an **agreement on** the following points: - adoption of **common criteria** suitable to define a situation of difficulty as "**emergency**"; - common definition of the criteria for identifying a given port of landing as "safe" for persons who might be in need of international protection; - definition of a responsibility sharing mechanism to facilitate the disembarkation of people rescued at sea.
- Before reaching the port, the Port Authorities should inform the competent Prefecture of the arrival time in advance so that the latter can arrange the **necessary assistance** for the landing, alerting the Civil Protection, the ASL and the associations and organizations that provide relief and advice to migrants.

As per the identification (personal data and vulnerability), the recommendations being made are suggested as follow:

- In the case of migrant women arrivals, it is essential that inspection operations are always carried out by **female** police personnel.
- It is important that the newly disembarked migrants are always transferred to specific centers that perform a function of first reception and identification
- As a general principle, it is necessary to **take into account the conditions of the journey**, as well as the possible state of fatigue and disorientation of the migrants.
- It is important that before the identification procedure the Immigration Police Office, through its own cultural mediator, **provides migrants with general information** about Italian legislation on immigration and asylum with particular regard to the right to request international protection.
- It is good practice that the identification operations carried out by the Police **take into account the vulnerability** of the individual subjects and that the obvious children and women with newborn children can be listened to with priority over the other migrants.

Finally, as per the information, the recommendations proposed aim at migrants to provide the organization with **group information sessions**. These sessions should be organized taking into account the profiles of migrants and the specific needs they have when they arrived or fled to the country.

- Group information sessions for potential asylum seekers should clarify the **conditions for the request for international protection** and the different stages of the procedure (access procedures, obligations of the applicant during the procedure, hearing, possible outcomes and possible recourse). Equally important is to provide detailed information about the criteria for determining the State responsible for examining the application for international protection, as defined by the Dublin II Regulation 40, or about special circumstances (e. g presence of a spouse in another European country).

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Apendices:

Appendix I: Online Questionnaire

AMiD-Access to Services for Migrants with Disabilities

AMiD (Access to Migrants with Disabilities) project aims to support an efficient management of the reception and integration of asylum seekers and migrants with disabilities in EU. The EU demographic landscape is becoming progressively diverse, a result of growing migrant and refugee population. An important minority of migrants and refugees are persons with disabilities (PwD). As ethnic diversity among individuals with disabilities increases, service delivery systems must be prepared to respond to the implications of an increasingly diverse user base.

The project will outline a Needs Assessment Tool to empower NGOs and Local Authorities to assess and support with adequate responses migrants and refugees with disabilities in the EU. In order to be able to address and understand the needs and challenges of the professionals working with migrants and refugees services in a number of organisations, Disabled People Organisations and Service providers for people with disabilities, we ask you to provide us with your feedback and responses by answering into a number of questions.

You are asked to complete the survey which it takes approximately 15 minutes. We kindly ask to answer the questions by taking into consideration your current working experience and position.

1. Gender

Male

Female

Other (please specify)

2. Age

20-30 years old

31-40 years old

41-50 years old

51-60 years old

3. Years of Working experience in the migration field

0-5

6-10

11-15

15+

4. Current job position:

5. 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) w

6. Do you think there is a need for training adult educators in disability and integration issues?

w

Yes

No

7. If yes, please list 3 training subjects (If no, please provide NA for answer here) w

8. What kind of tools would you need for assessing and supporting migrants with disabilities better/more efficiently?

4. 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)

Physical Appearance

Disabilities

Family status

Gender Identity

All of the above

Other (please specify)

10. To what degree would you rate your current knowledge of identifying and assessing migrants with disabilities?

Very good knowledge

Good

Adequate knowledge

Not very good knowledge

No knowledge at all

11. Would you feel that you would need more information on migrants with disabilities' needs?

Yes

No

12. If yes, in what aspects?

13. Which would you consider as the key action areas of assistance for migrants with disabilities?

Assessment of Disability

First Line Rescue

Accommodation

Information on immigrants' right

Recognition of the status of refugee

Social integration

Services related to immigrants' disability

Other (please indicate)

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

Yes

No

15. If yes, please list up to 3 reasons why is there a need for training (If no, please provide NA for answer here)

16. In your job, how often do you use any kind of informational material for migrants with disabilities (regarding their rights, obligations etc.)?

Very often

Often

Sometimes

Rarely

Not at all

17. How useful do you find the informational material for addressing migrants' needs?

Extremely helpful

Very helpful

Somewhat helpful

Not so helpful

Not helpful at all

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

Very accessible

Somewhat accessible

Not very accessible

Not accessible at all

19. Can you list some good practices that you consider important in the field of migrant with disabilities?

20. What would you suggest that needs to be included in such a needs assessment tool that will help you identifying migrants with disabilities in your practice?

Appendix II: Focus Groups with Professionals

Focus Groups with relevant experts

Duration:

- Focus Group: 1 – 1,5 hours

Tools needed: Attendance sheet, consent form (Annex I), list of questions, recorder, PC, projector, note pad, pen

The focus group can be held in English or national language and should include no more than 10 participants.

The focus group is coordinated by two experts:

- The focus group leader will manage the focus group and will make the questions;
- The focus group will take notes of everything is said during the meeting, by each participants.

1. Short presentation on the focus group goals
2. Participants presentation / Demographic questions
 - a. Name/Surname
 - b. Description of their job/position/responsibilities
3. Focus group:
 - a. Please provide information on your experiences from working with migrants with disabilities.
 - b. Please give examples from negative / positive experiences. What has and has not worked well?
 - c. Do you think there is a need for educating / training migrants when arriving at the recipient-country? If yes, in which sectors?

- d. Do you think there is a need for educating / training locals, employers, workers etc. on how to coexist with migrants with disabilities?
- e. In your job, do you use informational material addressed to migrants with disabilities (regarding their rights, obligations etc.)? If yes, how can migrants have access to this material (printed and/or online material) and in which languages?
- f. Are you aware of any differences in the law / policies regarding the different kind of migrants (e.g. asylum-seeker, refugee, permanent resident, temporary foreign worker, third-country national etc.)?
- g. Are you aware of the most common areas of employment of migrants in your country? If yes, please indicate some of these areas.
- h. Which practices are promoted by the government of your country in relation to the coexistence of migrants with disabilities with local people (cultural enrichment, promotion of diversity and multiculturalism, anti-racist practices, integration practices)?
- i. List some initiatives, policies, programmes which exist in your country about the integration of migrants and intercultural issues (e.g. education, employment and social rights of migrants). Please indicate if they have been successful or not, providing examples.
- j. Did you have any kind of training on how to interact with migrants and contribute to their smooth integration before starting your job? If yes, what kind of training did you have? If not, do you think it would be useful?
- k. Do you think there is a need for training adult educators in intercultural issues and disability? If yes, please list 3 training subjects.
- l. What kind of tools (educational, professional, etc.) you would need for making your interaction with migrants better/more efficient?

Appendix III: Focus Groups with Migrants with Disabilities

Focus Groups with migrants with disability

Duration:

- Focus Group: 1 – 1,5 hours

Tools needed: Attendance sheet, consent form (Annex III), list of questions, recorder, PC, projector, note pad, pen

The focus group can be held in English or national language and should include no more than 5 participants.

The focus group is coordinated by two experts:

- The focus group leader will manage the focus and will make the questions;
- The focus group expert will take notes of everything is said during the meeting, by each participant.

1. Short presentation on the focus group goals

2. Participants presentation / Demographic questions
 - a. Name/surname
 - b. Age
 - c. First Language
 - d. Do you speak any other languages? If yes, which language(s)?
 - e. When did you first come to [INSERT COUNTRY]? / How long have you been in [INSERT COUNTRY]?
 - f. What is your current immigration status in [INSERT COUNTRY]? (e.g. Permanent Resident, Temporary Foreign Worker, Refugee, other...)
 - g. Do you study or work in [INSERT COUNTRY]?
 - h. Why did you choose to come to [INSERT COUNTRY]?
 - i. How long do you plan to live in [INSERT COUNTRY]?
 - j. Who did you come to [INSERT COUNTRY] with? (alone, friends, family)
 - k. Are you married?
 - l. Do you have children? If yes, how many?
 - m. Do you have any other relatives in [INSERT COUNTRY]?

3. Focus group questions:
 - a. Why have you decided to come to [INSERT COUNTRY]?
 - b. How did you find an accommodation? Was it easy / difficult? Who helped you? Were you supported by the [INSERT COUNTRY] government?
 - c. Have you ever experienced discrimination (working environment, socialization, daily activities etc.)? If yes, what kind of discrimination? Can you give some examples?
 - d. Do you have access to social care, welfare, health services, education etc.?
 - e. How do you find information about those services? Do you find information online, on flyers, by phone? Do you have access to information in your language?
 - f. Have you ever experienced any difficulties regarding having access to those services? Please provide examples.
 - g. Are you aware of any laws / policies / regulations that exist in the host country about migrants? Please provide some examples.
 - h. Have you ever participated in any training programmes regarding your integration in [INSERT COUNTRY]? What kind of trainings? Please give some examples. If not, which training do you think would be useful for your integration?
 - i. Do you participate at any events in the host country where you have the opportunity to promote your culture or practice your religion?
 - j. Do you participate in any cultural clubs or are you aware of any club in [INSERT COUNTRY]?

