



# COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

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# **COVID-19 and people with disabilities**

Assessing the impact of the crisis and informing disability-inclusive next steps

## **Germany**

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## **1 Executive summary**

### **Disability inclusivity of disaster and recovery planning**

The legal and regulatory basis of disaster management to deal with the Corona pandemic in Germany is the federal Infectious Diseases Act, which is implemented by the Länder and municipalities. The policies are based on political agreements of the Federal and Länder governments. There is no institutionalised participation of persons with disabilities. However, the disability commissioners on federal and Länder level address issues relevant to persons with disabilities.

### **Impact of the virus on mortality among people with disabilities**

There are no special statistics about the mortality among persons with disabilities. However, high mortality in long-term care institutions indicates a high risk for persons in need of long-term care and in special institutions.

### **Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities**

1. The participation of people with disabilities in the general labour market is affected negatively (13.2.).
2. Rehabilitation and therapy of disabled people in inpatient and outpatient settings was affected negatively (4.5.; 10.).
3. It is most likely that the closure of schools and insufficient and non-accessible digital learning will have a negative effect for young people with disabilities (12.2.).

### **Examples of good practice**

1. The governmental financial support of social services and institutions regulated in the Social Services Involvement Law<sup>1</sup> has helped to stabilize the social infrastructure for people with disabilities as the services were paid even when they could not be active due to the pandemic (2.4.; 9. and especially 9.1).
2. The prioritization for vaccination takes people with disabilities into account (4.6.).
3. Access to income support has been made easier during the pandemic (5.).

### **Recommendations and opportunities for change**

1. Digital learning platforms and teaching materials must be accessible, and school assistance must be guaranteed for remote teaching and learning (Recommendation of the German Disability Council)<sup>2</sup> (12.2). Accessibility of digital education for all groups of disabled persons will be a relevant challenge for the next years.

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<sup>1</sup> Gesetz über den Einsatz der Einrichtungen und sozialen Dienste zur Bekämpfung der Coronavirus Sars-CoV-2-Krise in Verbindung mit einem Sicherstellungsauftrag (Sozialdienstleister-Einsatzgesetz – SodEG) vom 27.3.2020 (BGBl. I, 575).

<sup>2</sup> Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderung: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.

2. Programmes for further education, qualification and placement in the primary labour market must be set up for persons with disabilities, in order to counteract the rising unemployment rate. This applies especially to severely disabled persons (Recommendation of the German Disability Council)<sup>3</sup> (13.2). A special challenge is to use the opportunities of remote and digital workplaces for building more inclusive working opportunities in the general labour market and to secure the accessibility of digital work.
3. In addition to the fact that institutionalized housing is contrary to the perspective of the UN Convention on the Rights of Persons with Disabilities, the pandemic has shown that the majority of victims of the Coronavirus were people in institutions. In order to be better prepared in the event of another pandemic and, not least, to enable persons with disabilities to realize the rights to which they are entitled, Germany must fundamentally continue to work on deinstitutionalization and alternatives for living in the community.

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<sup>3</sup> Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderung: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.



## 2 Disability-inclusive disaster and recovery planning

### [Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

#### 2.1 Commitments to disability in disaster management and recovery strategies

The German Constitution (Grundgesetz) does not provide for the proclamation of a 'state of emergency'. In civil protection and disaster situations, the Federal Civil Protection and Disaster Relief Act (Gesetz über den Zivilschutz und die Katastrophenhilfe des Bundes) regulates the cooperation of the federal government and the states (Länder). Civil protection falls in the authority of the Länder, which have enacted state laws for this purpose.<sup>4</sup>

During the pandemic situation, the federal government and the Länder governments acted in coordination, based on political agreements, which left a certain margin of differences according to the pandemic situation and the political appreciation.

During the Corona-pandemic, most measures taken by the federal and Länder government, and public authorities, were and are primarily based on the Federal Protection against Infectious Diseases Act (Infektionsschutzgesetz – IfSG). In March 2020, the Federal Government released the Population Protection Act in cases of epidemic situation of national relevance.<sup>5</sup> At the same time, it declared an epidemic situation of national relevance and confirmed this in November 2020<sup>6</sup> and again in March 2021.<sup>7</sup> It modified the Protection against Infectious Diseases Act and granted more powers to the Federal Ministry of Health to intervene, including limitations to freedom of movement, quarantine and prohibition to carry out economic activities (§§ 28-31 IfSG). The new powers of the Federal Ministry of Health are equally applied alongside the legislative and administrative powers of the Länder. The enforcement powers of the Länder in implementing regulations (Verordnungen) remain unaffected (§§ 32, 54 IfSG).<sup>8</sup> There is no specific reference to persons with disabilities in this legislation. However, Article 3 of the constitution (Grundgesetz) obliges all public authorities not to discriminate against persons with disabilities. In the context of the pandemic, numerous other laws, regulations and decisions of general ruling (Allgemeinverfügungen) were adopted at federal, Länder and municipal level, as well as various instructions and recommendations for facilities and service providers.

#### 2.2 Involvement of people with disabilities in disaster management and recovery strategies

Apparently, persons with disabilities were not explicitly involved in disaster management and recovery strategies in general and in relation to COVID-19 in

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<sup>4</sup> E.g., Bavarian Civil Protection Act (BayKSG), Hessian Act on Fire Protection, General Assistance and Civil Protection (Hessian Fire and Civil Protection Act – HBKG).

<sup>5</sup> Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite – Bevölkerungsschutzgesetz, BGBl. 2020 Teil I Nr. 14 v. 27.03.2020. This was followed in the course of the year by the second (BGBl. 2020 Teil I Nr. 23 v. 19.05.2020) and third Population Protection Act in cases of epidemic situation of national relevance (BGBl. 2020 Teil I Nr. 52 v. 18.11.2020).

<sup>6</sup> <https://www.bundesregierung.de/breg-de/aktuelles/bevoelkerungsschutzgesetz-1805062>.

<sup>7</sup> Gesetz zur Fortgeltung der die epidemische Lage von nationaler Tragweite betreffenden Regelungen, BR-Drs. 197/21.

<sup>8</sup> Explanatory memorandum to Bevölkerungsschutzgesetz, BT-Drs. 19/18111, p. 20.

particular.<sup>9</sup> However, during the pandemic, the governmental commissioners for disabled persons, various German disability organisations, as well as German welfare organisations, participated in the process of disaster and recovery planning with opinions and recommendations.<sup>10</sup> They called for more involvement of people with disabilities and their needs in the disaster management and elaboration of protection concepts.<sup>11</sup>

### **2.3 Disability impact assessments and research to inform disaster management and recovery planning**

A systematic assessment and research to inform disaster management and recovery planning in Germany could not be found and needs to be institutionalized. Some initiatives are to be found. For example, currently, there is no central, free, accessible emergency call app in Germany, usable by persons with hearing and visual disabilities. This is due to arrive in April 2021.<sup>12</sup> From October 2017 to July 2018, the Federal Ministry for Economic Affairs and Energy funded a project to develop a prototype emergency call app and subsequently test it. The federal state of North Rhine-Westphalia took the lead in creating the app.<sup>13</sup>

### **2.4 Use of disaster management and recovery planning funds**

Social services for persons with disability and non-profit social enterprises suffer from the consequences of the pandemic. Around 900 inclusive businesses (Inklusionsbetriebe), severely disabled people work at, also suffered from closures and loss of turnover. Many of these companies have only been able to benefit from governmental Corona financial support to a limited extent or not at all in 2020. The Federal Government has therefore decided to provide EUR 100 million for institutions which support disabled persons, including inclusive businesses (Corona-Participation-Funds – Corona-Teilhabe-Fonds). To this end, the Federal Ministry of Labour and Social Affairs has issued a funding guideline and reached administrative agreements with the Länder. From 1 January 2021, application for the funds is possible at the respective integration office of the individual Länder for the period September 2020 to

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<sup>9</sup> See for the lack of involvement of work councils in sheltered workshops, Kohte, Herausforderungen der Rehabilitation in der Corona-Krise, RP Reha 3/2020, p. 8.

<sup>10</sup> E.g. [https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier\\_BVLH\\_2020-09\\_Corona\\_Pandemie.pdf](https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier_BVLH_2020-09_Corona_Pandemie.pdf); <https://www.deutscher-behindertenrat.de/ID255655>.

<sup>11</sup> [https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier\\_BVLH\\_2020-09\\_Corona\\_Pandemie.pdf](https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier_BVLH_2020-09_Corona_Pandemie.pdf), p. 4, 5.

<sup>12</sup> See Zeit Online: Für Hörgeschädigte: „Notruf-App“ soll im April starten, 08.01.2021, <https://www.zeit.de/news/2021-01/08/fuer-hoergeschaedigte-notruf-app-soll-im-april-starten>.

<sup>12</sup> See Antwort auf die Schriftliche Frage an die Bundesregierung im Monat Januar 2020 von Jens Beeck, Frage Nr. 14, <https://www.bmwi.de/Redaktion/DE/Parlamentarische-Anfragen/2020/1-134.pdf?blob=publicationFile&v=2>.

<sup>13</sup> See Antwort auf die Schriftliche Frage an die Bundesregierung im Monat Januar 2020 von Jens Beeck, Frage Nr. 14, <https://www.bmwi.de/Redaktion/DE/Parlamentarische-Anfragen/2020/1-134.pdf?blob=publicationFile&v=2>.

March 2021.<sup>14</sup> Non-profit Enterprises can also profit from a special credit-program of the public bank Kreditanstalt für Wiederaufbau (KfW) with EUR 1 billion.<sup>15</sup>

The lottery funded *Aktion Mensch* (Action Human), a German non-governmental and non-profit organisation, established a EUR 20 million fund for assistance services, food providers and inclusion businesses at the beginning of the pandemic.<sup>16</sup> Since 1 January 2021, it established a new fund of EUR 6 million.<sup>17</sup>

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<sup>14</sup> Richtlinie über die Gewährung von Billigkeitsleistungen an Einrichtungen der Behindertenhilfe, Inklusionsbetriebe, Sozialkaufhäuser und Sozialunternehmen zum Ausgleich von Schäden infolge der Corona-Pandemie 2020 BAnz AT 11.12.2020 B3, v. 11.12.2020.

[https://www.bmas.de/SharedDocs/Downloads/DE/Thema-Teilhabe/foerderrichtlinie-leistungen-behindertenhilfe.pdf;jsessionid=6F3C4FE71A16FB9EBF458431F319D6E7.delivery1-replication?\\_\\_blob=publicationFile&v=1;](https://www.bmas.de/SharedDocs/Downloads/DE/Thema-Teilhabe/foerderrichtlinie-leistungen-behindertenhilfe.pdf;jsessionid=6F3C4FE71A16FB9EBF458431F319D6E7.delivery1-replication?__blob=publicationFile&v=1)

<https://www.bmas.de/DE/Presse/Pressemitteilungen/2020/teilhabe-trotz-krise.html>.

<sup>15</sup> Annette Tabbara, Corona und die Auswirkungen auf Institutionen der Behindertenhilfe und Inklusionsbetriebe, Soziale Sicherheit 2020, 344-347.

<sup>16</sup> <https://www.aktion-mensch.de/corona>.

<sup>17</sup> <https://www.aktion-mensch.de/foerderung/foerderprogramme/corona-soforthilfe.html>.

### 3 Mortality connected to COVID-19 among people with disabilities

#### Article 10 – The right to life

#### 3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

There are no official statistics available concerning the overall mortality rate of persons with disabilities. Official death statistics, for example the Statistical Yearbook (*Statistisches Jahrbuch*) of Germany's Federal Statistical Office (*Statistisches Bundesamt*) record, among others, only cause, gender, age, and marital status, not disability.<sup>18</sup> Also in the various statistics specifically on severely disabled people<sup>19</sup> or on the information page of the Federal Statistical Office,<sup>20</sup> there are no figures on death rates regarding persons with disabilities. The same applies to the official report on the participation of persons with disabilities in Germany, of the federal government.<sup>21</sup>

Therefore, no information can be provided on what the mortality rate of persons with disabilities was in the years before and during the pandemic.

Due to the lack of information, no statement can be made about the mortality rate of people with disabilities during COVID-19. However, the high mortality rate in long-term care institutions is a sign of a highly overproportioned mortality of persons with disabilities, as all those victims of COVID-19 were disabled persons.

<sup>18</sup> See Statistisches Bundesamt (2019): Statistisches Jahrbuch. Deutschland und Internationales. 2019, p. 39ff., p. 129ff., online:

[https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/statistisches-jahrbuch-2019-dl.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/statistisches-jahrbuch-2019-dl.pdf?__blob=publicationFile); further information: Statistisches Bundesamt – Sterbefälle und Lebenserwartung ([https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaeelle-Lebenserwartung/\\_inhalt.html#sprg233418](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaeelle-Lebenserwartung/_inhalt.html#sprg233418)); also available in English: Death and life expectancy, [https://www.destatis.de/EN/Themes/Society-Environment/Population/Deaths-Life-Expectancy/\\_node.html](https://www.destatis.de/EN/Themes/Society-Environment/Population/Deaths-Life-Expectancy/_node.html)), Statistisches Bundesamt – Todesursachen ([https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Todesursachen/\\_inhalt.html](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Todesursachen/_inhalt.html)); also available in English: Causes of death, [https://www.destatis.de/EN/Themes/Society-Environment/Health/Causes-Death/\\_node.html](https://www.destatis.de/EN/Themes/Society-Environment/Health/Causes-Death/_node.html)).

<sup>19</sup> See Statistisches Bundesamt (2020): Statistik der schwerbehinderten Menschen, [https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/sozial-schwerbehinderte-kb-5227101199004.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/sozial-schwerbehinderte-kb-5227101199004.pdf?__blob=publicationFile); Statistisches Bundesamt (2019): Sozialeleistungen. Schwerbehinderte Menschen, [https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/schwerbehinderte-2130510179004.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/schwerbehinderte-2130510179004.pdf?__blob=publicationFile); Statistisches Bundesamt (2020): Öffentliche Sozialeleistungen. Lebenslagen der behinderten Menschen. Ergebnis des Mikrozensus, [https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/lebenslagen-behinderter-menschen-5122123179004.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Behinderte-Menschen/Publikationen/Downloads-Behinderte-Menschen/lebenslagen-behinderter-menschen-5122123179004.pdf?__blob=publicationFile).

<sup>20</sup> Federal Statistical Office: Corona statistics – The impact of the COVID-19 pandemic on the economy and society, [https://www.destatis.de/EN/Themes/Cross-Section/Corona/\\_node.html](https://www.destatis.de/EN/Themes/Cross-Section/Corona/_node.html).

<sup>21</sup> BMAS (Ed.) (2016): Zweiter Teilhabebericht der Bundesregierung über die Lebenslagen von Menschen mit Beeinträchtigungen. Teilhabe – Beeinträchtigung – Behinderung, <https://www.bundesregierung.de/resource/blob/976072/480512/6b249c2a22eb36f7a1ffb1f2029543b9/2017-01-18-teilhabebericht-2016-data.pdf?download=1>.

### 3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No official statistics concerning the mortality of persons with disabilities from complications connected to COVID-19 are available. In an ad-hoc evaluation called “Deaths – Number of cases by day, week, month, age group and Land for Germany, 2016-2020”), the Federal Statistical Office has provided numbers of deaths over the last years, including deaths caused by COVID-19 in 2020.<sup>22</sup> “Disability” is not taken into account in this statistic. Disability is also not included in the “Corona Statistic Dossier” of the Federal Statistical Office, which has been published in 2021.<sup>23</sup>

The Robert Koch Institute provides official information around the pandemic in Germany.<sup>24</sup> It publishes daily situation reports, also available in English, on the epidemiological situation in Germany, including deaths and infected persons.<sup>25</sup> As of 18 February 2021, a total of 66 698 persons have died from complications connected to COVID-19 in Germany (see Annex, Table 1). Again, disability is not considered. The same applies to the dashboard, updated daily, with notified case numbers by Länder and districts.<sup>26</sup>

Of the total of 66 698 persons who died from COVID-19 in Germany, 20 936 died in intensive care units. At least 19 183 died in facilities according to § 36 IfSG, 10 716 of which were in long-term care facilities (see Annex, Table 1).<sup>27</sup> According to various reports in different *Länder*, between 40 and 60 % of those who died from COVID-19 died in a nursing or long-term care home: for example, 40 % in Baden-Wuerttemberg,<sup>28</sup> and 60 % in Berlin.<sup>29</sup>

The overwhelming majority of people who have died from COVID-19 were 70 years of age or older (see Annex, Table 2). According to the Robert Koch Institute, 89 % of all people who died from the virus were 70 years of age or older, with a median age of 84

<sup>22</sup> See Statistisches Bundesamt (2020): Sterbefälle – Fallzahlen nach Tagen, Wochen, Monaten, Altersgruppen, Geschlecht und Bundesländern für Deutschland 2016-2020, online: <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaelle-Lebenserwartung/Tabellen/sonderauswertung-sterbefaelle.html?nn=209016>; see also the press release in English: „Mortality figures in Week 52 of 2020: 31% above the average of previous years, 22.01.2021, [https://www.destatis.de/EN/Press/2021/01/PE21\\_032\\_12621.html](https://www.destatis.de/EN/Press/2021/01/PE21_032_12621.html).

<sup>23</sup> See Statistisches Bundesamt (2021): Statistik Dossier – Daten zur COVID-19-Pandemie, Ausgabe 01/2021, [https://www.destatis.de/DE/Themen/Querschnitt/Corona/Downloads/dossier-covid-19.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Querschnitt/Corona/Downloads/dossier-covid-19.pdf?__blob=publicationFile).

<sup>24</sup> Overview on information regarding Covid-19 in English: <https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/COVID19.html>.

<sup>25</sup> See [https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/Situationsberichte\\_Tab.html](https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/Situationsberichte_Tab.html).

<sup>26</sup> See <https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4>.

<sup>27</sup> See also Comas-Herrera, Adelina et al. (2021): Mortality associated with COVID-19 in care homes: international evidence, 01.02.2021, p. 8f., [https://ltccovid.org/wp-content/uploads/2021/02/LTC\\_COVID\\_19\\_international\\_report\\_January-1-February-1-1.pdf](https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf).

<sup>28</sup> See Südwestdeutscher Rundfunk: 40 Prozent aller Corona-Todesfälle in zweiter Welle in Pflegeheimen, 12.02.2021, <https://www.swr.de/swraktuell/baden-wuerttemberg/pflegeheime-in-bw-schlecht-geschuetzt-100.html>.

<sup>29</sup> See RBB: Fast zwei Drittel der Corona-Toten in Berlin sterben im Pflegeheim, 27.01.2021, <https://www.rbb24.de/panorama/thema/corona/beitrag/2021/01/berlin-zwei-drittel-corona-tote-sterben-in-pflegeheim.html>.

years. In this context, the share of this age group in the transmitted cases is only 16 %.<sup>30</sup>

Based on these figures, the journalist and civil rights activist *Franz-Josef Hanke* assumes that most of the elderly who died from COVID-19 died in long-term care homes. He calls this “preclinical triage” (for Triage, see also Chapter 4) – that seriously ill persons have thus been treated in the home and not transferred to the intensive care unit, where they might have received better treatment.<sup>31</sup> This opinion is also shared by *Corinna Rüffer* of *Bündnis 90/Die Grünen* (Green Party), a member of the *Bundestag* (federal parliament).<sup>32</sup>

According to various reports in different *Länder*, between 30 % and 50 % of those who died from COVID-19 lived in a nursing or long-term care home: for example, 54.8 % in Berlin,<sup>33</sup> 48.7 % in Bavaria,<sup>34</sup> 30 % in Rhineland-Palatinate, and 50 % in Bremen.<sup>35</sup> *Rothgang* and colleagues estimate that 50 % of the people who died of corona in Germany were residents of long-term care facilities.<sup>36</sup>

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<sup>30</sup> See Daily Situation Report of the Robert Koch Institute, 16.02.2021, [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Feb\\_2021/2021-02-16-en.pdf?\\_\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Feb_2021/2021-02-16-en.pdf?__blob=publicationFile).

<sup>31</sup> See kobinet-nachrichten: Wir müssen draußen bleiben – Präklinische Triage und ihre Folgen, 03.02.2021, <https://kobinet-nachrichten.org/2021/02/03/wir-muessen-draussen-bleiben-praeklinische-triage-und-ihre-folgen/>.

<sup>32</sup> See Britta Spiekermann: Versteckte Triage? Das Sterben der alten Menschen, 27.01.2021, <https://www.zdf.de/nachrichten/panorama/corona-triage-pflegeheime-100.html>; RND: Corona: Grünen-Politikerin vermutet massenhaft versteckte Triage, 23.01.2021, <https://www.rnd.de/politik/corona-grunen-politikerin-vermutet-massenhaft-versteckte-triage-SQ2X4YXT6VFH5K6SXZ6DR3QJMY.html>.

<sup>33</sup> See Tagesspiegel: Mehr als jeder zweite Corona-Tote in Berlin steckte sich in Pflegeheim an, 15.12.2020, <https://www.tagesspiegel.de/berlin/zahlen-steigen-dramatisch-mehr-als-jeder-zweite-corona-tote-in-berlin-steckte-sich-in-pflegeheim-an/26722528.html>.

<sup>34</sup> See Süddeutsche Zeitung: Jeder zweite Corona-Tote lebte im Heim, 25.01.2021, <https://www.sueddeutsche.de/bayern/bayern-corona-tote-altenheime-pflegeheime-zahlen-1.5185000>.

<sup>35</sup> See Altenheim: Hälfte der Corona-Toten in Deutschland lebte in Pflegeheimen, 11.06.2020, <https://www.altenheim.net/artikel/archiv/haelfte-der-corona-toten-in-deutschland-lebte-in-pflegeheimen>.

<sup>36</sup> See Rothgang, Heinz et al. (2020): Care homes and COVID-19: Results of an online survey in Germany, 07.07.2020, <https://ltccovid.org/wp-content/uploads/2020/07/Care-homes-and-Covid19-survey-of-care-homes-in-Germany-16-July-2020.pdf>.

## 4 Access to health

### [Article 25 – Health](#)

#### 4.1 Emergency measures

People with health problems and disabilities generally face the risk of insufficient medical care. The Corona crisis has highlighted these problems even more.<sup>37</sup> The lack of sufficient protective equipment, masks, disinfectants and testing facilities at the beginning of the pandemic, and in particular structural deficits in residential and long-term care facilities, have been identified as a risk factor for insufficient access to health care services.

Länder regulations, based on §§ 28-31, 32 IfSG, restricted visits to hospitals and rehabilitation facilities, as well as to services such as psychotherapy, physiotherapy or speech therapy.<sup>38</sup>

Visiting rights in i.a. hospitals and rehabilitation facilities were temporarily prohibited (e.g., § 2 a Abs. 1 Niedersächsische Verordnung zum Schutz vor Neuinfektionen mit dem Corona-Virus of 17 April 2020 § 3 para. 1 no. 1 Bavarian Protection against Infectious Diseases Measure Regulation – BayIfSMV, § 9 Abs. 1) and restricted. This made access to healthcare more difficult for persons with intellectual or multiple disabilities, since treatment is often only possible with familiar accompanying persons.<sup>39</sup> Hospitals refused to take in patients with disabilities, because it would have been necessary to admit an accompanying person.<sup>40</sup>

Moreover, accompanying persons or assistants for disabled persons have often not been available or doctor's appointments were cancelled due to the risk of infection.

In December 2020, the Regulation on the Entitlement to Protective Masks to Prevent Infection with the Coronavirus SARS-CoV-2<sup>41</sup> was passed by the Federal Government. According to § 1, risk groups such as persons older than 60 years and people with certain pre-existing conditions or disabilities (e.g., trisomy 21) receive 15 free FFP2 protective masks (or comparable) at the pharmacy.

In December 2020, the Federal Government released the SARS-CoV-2 Coronavirus Vaccination Entitlement Regulation, which was amended in February 2021<sup>42</sup> and again

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<sup>37</sup> See for more detailed information, Welti, Sozial- und Gesundheitspolitik: Lernen aus Erfahrungen, Das deutsche Gesundheitswesen im Lichte der Corona-Krise. Soziale Sicherheit, 2020, S. 124 ff.

<sup>38</sup> E.g., § 1 of the Lower Saxony Regulation to Combat the Coronavirus Disease COVID-19; § 1 p. 3 b) of the Bavarian Regulation on a Temporary Restriction on Exit on the Occasion of the Corona Pandemic.

<sup>39</sup> See Bundesvereinigung Lebenshilfe e.v., position-paper – Welche Lehre ziehen Menschen mit Behinderung und ihre Angehörigen aus der Corona-Pandemie, p. 7, [https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier\\_BVLH\\_2020-09\\_Corona\\_Pandemie.pdf](https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier_BVLH_2020-09_Corona_Pandemie.pdf).

<sup>40</sup> <https://www.caritas-essen.de/aktuelles/presse/triage--menschen-mit-behinderung-fordern-mitsprache-und-eine-gesetzliche-regelung-b3294468-0ad5-46a6>.

<sup>41</sup> Verordnung zum Anspruch auf Schutzmasken zur Vermeidung einer Infektion mit dem Coronavirus SARS-CoV-2, BAnz AT v. 15.12.2020 V1.

<sup>42</sup> Verordnung zum Anspruch auf Schutzimpfung gegen das Coronavirus SARS-CoV-2, BAnz AT 08.02.2021 V 1.

in March 2021.<sup>43</sup> It specifies the prioritization for vaccinations. Residents and staff of long-term care facilities and outpatient long-term care services, medical staff with very high risk and all people older than 80 are in the highest priority group. In the second group are persons older than 70, persons with a very high risk: especially mental disability, dementia, trisomy 21, adiposity (BMI 40), chronic lung, liver and kidney diseases, COPD, severe diabetes, cancer, and up to two close contact persons to those in need of long-term care, persons working in institutions and services for mentally disabled or ill persons, medical staff and police (high priority). Persons older than 60, persons and persons with a high risk: adiposity (BMI 30), chronic heart, cerebrovascular, rheumatic, asthmatic and immune diseases, with HIV, diabetes, cancer, and persons with precarious living and working conditions, teachers and other persons in important infrastructural professions are in the third group (increased priority). There is a discussion, whether the connection of the highest priority with institutional long-term care is justified compared to those persons with a similar health condition living on their own and with their family or in other forms of institutional living conditions who are in lower priority.<sup>44</sup>

The possible triage procedure, which prioritizes patients according to certain criteria if intensive care resources are insufficient, is also disputed. There are no legal criteria for prioritization. In a complaint to the Federal Constitutional Court, disability activists claim the necessity of a regulation by law and point out that the criteria set by the guidelines of the German Association for Intensive and Emergency Care<sup>45</sup> could be discriminating when using e.g., the Clinical Frailty Scale for assessing the prospects of success and measuring the priority according to it. The Federal Government argued that no prioritization had yet taken place. The Federal Constitutional Court rejected the claim for interim measures<sup>46</sup> and is now assessing the constitutional complaint.<sup>47</sup>

The German law prohibits discrimination because of age, sickness or disability, even in the case of shortage of supply (§ 2a SGB V; § 33c SGB I; §§ 1, 2 p. 1 no. 5, 19 AGG).<sup>48</sup> Prioritization, which follows an abstract assessment of success chances, could be discriminating.

The Federal Act to Improve Health Care and Long-Term Care<sup>49</sup> ensures the financial stability of the statutory health insurance (SHI) after the economic crisis triggered by the COVID-19 pandemic. To keep contributions as stable as possible, the SHI will

<sup>43</sup> BAnz AT 11.03.2021 V.

<sup>44</sup> [https://www.diefachverbaende.de/files/stellungnahmen/20210209\\_MM\\_Fachverbaende\\_Impfverordnung.pdf](https://www.diefachverbaende.de/files/stellungnahmen/20210209_MM_Fachverbaende_Impfverordnung.pdf).

<sup>45</sup> Deutsche Interdisziplinäre Vereinigung für Intensiv- und Notfallmedizin (DIVI): Entscheidungen über die Zuteilung intensivmedizinischer Ressourcen im Kontext der COVI-19-Pandemie, Version 2, Klinisch-ethische Empfehlungen, 2. überarbeitete Fassung vom 17.04.2020, <https://www.divi.de/joomlatools-files/docman-files/publikationen/covid-19-dokumente/200417-divi-covid-19-ethik-empfehlung-version-2.pdf>.

<sup>46</sup> BVerfG, Beschluss vom 16.7.2020, 1 BvR 154/20.

<sup>47</sup> A constitutional complaint is pending on the grounds of violation of Articles 1, 2 and 3 (3) sentence 2 of the Basic Law in conjunction with Article 25 of the UNCRPD due to the failure to release state measures and legal regulations, [https://abilitywatch.de/wp-content/uploads/2020/08/Verfassungsbeschwerde\\_COVID\\_19\\_Triage\\_Az\\_1\\_BvR\\_1541\\_20\\_HP.pdf](https://abilitywatch.de/wp-content/uploads/2020/08/Verfassungsbeschwerde_COVID_19_Triage_Az_1_BvR_1541_20_HP.pdf). See the Statements of Theresia Degener and others, <https://www.bodys-wissen.de/corona-protokoll.html>.

<sup>48</sup> Welti, Sozial- und Gesundheitspolitik: Lernen aus Erfahrungen, Das deutsche Gesundheitswesen im Lichte der Corona-Krise, Soziale Sicherheit, 2020, p. 128 ff.

<sup>49</sup> Gesetz zur Verbesserung der Gesundheitsversorgung und Pflege v. 22.12.2020.



receive a supplementary federal subsidy of EUR 5 billion from tax revenues in 2021. It has been apparent for a long time and has been highlighted even more during the pandemic that more nursing assistants are needed in inpatient care facilities. Therefore, about 20 000 additional positions are to be financed by the long-term care insurance, whereby the insurance contributions are not to be increased (see § 85 p. 9 SGB XI).

Another problem is that information regarding the pandemic is often not sufficiently accessible for persons with sensory or mental impairment.<sup>50</sup>

## 4.2 Access to hospital treatment for COVID-19

As stated in Chapter 3, there are no official statistics on how many persons with disabilities were infected with SARS-Cov-2 or died from COVID-19.

Of all known 2 340 087 COVID-19 cases reported up to and including the sixth calendar week of 2021, 65 596 have died and 164 058 were hospitalised (see Annex, Table 4). As of 18 February 2021, a total of 73 287 people has been discharged from the ICU, while 20.936 died in ICU (see Annex, Table 3 and 1).

In facilities according to § 36 IfSG.<sup>51</sup> 111 085 COVID-19 cases had been reported by 18 February 2021, of which 17 525 were hospitalised. This included 57 490 COVID-19 cases from long-term care facilities, of which 8 327 were hospitalised (see Annex, Table 5).

### *Triage*

In addition to the constitutional complaint on triage currently pending before the Federal Constitutional Court (*Bundesverfassungsgericht*) (see Chapter 4.1), there has been a debate from the beginning of the pandemic to the present about what should be done in a case where medical resources are scarce. Specifically, the triage question is about how physicians should act in a case when ICU spaces or ventilators are not sufficient for all patients and they are faced with having to choose whom to treat and whom not to treat, and in case of doubt, have to accept the death of patients as a result of their decision.

To date, there is no known case nationwide in which physicians have had to make a triage decision regarding COVID-19. The statement by a clinic director from Saxony late last year that triage was used in his clinic led to nationwide headlines. However, the case has not yet been conclusively clarified.<sup>52</sup>

Already at the beginning of the pandemic in Germany, disability movement actors raised the issue of possible discrimination in triage decisions. The Bochum Center for Disability Studies (*Bochumer Zentrum für Disability Studies*, BODYD) criticized the recommendations of the German Interdisciplinary Association for Intensive and Emergency Medicine (*Deutsche interdisziplinäre Vereinigung für Intensiv- und*

<sup>50</sup> Jörg Meyer, Von Inklusion und Corona, *Soziale Sicherheit* 2020, 340, 341.

<sup>51</sup> § 36 IfSG: [https://www.gesetze-im-internet.de/ifsg/\\_36.html](https://www.gesetze-im-internet.de/ifsg/_36.html).

<sup>52</sup> See Mitteldeutscher Rundfunk: Corona-Leitstellen – Bisher keine Triage an Kliniken in Sachsen, 17.12.2020, <https://www.mdr.de/sachsen/dresden/corona-keine-triage-an-saechsischen-krankenhausern-100.html>.

*Notfallmedizin*, DIVI).<sup>53</sup> According to DIVI, the likelihood of success of the treatment in terms of survival probability and life expectancy should be decisive. In addition to the severity of the acute illness, the following criteria are taken into account: comorbidities, i.e., other underlying diseases, and the degree of frailty. These criteria are seen as discriminatory and would put persons with disabilities and older people in particular at a disadvantage.<sup>54</sup>

The Disabled People's Organisations *Netzwerk Artikel 3* (Network Article 3) and *Interessenvertretung Selbstbestimmt Leben* (Representation of Interests Living Independently), share this substantive concern, but additionally point out that there is no explicit statutory basis that would regulate the case for triage.<sup>55</sup> The German Ethics Council (*Deutscher Ethikrat*), on the other hand, believes that the legislature is constitutionally prohibited from weighing lives against each other. The relevant professional societies should establish guidelines within the framework of existing laws and with respect for human rights and human dignity.<sup>56</sup> The German Institute for Human Rights (*Deutsches Institut für Menschenrechte*) has partially disagreed with this view, raising concerns that the guidelines were not created in a participatory manner and that the state should at least stop the use of guidelines that are discriminatory.<sup>57</sup>

Although the guidelines were partially revised following the criticism, the relevant points of criticism remain, according to the Disabled People's Organizations. In the context of the above-mentioned constitutional complaint, various organizations submitted comments as *amici curiae* (*Stellungnahme als sachkundige Dritte*) after being requested to do so by the court.<sup>58</sup> In it, they renewed their above-mentioned criticism of what they see as ableist guidelines. They propose nondiscriminatory criteria by which ICU spaces or ventilators could be allocated in shortages: by priority ("first come first served"), by urgency (who needs the treatment most urgently, regardless of pre-existing conditions or life expectancy), or by chance (e.g., through a lottery

<sup>53</sup> DIVI (2020): Entscheidungen über die Zuteilung intensivmedizinischer Ressourcen im Kontext der COVID-19-Pandemie. Klinisch-ethische Empfehlungen, Version 2, 17.04.2020, 2. überarbeitete Fassung, <https://www.divi.de/joomlatools-files/docman-files/publikationen/covid-19-dokumente/200417-divi-covid-19-ethik-empfehlung-version-2.pdf>.

<sup>54</sup> BODY5 (2020): Inclusion in times of disaster medicine. BODY5 statement on the current debate on triage which discriminates against disabled people, 24.04.2020, [https://www.body5-wissen.de/files/body5\\_wissen/Downloads/Corona-Protokoll/BODY5%20statement\\_EN%20version.pdf](https://www.body5-wissen.de/files/body5_wissen/Downloads/Corona-Protokoll/BODY5%20statement_EN%20version.pdf).

<sup>55</sup> See Netzwerk Artikel 3 / Interessenvertretung Selbstbestimmt Leben: Triage – Behinderung darf kein Kriterium bei Priorisierungs-Entscheidungen sein!, 31.03.2020, <http://www.nw3.de/attachments/article/136/Kommentar%20zu%20Triage.pdf>.

<sup>56</sup> See German Ethics Council: Solidarity and Responsibility during the Coronavirus Crisis. Ad hoc recommendation, 27.03.2020, <https://www.ethikrat.org/fileadmin/Publikationen/Ad-hoc-Empfehlungen/englisch/recommendation-coronavirus-crisis.pdf>.

<sup>57</sup> See Deutsches Institut für Menschenrechte: Das Recht auf gesundheitliche Versorgung von Menschen mit Behinderungen in der Corona-Pandemie. Stellungnahme, April 2020, [https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Stellungnahme\\_Das\\_Recht\\_auf\\_gesundheitliche\\_Versorgung\\_von\\_Menschen\\_mit\\_Behinderungen\\_in\\_der\\_Corona-Pandemie.pdf](https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Stellungnahme_Das_Recht_auf_gesundheitliche_Versorgung_von_Menschen_mit_Behinderungen_in_der_Corona-Pandemie.pdf).

<sup>58</sup> See here for an overview of the statements submitted: <http://www.isl-ev.de/index.php/aktuelles/nachrichten/2453-gemeinsame-presseerklaerung-mit-netzwerk-artikel-3-nw3-triage-gesetzgeber-darf-nicht-laenger-schweigen>.

procedure).<sup>59</sup> In addition, they are again calling for legislation to address triage. The German Institute for Human Rights also advocates for the adoption of non-discriminatory legislation that is developed with the involvement of persons with disabilities and the elderly.<sup>60</sup>

### 4.3 Treatment for COVID-19 in congregate settings

Of the 111 085 reported COVID-19 cases from facilities according to § 36 IfSG, 57 490 were from long-term care facilities. Of these, 8 327 were hospitalised, meaning 49 163 (85.5 %) were not hospitalised. An estimated 43 100 (75 %) recovered (see Annex, Table 5).

### 4.4 Public health promotion and testing during the pandemic

#### *Information on the virus and measures in easy read and sign language*

At the beginning of the pandemic in Germany, in March 2020, the Federal Government Commissioner for Matters relating to Persons with Disabilities pointed out that little information about the virus was available in sign language or easy read.<sup>61</sup> The Federal Anti-Discrimination Agency also reported in May 2020 that it has been repeatedly told that not all information about the Coronavirus is available in sign language.<sup>62</sup>

Information in easy read can be found on the central government website about the Coronavirus, [zusammengegencorona.de](https://www.zusammengegencorona.de) (English: together against Corona),<sup>63</sup> on the website of the Federal Government<sup>64</sup> and on the website of the Robert Koch Institute.<sup>65</sup> However, the information is rather general and only partly up to date. Thus, there is no information in easy read on any of the three mentioned websites about how, when and where to get vaccinated (as of 19 February 2021).

The Robert Koch Institute does not offer information on the Coronavirus in sign language on its website.<sup>66</sup> On the YouTube channel<sup>67</sup> of the Federal Ministry of Health, and on the website of the Federal Government,<sup>68</sup> there is information on COVID-19 in sign language, including information on vaccinations.

<sup>59</sup> See also Forum behinderter Juristinnen und Juristen: Stellungnahme zu den Empfehlungen der Fachverbände für den Fall einer Triage, 06.04.2020, [https://www.teilhabe-gesetz.org/media/Ottmars\\_Dateien/200406\\_FbJJ\\_Stellungnahme\\_Triage.pdf](https://www.teilhabe-gesetz.org/media/Ottmars_Dateien/200406_FbJJ_Stellungnahme_Triage.pdf).

<sup>60</sup> See Deutsches Institut für Menschenrechte: Triage: Gesetzgeber muss diskriminierungsfreie Entscheidung über intensivmedizinische Ressourcen sicherstellen, 17.12.2020, <https://www.institut-fuer-menschenrechte.de/aktuelles/detail/triage-gesetzgeber-muss-diskriminierungsfreie-entscheidung-ueber-intensivmedizinische-ressourcen-sicherstellen>.

<sup>61</sup> Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen (2020): Gefahren durch mangelhafte Notfallinformation: Mehr Barrierefreiheit notwendig, 09.03.2020, [https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2020/PM6\\_Barrierefrei\\_f%C3%BCr\\_alle.html](https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2020/PM6_Barrierefrei_f%C3%BCr_alle.html).

<sup>62</sup> Anti-Diskriminierungsstelle des Bundes (2020): Diskriminierungserfahrungen im Zusammenhang mit der Corona-Krise, p. 4, online: [https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokumente\\_ohne\\_anzeige\\_in\\_Publikationen/20200504\\_Infopapier\\_zu\\_Coronakrise.pdf?\\_\\_blob=publicationFile&v=2](https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokumente_ohne_anzeige_in_Publikationen/20200504_Infopapier_zu_Coronakrise.pdf?__blob=publicationFile&v=2).

<sup>63</sup> <https://www.zusammengegencorona.de/leichtesprache/>.

<sup>64</sup> <https://www.bundesregierung.de/breg-de/leichte-sprache>.

<sup>65</sup> [https://www.rki.de/DE/Service/Leichte-Sprache/LS\\_Corona-Ratgeber\\_tab-gesamt.html](https://www.rki.de/DE/Service/Leichte-Sprache/LS_Corona-Ratgeber_tab-gesamt.html).

<sup>66</sup> <https://www.rki.de/DE/Service/Gebaerdensprache/gebaerdensprache-node.html?jsessionid=E86276ECA20954D87B90A4943B0DD2BD.internet082>.

<sup>67</sup> <https://www.youtube.com/playlist?list=PL6W8NUNiDlpzNgkqZ4Nw7ZmOCe2UnoL9w>.

<sup>68</sup> <https://www.bundesregierung.de/breg-de/gebaerdensprache?view>.

*Aktion Mensch* has created an overview on its site where persons with disabilities can get information about the Coronavirus, tests and vaccination in Simple and Easy Language as well as in sign language.<sup>69</sup>

#### **4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions**

In a not yet published survey by the German Society for Rehabilitation (*Deutsche Vereinigung für Rehabilitation*), more than 1/3 of the respondents (36.9 %) – made up of persons with disabilities, parents of disabled children and rehabilitation professionals - stated that access to general practitioners was difficult. Difficulty in accessing specialists was reported by two out of five respondents (42.1 %), and in accessing psychotherapists by one out of five (19.2 %). Almost one in four (24 %) had to delay necessary examinations, and almost 30 % of respondents had to delay treatment.

For those who did not receive physiotherapy, occupational therapy and/or speech therapy, three out of five respondents (61.1 %) complained of more pain as a result. For 71.2 %, mobility or ability to move became worse. 35.9 % said that they were less able to cope with everyday life, and for two out of five respondents (39.8 %) their overall health had deteriorated (see Annex, Table 11b).

##### *Mental health care services*

The need for psychological or psychiatric care increases in the pandemic because different people need to seek psychological help due to the pandemic: people who are experiencing a mental health crisis due to the pandemic itself; people who have lost someone because of the pandemic; people who are traumatized due to COVID-19 illness; and people who are involved in coping with the pandemic due to their profession. So, there is more need for counselling and therapy than there would be without a pandemic – but at the same time, because of the pandemic and health protection, services have to be limited.

This particularly affects persons who had psycho-social disabilities even before the pandemic. From one day to the next, they were no longer able to attend their therapy, or only to a limited extent, or not in person, in times of a pandemic which probably increases their mental crisis. In Germany, psychiatric hospitals restricted admissions at the beginning of the pandemic in March and April. At the same time, however, some failed to establish or expand outpatient or outreach services instead.<sup>70</sup>

In a representative survey, the *Stiftung Deutsche Depressionshilfe* (German Depression Aid Foundation) examined the situation of persons with depression during the lockdown in March/April 2020 in Germany.<sup>71</sup> In the fourth *Deutschland-Barometer Depression* (Germany Barometer Depression), almost every second person with psychosocial disabilities (48 %) reported that treatment appointments had been cancelled. 10 % of persons with depression stated that a planned clinic visit could not

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<sup>69</sup> Aktion Mensch: Informationen zum Corona-Virus und zur Corona-Impfung, <https://www.aktion-mensch.de/corona-infoseite.html>.

<sup>70</sup> See Richter, Dirk / Zürcher, Simon (2020): Psychiatrische Versorgung während der COVID-19-Pandemie, <https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1157-8508>.

<sup>71</sup> Surveyed 5.178 people aged 18-69 from a representative online panel in June/July 2020.

take place. 13 % cancelled treatment appointments of their own accord for fear of infection.<sup>72</sup>

#### 4.5 Vaccination programmes

In an analysis of a representative, cross-sectional telephone survey, conducted between April 2019 and October 2020,<sup>73</sup> researchers found that more than half (51.9 %, or 36.5 million people) of the population aged 15 and older are at increased risk for severe COVID-19 disease. Of these, 21.6 million people are in the high-risk group.<sup>74</sup>

##### *Vaccination*

Germany started vaccinating on 27 December 2020 (see also 4.1 for the different phases of vaccination and the associated problems).<sup>75</sup> One month later, on the 26 January 2021, the Federal Government Commissioner for Matters relating to Persons with Disabilities and the *Länder* Commissioners for Matters relating to Persons with Disabilities released a joint press release.<sup>76</sup> In it, they criticize the failure to consider all persons with disabilities who are at higher risk for severe or fatal disease progression if infected with the SARS-CoV-2 virus when prioritizing for vaccination. Further, not all people who serve as assistants to persons with disabilities, such as family members, are currently given the highest vaccination priority.<sup>77</sup>

The inclusion activist *Raul Krauthausen* points out that in the vaccination regulation, the highest priority does not follow diagnosis, but living facilities.<sup>78</sup> High risk patients in institutions, for example in sheltered workshops, nursing homes or homes for the elderly, would be vaccinated, but persons who are also high-risk patients, but do not live in an institution, would not. This concerns individuals for whom sufficient scientific evidence regarding the course of COVID-19 disease is not yet available, but for whom an increased risk can be assumed, as well as individuals who directly support these

<sup>72</sup> See Stiftung Deutsche Depressionshilfe: Deutschland-Barometer Depression – massive Folgen für die psychische Gesundheit infolge der Corona-Maßnahmen, <https://www.deutsche-depressionshilfe.de/forschungszentrum/deutschland-barometer/2020>.

<sup>73</sup> Rommel, Alexander et al. (2021): Bevölkerung mit einem erhöhten Risiko für schwere COVID-19-Verläufe in Deutschland. Auswertung der Studie GEDA 2019/2020-EHIS, in: Journal of Health Monitoring, Special Issue 2, February 2021, [https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/JoHM\\_S2\\_2021\\_Risikogruppen\\_COVID\\_19.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/JoHM_S2_2021_Risikogruppen_COVID_19.pdf?_blob=publicationFile).

<sup>74</sup> See Robert Koch Institute (2021): Bevölkerung mit einem erhöhten Risiko für schwere COVID-19-Verläufe in Deutschland. Auswertung der Studie GEDA 2019/2020-EHIS – Journal of Health Monitoring S2/2021, [https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/JoHM\\_S2\\_2021\\_Risikogruppen\\_COVID\\_19.html](https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/JoHM_S2_2021_Risikogruppen_COVID_19.html).

<sup>75</sup> See Bundesministerium für Gesundheit: Impfdashboard, <https://impfdashboard.de/>.

<sup>76</sup> See Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen: [https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2021/PM3\\_Schutzkonzept\\_w%C3%A4hrend\\_der\\_Coronapandemie.html](https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2021/PM3_Schutzkonzept_w%C3%A4hrend_der_Coronapandemie.html).

<sup>77</sup> See Stellungnahme der Beauftragten von Bund und Ländern für Menschen mit Behinderungen: Corona-Pandemie und COVID-19 – Schlüssiges Konzept zum Schutz von Menschen mit Behinderungen gefordert, 26.01.2021, [https://www.behindertenbeauftragter.de/SharedDocs/Publikationen/DE/Erkl%C3%A4rung\\_LBB\\_Schutzma%C3%9Fnahmen\\_2021.pdf?\\_blob=publicationFile&v=1](https://www.behindertenbeauftragter.de/SharedDocs/Publikationen/DE/Erkl%C3%A4rung_LBB_Schutzma%C3%9Fnahmen_2021.pdf?_blob=publicationFile&v=1).

<sup>78</sup> See Zeit Online: Raul Krauthausen – „Ich fühle mich nicht ausreichend geschützt“, 27.01.2021, <https://www.zeit.de/zett/politik/2021-01/raul-krauthausen-risikopatient-corona-pandemie-impfstrategie-kritik>.

persons (e.g., personal assistants of persons with disabilities, ambulatory services, or relatives).<sup>79</sup>

On 8 February 2021, the new Coronavirus Vaccination Regulation (*Coronavirus-Impfverordnung – CoronImpfV*)<sup>80</sup> came into force, based on the recommendations of the German Standing Committee on Vaccination (STIKO) at the Robert Koch Institute.<sup>81</sup> Accordingly, the group with the highest priority still includes, among others, “persons who are treated, cared for, or employed in inpatient/stationary (*stationäre*) and day-care/semi-stationary (*teilstationäre*) facilities for the treatment, care, or nursing of elderly persons or persons in need of long-term-care” (§ 2 (1) 2 CoronImpfV). The second group with a high vaccination priority still includes persons with trisomy 21, with dementia, with intellectual disabilities, and who are accommodated according to § 36 ImpfSG, among others. The following groups who were previously classified in the third group (increased priority) or not classified at all, are now included in the second group: persons with severe psycho-social disabilities (e.g. severe depression, schizophrenia, or bipolar disorder), with cancer, with severe chronic lung diseases, and who, according to individual medical assessment, have an increased risk of severe or fatal disease progression following infection with the SARS-CoV-2 Coronavirus due to special circumstances in the individual case.

These adjustments to the vaccination regulation have improved access of persons with disabilities to priority vaccination. However, it is difficult for persons with disabilities who do not live in institutions, and who may be assumed to have a very severe course of COVID-19 infection, to be vaccinated with the highest priority and thus in February/March 2021. On the other hand, conditions in long-term care institutions may be connected to a higher infection risk, which could justify the regulation.<sup>82</sup>

By 18 February 2021, 2 991 792 persons in Germany have received the first vaccination (second vaccination: 1 580 628 persons), and the vaccination rate was 3.6 %. Of these, at least 1 189 939 were people over 80 years old and 733 181 were residents of a long-term care facility (see Annex, Table 7).<sup>83</sup> There are also mobile vaccination teams to reach persons in facilities.<sup>84</sup>

<sup>79</sup> See Deutscher Bundestag (Ed.) (2021): Schriftliche Fragen mit den in der Woche vom 25. Januar 2021 eingegangenen Antworten der Bundesregierung, Frage 140 von Cornelia Rüffer, p. 124, <https://dip21.bundestag.de/dip21/btd/19/263/1926311.pdf>.

<sup>80</sup> Bundesanzeiger: Verordnung zum Anspruch auf Schutzimpfung gegen das Coronavirus SARS-CoV-2 (Coronavirus-Impfverordnung – CoronImpfV), BAnz AT, 08.02.2021, [https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3\\_Downloads/C/Coronavirus/Verordnungen/CoronImpfV\\_BAnz\\_AT\\_08.02.2021\\_V1.pdf](https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/Verordnungen/CoronImpfV_BAnz_AT_08.02.2021_V1.pdf).

<sup>81</sup> See German Standing Committee on Vaccination (STIKO) at the Robert Koch Institute: Decision of the STIKO for the recommendation of the COVID-19 vaccination and the corresponding scientific rationale, 2<sup>nd</sup> Update, 29.01.2021, [https://www.rki.de/EN/Content/infections/Vaccination/recommendations/COVID-19-2nd-update.pdf?\\_\\_blob=publicationFile](https://www.rki.de/EN/Content/infections/Vaccination/recommendations/COVID-19-2nd-update.pdf?__blob=publicationFile).

<sup>82</sup> See Philipp Jahn, Belinda Weiland: Inklusionsgerechte Impfstrategie? Eine rechtliche Einordnung, *Recht und Praxis der Rehabilitation* 1/2021, pp. 37-41.

<sup>83</sup> See also Lauter, Shoshana et al. (2021): International “living” report: Long-term care and COVID-19 vaccination, prioritization and data, 26.01.2021, <https://ltccovid.org/wp-content/uploads/2021/01/COVID-19-vaccine-and-LTC-prioritization-and-data-26-January-3.pdf>.

<sup>84</sup> See for example Mecklenburg-Western Pomerania (<https://www.aerztezeitung.de/Nachrichten/Mobile-Impfteams-auch-fuer-Pflegebeduerftige-ausserhalb-von-Heimen-416102.html>) or Lower Saxony (<https://www.aerztezeitung.de/Nachrichten/Mobile-COVID-19-Impfteams-in-Niedersachsen-starten-im-Schichtbetrieb-415692.html>).

### *Accessibility*

The Federal Government and *Länder* Commissioners for Matters relating to Persons with Disabilities also criticize the partial lack of accessibility of vaccination centres.<sup>85</sup> The German Disability Council (*Deutscher Behindertenrat*) also has information that some vaccination centres are not accessible. This applies to online information about the centres, registration for appointments, and the centres themselves.<sup>86</sup> The Federal Agency for Accessibility (*Bundesfachstelle Barrierefreiheit*) has published a checklist for accessible vaccination centres.<sup>87</sup>

According to Ability Watch, the central website for some *Länder* to schedule immunization appointments (<https://www.impfterminservice.de/impftermine>) is unavailable or of limited use to persons with disabilities.<sup>88</sup>

### *Vaccination of persons under care*

Persons who need long-term care or are under guardianship also have the right to decide for themselves whether they want to be vaccinated or not. In a joint letter by the Bremen Commissioner for Matters relating to Persons with Disabilities and the supra-local care authorities, it is pointed out that all persons have to consent to vaccination for it to be lawful. To this end, they must be informed about the vaccination by a doctor beforehand and have an idea of the nature and necessity of the vaccination. For people who cannot make or articulate their own decision, the presumed will of the person must be taken into account.<sup>89</sup>

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<sup>85</sup> See Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen: [https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2021/PM3\\_Schutzkonzept\\_w%C3%A4hrend\\_der\\_Coronapandemie.html](https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2021/PM3_Schutzkonzept_w%C3%A4hrend_der_Coronapandemie.html).

<sup>86</sup> Deutscher Behindertenrat: Fehlende Barrierefreiheit der Corona-Impfzentren. Deutscher Behindertenrat bemängelt unzureichende Barrierefreiheit von Corona-Impfkampagne und zu Impfzentren, 12.01.2021, <https://www.deutscher-behindertenrat.de/ID258800>.

<sup>87</sup> See Bundesfachstelle Barrierefreiheit (2020): Allgemeine Hinweise für die Einrichtung und den Betrieb barrierefreier Corona-Impfzentren, [https://www.bundesfachstelle-barrierefreiheit.de/SharedDocs/Downloads/DE/Veroeffentlichungen/corona-impfzentren.pdf?\\_\\_blob=publicationFile&v=4](https://www.bundesfachstelle-barrierefreiheit.de/SharedDocs/Downloads/DE/Veroeffentlichungen/corona-impfzentren.pdf?__blob=publicationFile&v=4).

<sup>88</sup> Ability Watch: Corona-Schutzimpfungen – Terminvergabe für Risikogruppe nicht barrierefrei, 18.01.2021, <https://abilitywatch.de/2021/01/18/corona-schutzimpfungen-terminvergabe-fuer-risikogruppe-nicht-barrierefrei/>.

<sup>89</sup> Letter not published.

## 5 Income and access to food and essential items

### [Article 28 – Adequate standard of living and social protection](#)

#### 5.1 Emergency measures

To mitigate the social and economic consequences of the Corona pandemic, the Federal Government and Parliament have adopted two temporary packages of measures (Social Protection Package I of 27 March 2020<sup>90</sup> and Social Protection Package II of 20 May 2020).<sup>91 92</sup> The Social Protection Package III will soon prolong many of these temporarily restricted measures.

Livelihood securing benefits were made available quicker and less bureaucratically in a simplified procedure in order to be able to support those affected promptly and to prevent economic hardship.<sup>93</sup> This applies to basic income support for jobseekers (SGB II – Grundsicherung für Arbeitsuchende), as well as benefits to secure a livelihood – Hilfe zum Lebensunterhalt (SGB XII) and basic income support in old age and in the event of reduced earning capacity – Grundsicherung im Alter und bei Erwerbsminderung (SGB XII). The means test is suspended temporarily, and actual housing costs are paid in full (§ 141 SGB XII).

In addition, access to the child supplement is simplified (§ 20 of the Federal Child Benefit Act – Bundeskindergeldgesetz).<sup>94</sup> Parents who cannot work due to official closures of day-care centres and schools will receive compensation under certain conditions (§ 56 para. 1 a IfSG, amended by the Population Protection Act in cases of epidemic situation of national relevance of 27 March 2020).<sup>95</sup> This also applies to parents of adults with disabilities if they are unable to work due to the closure of sheltered workshops (Werkstatt für behinderte Menschen – WfbM) or day care facilities (§ 56 para. 1 IfSG amended by the Corona Tax Assistance Act of 19 June 2020 – Corona-Steuerhilfegesetz). Employees, who get short-term allowance,<sup>96</sup> can have additional earnings up to the amount of their original income, without this being counted towards the short-time work compensation benefit. In addition, the amount of the short-time work compensation benefit increases from 60 % (67 % with children) to 70 % (77 % with children) of the salary from the 4th month of receipt and to 80 % (or 87 % with children) of the salary from the 7th month (§ 421 c SGB III). The statutory period for which short-time work compensation is paid (12 months) is extended (up to 24 months).

<sup>90</sup> [https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/sozialschutz-paket-gesetz.pdf?\\_\\_blob=publicationFile&v=1](https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/sozialschutz-paket-gesetz.pdf?__blob=publicationFile&v=1).

<sup>91</sup> [https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/gesetz-sozialschutzpaket-zwei.pdf?\\_\\_blob=publicationFile&v=1](https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/gesetz-sozialschutzpaket-zwei.pdf?__blob=publicationFile&v=1).

<sup>92</sup> Sozialschutzpakete I und II.

<sup>93</sup> Vgl. Gesetzesentwurf [https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/Regierungsentwuerfe/reg-sozialschutz-paket.pdf?\\_\\_blob=publicationFile&v=1](https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Gesetze/Regierungsentwuerfe/reg-sozialschutz-paket.pdf?__blob=publicationFile&v=1).

<sup>94</sup> These regulations have been extended until 31.03.2021, [https://www.bundesrat.de/SharedDocs/drucksachen/2020/0501-0600/592-20\(B\).pdf?\\_\\_blob=publicationFile&v=1](https://www.bundesrat.de/SharedDocs/drucksachen/2020/0501-0600/592-20(B).pdf?__blob=publicationFile&v=1).

<sup>95</sup> Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite.

<sup>96</sup> Short-Term allowance is a benefit for persons who cannot work for operational reasons, § 95 SGB III.



In addition, the entitlement to unemployment benefits for persons whose entitlement would end in the period from 1 May 2020 to 31 December 2020 is extended by three months (§ 421 d SGB III). It was decided that children attending a day-care facility would be provided with lunch as part of the education package, even if these facilities are closed due to the pandemic (§ 68 SGB II and § 142 SGB XII). Moreover, additional needs for lunch in sheltered workshops continue to be recognised. The usual communality of lunch in the sheltered workshops is waived in the mentioned period (§ 142 p. 2 SGB XII), so those workshop-workers continue to get the benefit.<sup>97</sup>

## 5.2 Impact of the COVID-19 crisis

### *Access to grocery stores*

Persons with disabilities were partially affected by discrimination in accessing grocery stores. The Federal Anti-Discrimination Agency reports cases where people with physical disabilities have been denied access because of the supermarket trolley requirement. Due to their impairment, they were dependent on aids such as crutches and could not use a trolley. Since all customers must use a trolley, they were denied entry. The Federal Anti-Discrimination Agency classifies this behaviour as discrimination.<sup>98</sup> Persons with disabilities also report difficulties entering grocery stores if they are exempt from the requirement of wearing a mouth-nose protection because of their impairment (see 9.2 for more details).

### *Lack of financial resources for masks for recipients of social assistance*

Persons with disabilities are at a greater risk of poverty than persons without disabilities.<sup>99</sup> The Corona pandemic exacerbates their material situation, as additional costs are incurred, such as for masks, protective equipment, additionally needed hygienic articles, delivery services for food, or additional heating and electricity costs due to home office. DPOs have therefore called for a financial supplement covering Corona-related additional costs to be paid to people receiving unemployment benefit II (“Hartz IV”), basic income support and reduced earning capacity.<sup>100</sup>

Under the Coronavirus Protective Masks Regulation of 14 December 2020, certain individuals are eligible for free protective masks, including persons over age 60, with chronic lung disease, dementia, or with Trisomy 21.<sup>101</sup> Not included in the regulation

<sup>97</sup> These regulations have been extended until 31.03.2021, [https://www.bundesrat.de/SharedDocs/drucksachen/2020/0501-0600/592-20\(B\).pdf?\\_\\_blob=publicationFile&v=1](https://www.bundesrat.de/SharedDocs/drucksachen/2020/0501-0600/592-20(B).pdf?__blob=publicationFile&v=1).

<sup>98</sup> See Anti-Diskriminierungsstelle des Bundes (2020): Diskriminierungserfahrungen im Zusammenhang mit der Corona-Krise, p.4, online: [https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokumente\\_ohne\\_anzeige\\_in\\_Publikationen/20200504\\_Infopapier\\_zu\\_Coronakrise.pdf?\\_\\_blob=publicationFile&v=2](https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokumente_ohne_anzeige_in_Publikationen/20200504_Infopapier_zu_Coronakrise.pdf?__blob=publicationFile&v=2); see also: [https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Corona/Corona\\_node.html](https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Corona/Corona_node.html).

<sup>99</sup> See BMAS (Ed.) (2016): Zweiter Teilhabebericht der Bundesregierung über die Lebenslagen von Menschen mit Beeinträchtigungen. Teilhabe – Beeinträchtigung – Behinderung, p. 208f., <https://www.bundesregierung.de/resource/blob/976072/480512/6b249c2a22eb36f7a1ffb1f2029543b9/2017-01-18-teilhabebericht-2016-data.pdf?download=1>.

<sup>100</sup> See for example Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderungen: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.

<sup>101</sup> Verordnung zum Anspruch auf Schutzmasken zur Vermeidung einer Infektion mit dem Coronavirus SARS-CoV-2 (CoronavirusSchutzmasken-Verordnung – SchutzmV), 14.02.2020, [https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3\\_Downloads/C/Coronavirus/Verordnungen/SchutzmV\\_BAnz\\_AT\\_15.12.2020.pdf](https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/Verordnungen/SchutzmV_BAnz_AT_15.12.2020.pdf).

were people receiving unemployment benefit II. Since mid-January 2021, FFP2, or medical protective masks, have been mandatory to wear in stores or on public transport. Other mouth-nose covering, for example a fabric mask or scarf, is no longer sufficient. In some federal states, for example Bavaria, only an FFP2 mask may be worn. The standard rate for unemployment benefit II includes only EUR 2.63 for medical products without a prescription (and only EUR 17.02 for healthcare).<sup>102</sup>

The First Amendment to the Protective Mask Ordinance of 4 February 2021<sup>103</sup> has now also taken into account recipients of unemployment benefit II. However, the masks provided, and the amounts mentioned above are not sufficient to have enough masks for the month, as they may only be worn once. The Protective Mask Ordinance does not include persons who are eligible for basic support for persons with reduced earning capacity, who normally are disabled persons. Also, refugees getting benefits according to Asylbewerberleistungsgesetz are not included. There is no justification for this discrimination.<sup>104</sup>

On 3 February 2021, the governing coalition decided to make a one-off extra payment of EUR 150 to recipients of unemployment benefit II and basic support in old age, and reduced earning capacity.<sup>105</sup> This is far below the demands of DPOs, who have called for at least EUR 100 per month for benefit recipients, backdated to March 2020.<sup>106</sup>

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<sup>102</sup> See Tina Groll: Zu arm für die Maske, 13.01.2021, <https://www.zeit.de/politik/deutschland/2021-01/bayern-ffp2-masken-pflicht-kostenuebernahme-coronavirus-sozial-schwache>.

<sup>103</sup> Erste Verordnung zur Änderung der Coronavirus-Schutzmasken-Verordnung, 04.02.2021, [https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3\\_Downloads/C/Coronavirus/Verordnungen/1\\_AendV\\_Coronavirus-SchutzmV\\_BAnz\\_AT\\_05.02.2021.pdf](https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/Verordnungen/1_AendV_Coronavirus-SchutzmV_BAnz_AT_05.02.2021.pdf).

<sup>104</sup> Marje Mülder, Eine Frage des Geldbeutels – FFP2-Masken für Sozialhilfeempfänger:innen und Asylbewerber:innen, 16.2.2021, <https://verfassungsblog.de/eine-frage-des-geldbeutels/>.

<sup>105</sup> See Florian Diekmann: Kinderbonus, Hartz-Zuschlag, Steuer. Das sind die neuen Corona-Hilfen, 04.02.2021, <https://www.spiegel.de/wirtschaft/soziales/corona-kinderbonus-hartz-iv-steuerhilfe-beschlusse-der-koalition-a-00f35918-4ef6-4e5c-92c4-aac7848027d7>.

<sup>106</sup> See Interessenvertretung Selbstbestimmt Leben: Forderungen der ISL im Zuge der Auswirkungen der Corona-Pandemie, 09.09.2020, p. 10, [http://www.isl-ev.de/attachments/article/2438/200909\\_Corona-Krise%20Forderungen%20der%20ISL.pdf](http://www.isl-ev.de/attachments/article/2438/200909_Corona-Krise%20Forderungen%20der%20ISL.pdf).

## 6 Access to transportation and the public spaces

### Article 9 – Accessibility

#### 6.1 Emergency measures

During the pandemic, the individual Länder released regulations on the grounds of § 32 IfSG, which dealt with social distancing (to reduce contacts with others as much as possible and to keep a minimum distance of 1.5 meters from other people, e.g., § 11 Abs. 1 11. BayIfSMV of 15 December 2020 – Bavarian Protection against Infectious Diseases Measure Regulation) and the need to wear mouth-nose protection. There are exceptions for persons with disabilities. For example, in Bavaria, persons who can credibly demonstrate that wearing mouth-nose protection is not possible or unreasonable for them due to a disability or for health reasons, are exempt from the obligation to wear it. The removal of the mouth-nose protection is permissible as long as it is necessary for communication with people with hearing disabilities or for other compelling reasons (§ 1 Abs. 2 Nr. 2 und 3 11. BayIfSMV).

Public transport has not been suspended. When using public transport, persons have to wear mouth-nose protection (e.g., § 6 2. BayIfSMV v. 16.04.2020).

The Länder also released assembly bans and exit restrictions on the grounds of § 32 IfSG. Depending on the rate of infection, the regulations were tightened or relaxed again. When the rate of infection is high, in many Länder, leaving the flat is only permitted if there are valid reasons. In Bavaria, this covers the care in a day care center for disabled persons or visits to persons in institutional living arrangements (e.g., § 9 11. 11. BayIfSMV).

#### 6.2 Impact of the COVID-19 crisis

##### *Avoiding public realm*

Entering and using public realm and spaces poses a major challenge to some groups of persons with disabilities, which may find it difficult to avoid putting themselves in harm's way – that is, to avoid getting infected. This applies, for example, to persons with visual impairments, who have difficulties maintaining the minimum distance of 1.5 meters required by law and cannot be led or guided by strangers in public spaces without increasing the risk of infection, should they need to do so, because the minimum distance cannot be maintained.<sup>107</sup>

The Corona pandemic is particularly challenging for persons with disabilities who are at a high or very high risk of a severe or fatal outcome from COVID-19 infection. If in doubt, these persons might not leave their flats, in order to avoid being exposed to the risk of infection in public spaces.<sup>108</sup>

##### *Mouth-nose protection in public transport*

Wearing a mouth-nose protection and a possible exemption from it also cause problems for persons with disabilities when using local and long-distance public

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<sup>107</sup> See Deutscher Blinden- und Sehbehindertenverband: Corona-Ratgeber, 16.04.2020, <https://www.dbsv.org/corona.html>.

<sup>108</sup> See for example Die Tageszeitung: Risikogruppen und die Coronakrise – „Ich lass mich nicht unterkriegen“, 01.11.2020, <https://taz.de/Risikogruppen-und-die-Coronakrise!/5721996/>.

transportation. While most complaints have been received by the Federal Anti-Discrimination Agency regarding denial of access to stores (see Chapters 5.2 and 9.2), cases can also be found in which persons with disabilities who use public transport without a mask and have a medical certificate for this, have encountered problems with inspectors or fellow passengers.<sup>109</sup>

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<sup>109</sup> See for example Mittendrin: Diskriminierung in Corona-Zeiten. Menschen mit Behinderung, Maskenpflicht und Online-Karten, 03.09.2020, <https://mittendrin.fdst.de/diskriminierung-corona-behinderung/>.

## 7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

### 7.1 Emergency measures

The rights of visitors in i.e., institutional living and rehabilitation facilities were temporarily suspended by Länder regulations.<sup>110</sup> The temporary ban on visits in Bavaria was reviewed by the Administrative Court in Munich and found to be lawful.<sup>111</sup> However, the court took into account that the challenged regulation was limited in time and in its current form no longer contained a strict prohibition of visits, but was permitted within a restricted framework.

A ban on visits for service providers of assistance in institutional living in Thuringia<sup>112</sup> was found to be disproportionate and therefore discriminatory and violating Art. 3 Abs. 3 S. 2 GG.<sup>113</sup> By now, most of the Länder regulations only restrict visiting rights, but do not prohibit visits completely. The Länder issue sanitary rules hygiene concepts in these institutions (based on the hygiene concepts of the Robert-Koch-Institut),<sup>114</sup> which the institutions have to implement. Under these conditions, in most Länder, only one to two persons are allowed to visit per day, if they can present a negative Corona-test.<sup>115</sup> There are also quarantine-provisions, which restrict the right of free movement in the case of an infection with COVID-19, or in case of a suspected infection.<sup>116</sup> These provisions must be sufficiently specific to be lawful, especially if they concern isolation in institutional living and long-term care arrangements.<sup>117</sup>

Even though, according to the e.g. BaylFSMV (§ 9 p.1 no. 1), there is currently no ban on visits to hospitals in Bavaria, but only special regulations for carrying out visits, many

<sup>110</sup> E.g. § 2 a Abs. 1 Niedersächsische Verordnung zum Schutz vor Neuinfektionen mit dem Coronavirus v. 17. April 2020; § 3 para. 1 no. 1 Bavarian Protection against Infectious Diseases Measure Regulation – BaylFSMV; § 9 Abs. 1 Dritte Thüringer Verordnung über erforderliche Maßnahmen zur Eindämmung der Ausbreitung des Coronavirus SARS-CoV-2.

<sup>111</sup> See VGH München, Beschluss v. 26.05.2020 – 20 NE 20.1069, <https://www.gesetze-bayern.de/Content/Document/Y-300-Z-BECKRS-B-2020-N-10399?hl=true>.

<sup>112</sup> § 10 Abs. 3 Nr. 1 Third Thuringian Regulation on Measures Required to Contain the Spread of Coronavirus - Dritte Thüringer Verordnung über erforderliche Maßnahmen zur Eindämmung der Ausbreitung des Coronavirus SARS-CoV-2.

<sup>113</sup> OVG Weimar, 29.04.2020, 3 EN 254/20.

<sup>114</sup> The Robert Koch Institute is the national authority for the prevention of communicable diseases and for the early detection and prevention of the spread of infections. It cooperates with the respective competent federal authorities, the competent state authorities, the national reference centres, other scientific institutions and professional societies (§ 4 IfSG); [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Alten\\_Pflegeeinrichtung\\_Empfehlung.pdf?\\_\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile).

<sup>115</sup> E.g., § 9 p. 2 no. 1, 2 Eleventh Bavarian Protection against Infectious Diseases regulation - BaylFSMV v. 15.12.2020, § 9a Third Thuringian Regulation on extraordinary special measures to contain a sudden spread of the Coronavirus - Dritte Thüringer SARS-CoV-2-Sondereindämmungsmaßnahmenverordnung - v. 15.12.2020.

<sup>116</sup> E.g. Bekanntmachung des Bayerischen Staatsministeriums für Gesundheit und Pflege vom 2. Dezember 2020, Az. GZ6a-G8000-2020/122-736.

<sup>117</sup> VG Minden, Beschl. v. 14.10.2020, Az. 7 L 729/2.

hospitals have issued bans on visits because of the high risk of infection.<sup>118</sup> Due to the actual numbers of infection, these regulations continue or are modified. Monitoring of institutional facilities continued during the pandemic. However, the supervisory bodies may have had difficulties due to visiting restrictions.

## 7.2 Impact of the COVID-19 crisis

### *Restrictions in access in institutional care*

The prohibitions described above (see Chapter 7.1) have resulted in little or no visitation for people in nursing and care facilities, depending on the federal state and month.<sup>119</sup> It was also ordered in some cases that the residents were not allowed to leave the facility or even their room.<sup>120</sup> The possibility of going for walks or visiting contacts outside the facility was also prohibited in some cases. Even the agreed relaxation of the visiting bans in the summer of 2020 was not implemented by all facilities. Residents had to go into quarantine after visiting people outside the facility, or were refused permission to leave the facility, with reference to the health of the other residents.<sup>121</sup> Even if the measures of visiting bans serve to protect particularly vulnerable people, they have drastic consequences for the residents, which make it even more difficult for them to lead an independent life.

A non-representative survey of nursing facilities employees (not residents) was conducted in May 2020. In it, staff reported that, while some residents would express understanding for the contact restrictions and visitation bans, many would suffer as a result of the situation. Residents with cognitive disabilities, especially dementia, show a similar picture: while some are positively affected by the peace and quiet that has settled into the facility, others become inwardly restless because they miss their loved ones. In addition, they are sometimes unable to grasp the situation and its consequences properly.<sup>122</sup>

### *Restraints in Berlin psychiatric hospitals*

According to a report by *Rundfunk Berlin-Brandenburg* (Berlin-Brandenburg Broadcasting), which analysed data from Berlin's local courts (*Amtsgerichte*), requests for restraints in psychiatric hospitals in Berlin increased by 16 % in 2020 compared to the previous year. There were 2 831 requests for restraints in 2019, and 3 290 in 2020.<sup>123</sup>

<sup>118</sup> E.g. <https://www.lmu-klinikum.de/Coronavirus/aktuelle-besucherregelungen/5c6640d9a19c2305>.

<sup>119</sup> An up-to-date overview of the current regulations on visits to care facilities can be found on the website of the Federal Interest Group for the Elderly and Persons on Need of Care (BIVA-Pflegeschutzbund): <https://www.biva.de/besuchseinschraenkungen-in-alten-und-pflegeheimen-wegen-corona/>.

<sup>120</sup> See Deutscher Bundestag (Ed.) (2020): Lehren aus der Covid-19-Pandemie ziehen – Den Weg zu einer inklusiven Gesellschaft einschlagen, Antrag der Fraktion Bündnis 90/Die Grünen, 30.06.2020, Drucksache 19/20593, p. 1f., <http://dipbt.bundestag.de/dip21/btd/19/205/1920593.pdf>.

<sup>121</sup> See ISL (2020): Forderungen der Interessenvertretung Selbstbestimmt Leben in Deutschland e.V. (ISL) im Zuge der Auswirkungen der Corona-Pandemie, 09.09.2020, [https://www.isl-ev.de/attachments/article/2438/200909\\_Corona-Krise%20Forderungen%20der%20ISL.pdf](https://www.isl-ev.de/attachments/article/2438/200909_Corona-Krise%20Forderungen%20der%20ISL.pdf).

<sup>122</sup> See Sporket, Mirko (2020): Traurig und verzweifelt, aber verständnisvoll. Ergebnisse der Befragung zur Situation in Pflegeheimen, in: Sozialrecht + Praxis, 12/2020, p. 751ff.

<sup>123</sup> RBB: Zwangsmaßnahmen in der Pandemie. Berliner Psychiatrien ordnen mehr Fixierungen an, 19.01.2021, <https://www.rbb24.de/panorama/thema/corona/beitraege/2021/01/berlin-psychiatrie-fixierung-zwangsmassnahmen-corona-pandemie.html>.

*Testing in institutions*

In their resolution of 20 December 2020, the federal government and the *Länder* agreed to conduct mandatory tests several times a week for the staff of care and nursing facilities.<sup>124</sup> In a further decision on 19 January 2021, the Chancellor and the Prime Ministers (Ministerpräsidenten) of the *Länder* agreed to cover the costs of tests for residents and employees of facilities for persons with disabilities.<sup>125</sup>

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<sup>124</sup> See Beschluss: Telefonkonferenz der Bundeskanzlerin mit den Regierungschefinnen und Regierungschefs der Länder am 13. Dezember 2020, <https://www.bundesregierung.de/resource/blob/997532/1827366/69441fb68435a7199b3d3a89bff2c0e6/2020-12-13-beschluss-mpk-data.pdf>.

<sup>125</sup> See Beschluss: Videoschaltkonferenz der Bundeskanzlerin mit den Regierungschefinnen und Regierungschefs der Länder am 19. Januar 2021, <https://www.bundesregierung.de/resource/blob/975226/1840868/1c68fcd2008b53cf12691162bf20626f/2021-01-19-mpk-data.pdf?download=1>; see also Reha-Recht: Kostenübernahme für Schnelltest in Einrichtungen für Menschen mit Behinderungen, 21.01.2021, <https://www.reha-recht.de/infothek/beitrag/artikel/kostenuebernahme-fuer-schnelltests-in-einrichtungen-fuer-menschen-mit-behinderungen/>.

## 8 Violence, exploitation or abuse

### Article 16 – Freedom from violence, exploitation and abuse

#### 8.1 Emergency measures

Violations of the physical integrity or freedom of persons with disabilities are punishable under the Criminal Code – Strafgesetzbuch (StGB) (e.g., bodily injury § 223 StGB, deprivation of liberty § 239 StGB). For measures depriving persons of their liberty, e.g., fixation, bed rails, confinement in a room in long-term care facilities or institutional living, judicial authorization is required, as long as the measures are not applied for a short period of time or in a concrete emergency, but are applied on a long-term or regular basis.

The danger of violations could have increased in the Corona crisis due to the bans and restriction on visits and the resulting increased isolation. This applies even more against the background that complaints of abuse are often reported by the residents' relatives. Yet, there is no data available.

#### 8.2 Impact of the COVID-19 crisis

##### *Domestic violence*

At the beginning of the pandemic, it was feared that domestic violence cases would increase. Unfortunately, this assumption seems to be confirmed. According to the victim support organisation *Weisser Ring* (White Ring), 10 % more people contacted the organisation because of domestic violence between January and October 2020. An increase in numbers during the first lockdown in Germany (March-May 2020) could not be observed, but only from July 2020 onwards. This may be explained by the fact that victims turn to help later.<sup>126</sup>

In a representative survey of domestic violence during the first lockdown, 3.1 % of the women surveyed reported being victims of physical violence. 3.6 % said they had been raped, and in 6.5 % of households, children were physically punished by a household member. The study did not clarify whether the interviewed women were disabled or not.<sup>127</sup>

Although the data on domestic violence against persons with disabilities during the pandemic are not (yet) available, it must be assumed that they have also become increasingly victims of domestic violence – and probably more so than persons without disabilities. Both, children and adults with disabilities are more often victims of violence than children and adults without disabilities. This applies to both physical and sexual violence, and violence in private households, as well as in institutions.<sup>128</sup>

<sup>126</sup> See Tagesschau: Bilanz des Weißen Rings – Mehr häusliche Gewalt in der Corona-Krise, 26.12.2020, <https://www.tagesschau.de/inland/coronakrise-gewalt-101.html>.

<sup>127</sup> See Steiner, Janina / Ebert, Cara (2020): Gewalt an Frauen und Kindern in Deutschland während COVID-19-bedingten Ausgangsbeschränkungen: Zusammenfassung der Ergebnisse, [https://drive.google.com/file/d/19WqpbY9nwMNjdgO4\\_FCqqlfYyLJmBn7y/view](https://drive.google.com/file/d/19WqpbY9nwMNjdgO4_FCqqlfYyLJmBn7y/view).

<sup>128</sup> See BMAS (Ed.) (2016): Zweiter Teilhabebericht der Bundesregierung über die Lebenslagen von Menschen mit Beeinträchtigungen. Teilhabe – Beeinträchtigung – Behinderung, p. 395f., <https://www.bundesregierung.de/resource/blob/976072/480512/6b249c2a22eb36f7a1ffb1f2029543b9/2017-01-18-teilhabebericht-2016-data.pdf?download=1>; MAGS (Ed.) (2020): Teilhabebericht Nordrhein-Westfalen. Bericht zur Lebenssituation von Menschen mit Beeinträchtigungen und zum



It is, therefore, particularly important that facilities, where victims of violence can seek protection (for example, battered women's shelter) and counselling services are accessible.<sup>129</sup> However, during a lockdown, it can be more difficult to visit counselling services because of curfews, or talk to them on the phone because the partner is at home. Accessible alternatives must therefore be created, such as via chat, messenger or e-mail.<sup>130</sup>

### *Hate crimes*

During the Corona pandemic, anti-Asian racism in particular seems to have increased in Germany ("Wuhan virus", "The Chinese threat").<sup>131</sup> This issue can also take on an intersectional dimension when persons with disabilities are of Asian ethnicity.

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Stand der Umsetzung der UN-Behindertenrechtskonvention, p. 174f.,  
[https://www.mags.nrw/sites/default/files/asset/document/teilhabebericht\\_2020\\_nrw\\_barrierefrei.pdf](https://www.mags.nrw/sites/default/files/asset/document/teilhabebericht_2020_nrw_barrierefrei.pdf).

<sup>129</sup> See Deutsches Institut für Menschenrechte (2018): Analyse: Die Istanbul-Konvention. Neue Impulse für die Bekämpfung geschlechtsspezifischer Gewalt, p. 39f.), [https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Analyse\\_Studie/Analyse\\_Istanbul\\_Konvention.pdf](https://www.institut-fuer-menschenrechte.de/fileadmin/Redaktion/Publikationen/Analyse_Studie/Analyse_Istanbul_Konvention.pdf).

<sup>130</sup> See Sozialrecht & Praxis (2020): Häusliche Gewalt – Mehr Opfer während Corona-Pandemie, Heft 7/20, p. 433ff.

<sup>131</sup> See Suda, Kimiko / Mayer, Sabrina J. / Nguyen, Christoph (2020): Antiasiatischer Rassismus in Deutschland, in: Aus Politik und Zeitgeschichte, 42-44, <https://www.bpb.de/apuz/antirassismus-2020/316771/antiasiatischer-rassismus-in-deutschland>.

## 9 Independent living

### [Article 19 – Living independently and being included in the community](#)

#### 9.1 Emergency measures

For people with disabilities, the COVID-19 pandemic resulted in the loss of numerous outpatient support structures and other assistance. Due to the IfSG (§ 32 in conjunction with §§ 28-31), regulations were passed in the individual Länder, according to which day care facilities<sup>132</sup> and sheltered workshops had to close.<sup>133</sup>

In order to secure the existence of social service providers, the Social Service Provider Engagement Act<sup>134</sup> was enacted on 27 March 2020, as part of the Social Protection Package I (see 5.1.). It provides regulations for the financial protection of service providers of integration assistance and other social service providers of the Social Code (with the exception of the statutory health insurance (SGB V),<sup>135</sup> and the social long-term care insurance (SGB XI)), who can no longer provide their services, or cannot provide them to the same extent, as a result of the Corona pandemic (§§ 2, 3, 9 SodEG). Funding is conditional on them providing on-site support in coping with the effects of the pandemic and making manpower, premises and material resources available to a reasonable extent for this purpose (§ 1 SodEG). In the meantime, almost all social service providers have resumed their work and are continuing to do so, in compliance with the hygiene rules issued by the Länder.

For people in need of care and outpatient care facilities, relief was created by the “Act to Compensate for COVID-19-related Financial Burdens on Hospitals and Other Health Care Facilities” of 27 March 2020.<sup>136</sup> If outpatient care cannot be provided by the previous care service or a substitute, care can now also be provided by other service providers. The long-term care insurance may grant reimbursement of costs in the amount of the outpatient payments in kind, according to § 36 SGB IX, for up to 3 months, in order to avoid shortfall in care at home (§ 150 p. 5 SGB XI). Nursing facilities are reimbursed for additional expenses and reduced income (§ 150 p. 2 SGB XI). In addition, caring relatives have the right to stay away from work for up to 20 days in the period from 29.10.2020 to 31.03.2021, if they have to care for family members due to Corona (§ 9 p. 1 Caregiver Leave Act – Pflegezeitgesetz amended by the Hospital Futures Act of 23.10.2020 – Krankenhauszukunftsgesetz).

Based on the Second Population Protection Act in cases of epidemic situation of national relevance of 19 May 2020, providers<sup>137</sup> of everyday support services (§ 45a

<sup>132</sup> E.g., § 2 a p. 3 Lower Saxony Regulation on Combating the Corona Pandemic of 08.05.2020 – Niedersächsische Verordnung zur Bekämpfung der Corona-Pandemie.

<sup>133</sup> E.g., § 4 Regulation on Protection against New Infections with the Coronavirus SARS-CoV-2; § 4 Regulation on Protection against New Infections with the Coronavirus SARS-CoV-2 in the Area of the Care Infrastructure North Rhine-Westphalia – Verordnung zum Schutz vor Neuinfizierungen mit dem Coronavirus SARS-CoV-2 im Bereich der Betreuungsinfrastruktur NRW, § 10 a Lower Saxony Regulation on Combating the Corona Pandemic, 08.05.2020.

<sup>134</sup> Sozialdienstleister-Einsatzgesetz.

<sup>135</sup> In so far as they provide services other than complex services of interdisciplinary early detection and early support.

<sup>136</sup> Gesetz zum Ausgleich Covid-19 bedingter finanzieller Belastungen der Krankenhäuser und weiterer Gesundheitseinrichtungen (Covid-19-Krankenhausentlastungsgesetz).

<sup>137</sup> Which are admitted by Länder law.

SGB XI) have a claim against the social long-term care insurance for reimbursement of the shortfall in income and additional expenses caused by the Corona pandemic, if these are not financed elsewhere (§ 150 para. 5a of the Social Code Book XI).

## 9.2 Impact of the COVID-19 crisis

### *Testing, protective equipment and masks*

The federal government's current Corona policy neglects persons with disabilities who do not live in institutions (see for example Chapter 4.6, Vaccination). People who organize their caregivers independently (for example, through Personal Assistance (*Persönliche Assistenz*)) and are not cared for by ambulatory care teams, or who are cared for by their relatives, are not eligible for preventive antigen testing. This is also the case if they belong to the high-risk group. They are also not equally considered in the distribution of protective equipment.<sup>138</sup> There are discussions about providing general access to antigen testing soon.

The Coronavirus Protective Masks Regulation of 14 December 2020, and its amendment of February 6, 2021, on the distribution of protective masks (mentioned further above), does take into account vulnerable groups, as well as recipients of unemployment benefit II (see Chapter 5.2). However, people who are in need of care outside of facilities and who accordingly require support close to their bodies are not taken into account across the board.<sup>139</sup>

### *Denial of entry*

Wearing a mouth-nose protection on certain occasions is mandatory. Since mid-January 2021, medical face masks must be worn when shopping, using the public transport system or visiting a medical practice. Persons with disabilities are exempt from the requirement to wear a mask or protection, if they are not able to wear one due to their impairment. The individual federal state regulations can be found in the respective "Infection Protection Measures Ordinance" of the *Länder*.<sup>140</sup>

The Federal Anti-Discrimination Agency reports cases where persons with disabilities have been denied entry to stores and shops without a mask or mouth-nose protection, even though they can prove through a medical certificate that they cannot wear a mask due to their disability. The Agency classifies these cases as discrimination.<sup>141</sup>

<sup>138</sup> See Ability Watch: Risikopatienten in der ambulanten Versorgung, 15.12.2020, <https://abilitywatch.de/2020/12/14/risikopatienten-in-der-ambulanten-versorgung/>.

<sup>139</sup> See Bundesministerium für Gesundheit: Coronavirus-Schutzmasken-Verordnung (SchutzmV), 05.02.2021, <https://www.bundesgesundheitsministerium.de/service/gesetze-und-verordnungen/guv-19-lp/schutzmv.html?fbclid=IwAR1ZsHTuu5cNRkbvqnAlRuI821iBgJfopUoqu00ygGcODkuAG3ZalNItbXk>.

<sup>140</sup> See for example § 4 of the SARS-CoV-2 Infection Protection Measures Ordinance of Berlin (SARS-CoV-2-Infektionsschutzmaßnahmenverordnung – InfSchMV): <https://www.berlin.de/corona/en/measures/directive/>.

<sup>141</sup> See Antidiskriminierungsstelle des Bundes: Der aktuelle Fall: "Kein Zutritt ohne Maske?", 02.07.2020, [https://www.antidiskriminierungsstelle.de/DE/Beratung/Der\\_aktuelle\\_Fall/Behinderung/Behinderung\\_node.html](https://www.antidiskriminierungsstelle.de/DE/Beratung/Der_aktuelle_Fall/Behinderung/Behinderung_node.html); Antidiskriminierungsstelle des Bundes: Rechtslage zu Diskriminierungen wegen einer Behinderung im Zusammenhang mit dem Mund-Nasen-Schutz, [https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Corona/Mund\\_Nasenschutz/mund\\_nasen\\_schutz\\_node.html](https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Corona/Mund_Nasenschutz/mund_nasen_schutz_node.html).

*Loss of outpatient support structures*

Most persons with disabilities depended on the care and assistance provided by relatives and friends, to compensate for the loss of outpatient services. The supporting relatives in private homes lacked the necessary hygiene materials (masks, gloves, disinfectants), especially at the beginning of the pandemic. Persons with disabilities who needed assistance also had problems finding a substitute at short notice if the assistant had to stay at home due to quarantine.

## 10 Access to habilitation and rehabilitation

### Article 26 – Habilitation and rehabilitation

#### 10.1 Emergency measures

In the beginning of the crisis, habilitation and rehabilitation support and services were restricted. Many of the institutions had to close because of Corona infections. Many rehabilitation facilities had an admission freeze for several months due to Corona. The rehabilitation institutions are obliged to comply with the necessary Corona-related hygiene protection regulations. Not all beds can be occupied, which results in long waiting times for admissions. Moreover, patients sometimes postpone a rehabilitation treatment on their own initiative, especially if they belong to a risk group, since they are concerned about getting infected with COVID-19.

Sheltered Workshops (Werkstatt für behinderte Menschen – *WfbM*) were in the first instance closed by Länder regulations, which were issued on the basis of § 32 Abs.1 IfSG.<sup>142</sup> When the rate of infections lowered, they were subsequently opened again.<sup>143</sup> Work and care for persons with disabilities can take place in the sheltered workshops and care centers, taking into account the necessary hygiene and protective measures. For persons who belong to the so-called risk group and/or cannot comply with the protective measures, in some Länder, other care and employment offers are to be made.<sup>144</sup> Because of the very high rates of infection in Saxonia, sheltered workshops closed again in December 2020.<sup>145</sup>

With the COVID-19-Krankenhausentlastungsgesetz of 27 March 2020, rehabilitation facilities which have to cope with financial losses due to the Corona crisis can receive compensation (§ 111d SGB V).

#### 10.2 Impact of COVID-19 and/or emergency measures adopted

##### *Fewer rehabilitation measures started*

The Corona pandemic poses significant challenges to the rehabilitation system, and this can lead to serious long-term consequences. First, there will be an overall increase

<sup>142</sup> E.g. Saxony general decree on the enforcement of the IfS, measures on the occasion of the Corona pandemic - ban on entering sheltered workshops for people with disabilities, other service providers and day-structuring offers v. 20.03.2020 - Sachsen Allgemeinverfügung zum Vollzug des IfSG, Maßnahmen anlässlich der Corona-Pandemie - Betretungsverbot für Werkstätten für behinderte Menschen, andere Leistungsanbieter und tagesstrukturierende Angebote; § 4 Regulation on protection against new infections with the Coronavirus SARS-CoV-2 in the area of care infrastructure NRW - Verordnung zum Schutz vor Neuinfizierungen mit dem Coronavirus SARS-CoV-2 im Bereich der Betreuungsinfrastruktur NRW; § 10 a Lower Saxony decree on combating the Corona pandemic of 08.05.2020 - Niedersächsische Verordnung zur Bekämpfung der Corona-Pandemie.

<sup>143</sup> E.g. Bayern- Allgemeinverfügung zum Vollzug des IfSG, Corona-Pandemie: Maßnahmen betreffend Werk- und Förderstätten für Menschen mit Behinderung, Frühförderstellen sowie Berufsbildungs- und Berufsförderungswerke of 30. November 2020.

<sup>144</sup> Bayern- Allgemeinverfügung zum Vollzug des IfSG, Corona-Pandemie: Maßnahmen betreffend Werk- und Förderstätten für Menschen mit Behinderung, Frühförderstellen sowie Berufsbildungs- und Berufsförderungswerke of 07.01.2021.

<sup>145</sup> § 7 Abs. 5 Sächsische Corona-Schutz-Verordnung – SächsCoronaSchVO of 11.12.2020 und 08.01.2021; For the current situation in the individual Länder, see [https://www.bagwfbm.de/page/Coronavirus\\_stand\\_bundeslaender](https://www.bagwfbm.de/page/Coronavirus_stand_bundeslaender).

in the need for rehabilitation – for people who need rehabilitation due to having survived COVID-19 or other health limitations caused by the pandemic. Second, already planned rehabilitation measures could not be carried out due to the pandemic. It is likely that more rehabilitation measures will have to be carried out later.<sup>146</sup>

In fact, available figures from the statutory pension insurance (*Deutsche Rentenversicherung*) show, that in medical rehabilitation, the measures started have dropped dramatically (see Annex, Table 6). In March 2020, the lockdown in Germany began and contact restrictions came into effect. There was a reduction of rehabilitation measures of 35.5 % in March 2020 and of 70.3 % in April 2020, compared to the previous year. While in May 2020 59.2 % fewer rehabilitation measures were started than in the same month of the previous year, in June and July the figures were 30.2 % and 30 % respectively.<sup>147</sup>

The reasons for this are the closures of rehabilitation clinics, as well as reduced capacities of specialist medical practices (for example physiotherapists, occupational therapists, speech therapists), because of the lack of protective equipment and the implementation of hygiene concepts. This can have very serious consequences for persons with severe disabilities, with lung diseases or cancer, with spasticity or with paralysis, as without rehabilitation measures there is a risk of deterioration of their functional condition.<sup>148</sup>

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<sup>146</sup> See Rehadat: Corona-Spezial – Rehabilitation, <https://www.rehadat.de/presse-service/corona-spezial/rehabilitation/>.

<sup>147</sup> See also Arbeitsgemeinschaft Medizinische Rehabilitation: Das Ende verhindern, 01.10.2020, <https://www.agmedreha.de/download/das-ende-verhindern/?wpdmdl=347&refresh=60240d72e75bb1612975474>.

<sup>148</sup> See Gutenbrunner et al. (2020): Warum der rehabilitativen Versorgung auch und gerade während der COVID-19 Pandemie besondere Beachtung geschenkt werden muss. Ein Statement der Deutschen Gesellschaft für Physikalische und Rehabilitative Medizin (DGPRM), in: Physikalische Medizin, Rehabilitationsmedizin, Kurortmedizin, Issue 5, Volume 30, Oktober 2020, pp. 283-286, <https://www.thieme-connect.com/products/ejournals/pdf/10.1055/a-1207-0766.pdf>.

## 11 Access to justice

### [Article 13 - Access to justice](#)

#### 11.1 Emergency measures

Judges decide on their own when court hearings take place, within the framework of their judicial independence. Because of the pandemic, many trials were cancelled or postponed. Judicial operations have gradually re-expanded since the beginning of May 2020. Despite the current infection rates, the aim is to maintain court operations. In order to reduce contacts, some Länder State Ministries of Justice recommended using the possibilities of written proceedings and, in appropriate cases, conducting hearings by way of video and audio transmission (section 128a ZPO; § 110a SGG), or hearing witnesses or experts (sections 58a, 247a StPO).<sup>149</sup> However, many courts still lack equipment for video hearings.<sup>150</sup> The German Judges' Association has recently repeatedly complained about the insufficient digitalisation of courts and public prosecutors' offices.<sup>151</sup> To enable the courts to work more effectively during the crisis, the Labour and Social Courts Acts have been amended by the Sozialschutzpaket II of 20 May 2020. Now, in cases of epidemic situation of national relevance (§ 5 IfSG), the possibility of conducting hearings by videoconferences was extended in 2020 (§ 114 Labour Court Act – Arbeitsgerichtsgesetz, § 211 Social Court Act – Sozialgerichtsgesetz).

*Personal hearing of persons concerned in proceedings before the guardianship court*  
At the beginning of the pandemic in Germany, several courts ruled on whether affected persons must be heard in guardianship court proceedings, despite the Corona crisis, or if an exception can be made. This could be suspended (at least temporarily) if the health of the affected or other persons is at risk. However, the court must examine other, unorthodox ways of conducting the hearing, for example, in the open air or with protective clothing.<sup>152</sup> In October, however, the Federal Court of Justice (*Bundesgerichtshof*) set high hurdles to the suspension of the personal hearing. According to the Court, the health protection to be granted to the hearing judges and other persons to be involved in the hearing does not make it possible to suspend the personal hearing.<sup>153</sup>

#### 11.2 Impact of COVID-19 crisis

There could have been negative impact on persons with disabilities because courts were closed for the public and complaints could not be filed in person at the courts' legal application offices. Also, there was restricted personal access to lawyers and

<sup>149</sup> E.g., Bavarian Ministry of Justice, [https://www.justiz.bayern.de/service/Corona/Umgang\\_Justiz.php](https://www.justiz.bayern.de/service/Corona/Umgang_Justiz.php).

<sup>150</sup> Coronavirus pandemic in the EU – Fundament Rights implications – July 2020

Country research: [https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies\\_p\\_7](https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies_p_7).

<sup>151</sup> <https://rsw.beck.de/aktuell/daily/meldung/detail/justizminister-ziehen-Corona-bilanz>.

<sup>152</sup> See Verfahrensrecht: Persönliche Anhörung der Betroffenen im betreuungsgerichtlichen Verfahren trotz Corona-Krise? Landgericht Dresden, Beschluss of 06.04.2020, Az: 2 T 200/20, in: Rechtsdienst der Lebenshilfe, 3/2020, p. 152f.

<sup>153</sup> See Bundesgerichtshof: Beschluss of 14.10.2020, XII ZB 235/20, <https://juris.bundesgerichtshof.de/cgi-bin/rechtsprechung/document.py?Gericht=bgh&Art=en&Datum=Aktuell&Sort=4096&Seite=5&nr=11954&pos=169&anz=558>.

associations, which could have had negative impact on persons with restricted ability to use digital communication.



## 12 Access to education

### [Article 24 – Education](#)

#### 12.1 Emergency measures

At the beginning of the pandemic, all schools, including the special needs schools, were closed. Depending on the varying regulations in the individual Länder, schools gradually reopened when the infection rate lowered. Teaching took place with a mixture of distance and in-person teaching, and based on protection and hygiene concepts.<sup>154</sup> Because of the current high rates of infection, most of the schools are closed again and pupils have attended distance teaching classes in January and February 2021.<sup>155</sup> Emergency care for pupils is offered to a very limited extent<sup>156</sup> and is often only allowed at primary and special needs schools.<sup>157</sup> In some Länder, there are exceptions for special needs schools and these schools are the only ones that offer in-person teaching.<sup>158</sup>

The Länder dealt differently with providing support (§§ 75, 112 SGB IX) for pupils with special needs during distance teaching. While in some Länder, this support was restricted during the closure of schools, in others it was approved by the respective administrative authority for a max. three hours a day.<sup>159</sup> There were serious problems, e.g., for deaf school students, because no sign language courses were available.<sup>160</sup>

At universities, lectures have been given predominantly in a digital format since the beginning of the crisis in all Länder.

#### 12.2 Impact of the COVID-19 crisis

The figures submitted to the Robert Koch Institute by facilities with particular relevance for infectious disease transmission according to § 33 IfSG (including schools and day-care centres)<sup>161</sup> show that, fortunately, almost no pupils who have contracted COVID-19 died. As of 18 February 2021, 18 409 cases of COVID-19 infection among pupils have been reported, of whom 186 (1 %) have been hospitalised. One student has died. In day-care centres, 4 604 cases were reported, of which 53 were hospitalised and no one died (see Annex, Table 5).

In a non-representative online survey (n=1 767) of parents of children with disabilities, conducted by the Fraunhofer Institute from 14 to 21 May 2020, only 35 % of respondents reported that they receive counselling services from their school or day-

<sup>154</sup> Coronavirus pandemic in the EU – Fundament Rights implications – July 2020  
Country research: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies>, p. 4, 5.

<sup>155</sup> E.g., § 18 Bavarian Protection against Infectious Diseases Measure Regulation – BayIfSMV, § 5 a Abs. 5 Sächsische Corona-Schutz-Verordnung – SächsCoronaSchVO, 08.01.2021.

<sup>156</sup> E.g., § 18 Bavarian Protection against Infectious Diseases Measure Regulation – BayIfSMV.

<sup>157</sup> E.g., § 7 Abs. 5 Sächsische Corona-Schutz-Verordnung – SächsCoronaSchVO, 08.01.2021.

<sup>158</sup> § 17 Abs. 4 Vierte Verordnung über befristete Eindämmungsmaßnahmen aufgrund des SARS-CoV-2-Virus und COVID-19 im Land Brandenburg, 08.01.2021.

<sup>159</sup> Bezirk Mittelfranken, Informationsschreiben für Schulbegleitung/Integrationshilfe, 03.06.2020, <https://www.bezirk-mittelfranken.de/soziales/informationen-zur-Corona-pandemie>.

<sup>160</sup> Jörg Meyer, Von Inklusion und Corona, Soziale Sicherheit 2020, pp. 340, 341.

<sup>161</sup> § 33 IfSG: [https://www.gesetze-im-internet.de/ifsg/\\_33.html](https://www.gesetze-im-internet.de/ifsg/_33.html).

care centre. 40 % would like to see additional digital teaching offers. Some stated that stagnation or regression in their children's development could be observed, because therapies would be cancelled.<sup>162</sup> In a follow-up survey (6 August to 30 October 2020, n=638), 90 % of respondents reported that therapy services had been cancelled or were limited. Parents therefore had to take over the role of teachers, therapists, carers and attendants.<sup>163</sup>

### *Special needs schools*

After the summer holiday in 2020, an obligation to wear masks was introduced at schools in Germany. There have been reports that pupils with disabilities from special schools who are exempt from wearing a mask due to their disability, have not been transported by the transport service that takes pupils to their special school, for example in North Rhine-Westphalia.<sup>164</sup> In some federal states, special schools were closed longer than regular schools after the first lockdown. In some cases, the special schools did not provide the pupils with any technical support and learning materials for teaching and learning at home.<sup>165</sup>

### *Pupils with special needs education in regular schools*

After the re-opening of the schools in May 2020, parents of pupils with intellectual disabilities, who were being educated at a regular school, reported that they were asked not to send their children to school. The reasons given were that special schools for this group were also closed, or it was assumed that pupils with intellectual disabilities would not understand or observe the hygiene and distance rules.<sup>166</sup>

### *School assistance/support*

Pupils who are dependent on support due to their disability receive school assistance / support (*Schulbegleitung*). These can also be used at home during the pandemic, where they are needed just as much as at school.<sup>167</sup> The municipalities decide on this.<sup>168</sup> In March/April 2020, there were reports that some municipalities refused to fund school assistance for learning at home, for example in Bielefeld.<sup>169</sup>

<sup>162</sup> See Fraunhofer-Institut für Angewandte Informationstechnik (2020): Schulöffnungen. Ein Tropfen auf den heißen Stein. So leiden beeinträchtigte Kinder und ihre Eltern unter der Corona-Krise, [https://www.fit.fraunhofer.de/content/dam/fit/de/documents/2020-06-03\\_Corona-Umfrage-Fraunhofer-Tech-Inc-Lab.pdf](https://www.fit.fraunhofer.de/content/dam/fit/de/documents/2020-06-03_Corona-Umfrage-Fraunhofer-Tech-Inc-Lab.pdf).

<sup>163</sup> See Fraunhofer-Institut für Angewandte Informationstechnik (2020): Nach dem Frühjahrs-Lockdown: Entspannung in der Corona-Lage bleibt aus. So erlebten beeinträchtigte Kinder und ihre Familien den Pandemie-Sommer, [https://www.fit.fraunhofer.de/content/dam/fit/de/documents/2020-11-30\\_Zweite%20Corona%20Umfrage%20Fraunhofer%20Tech%20Inc%20Lab.pdf](https://www.fit.fraunhofer.de/content/dam/fit/de/documents/2020-11-30_Zweite%20Corona%20Umfrage%20Fraunhofer%20Tech%20Inc%20Lab.pdf).

<sup>164</sup> See Kobinet: Schülerinnen und Schüler von der Beförderung ausgeschlossen, 26.08.2020, <https://kobinet-nachrichten.org/2020/08/26/schuelerinnen-und-schueler-von-der-befoerderung-ausgeschlossen/>; Kobinet: Ohne Maske keine Beförderung zur Förderschule, 31.08.2020, <https://kobinet-nachrichten.org/2020/08/31/ohne-maske-keine-befoerderung-zur-foerderschule/>.

<sup>165</sup> See Die neue Norm: „Behinderte Schüler\*innen haben das gleiche Recht auf Bildung“, 29.04.2020, <https://dieneuenorm.de/gesellschaft/schule-behinderung-home-schooling/>.

<sup>166</sup> See Kobinet: Corona und längst überwunden geglaubte Zeiten, 15.05.2020, <https://kobinet-nachrichten.org/2020/05/15/corona-und-laengst-ueberwunden-geglaubte-zeiten/>.

<sup>167</sup> See mittendrin: Köln – Homeschooling mit Schulbegleiter, 07.04.2020, <https://www.mittendrin-koeln.de/inklusions-pegel/politik/koeln/meldung/news/koeln-homeschooling-mit-schulbegleiter/>.

<sup>168</sup> See Familienratgeber: SchulbegleiterInnen und Familienunterstützender Dienst können auch während der Corona-Zeit Zuhause im Einsatz sein, 25.03.2020, <https://www.familienratgeber.de/nachrichten/schulbegleiterinnen-familienunterstuetzender-dienst>.

<sup>169</sup> See Kobinet: Homeschooling: Willkür bei Teilhabe-Assistenz?

*Accessible learning during lockdown*

Pupils with disabilities and their parents face greater challenges for learning at home than pupils without disabilities. On the one hand, necessary therapies for the pupils did not take place due to the lockdown. Parents had to provide some of the care that would have been provided by school assistance at school.<sup>170</sup> In addition, the Federal Monitoring Agency for Accessibility of Information Technology (*Überwachungsstelle des Bundes für Barrierefreiheit von Informationstechnologie*) criticises that digital learning materials are not accessible in most cases.<sup>171</sup>

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<sup>170</sup> See Kobinet: Behinderte Schüler\*innen beim Homeschooling nicht abhängen, 11.02.2021, <https://kobinet-nachrichten.org/2021/02/11/behinderte-schuelerinnen-beim-homeschooling-nicht-abhaengen/>.

<sup>171</sup> See Überwachungsstelle des Bundes für Barrierefreiheit von Informationstechnologie: Für digitales barrierefreies Lernen im Lockdown, January 2021, <https://www.bfit-bund.de/DE/Presse/presse.html>.

## 13 Working and employment

### [Article 27 – Work and employment](#)

#### 13.1 Emergency measures

To reduce the risk of infection, the Federal Government and the governments of the Länder have pointed out that every employer must implement a set of hygiene rules and issued the SARS-CoV-2 occupational health and safety standards to protect workers from the Coronavirus. The standard also deals with employees who require particular protection, because of e.g., disability, and how to optimize the occupational health and safety protection of the working-place to safeguard employment.<sup>172</sup>

Whenever possible, employers should allow remote work from home.<sup>173</sup> In workplaces in the general labour market, the Severely Disabled Persons Council should participate in the organization of remote work, in order to take in account, the situation of persons with disabilities.<sup>174</sup> However, this was not secured in all enterprises. It was possible to apply for specific grants for accessibility of remote working of persons with disabilities.<sup>175</sup>

With the Sozialschutz-Paket II, the short-time work compensation benefit (Kurzarbeitergeld) rose and the entitlement to unemployment benefit (Arbeitslosengeld nach dem SGB III) was extended; see 5.1.

Sheltered workshops (Werkstatt für behinderte Menschen – *WfbM*) have been strongly affected by the Corona pandemic and were closed for several months. Since the remuneration of the WfbM-employees is largely dependent on the income generated by the workshop, the Corona-related developments have had a negative impact on the wages of the WfbM employees. This is aggravated by the fact that, unlike employees in the general labour market, WfbM-employees are not entitled to short-time work compensation benefits.<sup>176</sup> To back the work of the Work Councils, as workers' representatives in the sheltered workshops during the pandemic, they were allowed to use telephone and videoconferences for their work.<sup>177</sup>

The federal government amended the Regulation on Compensatory Levy for Severely Disabled Persons, which regulates the distribution of the money from the levy employers pay if they do not employ severely disabled workers according to the employment quota.<sup>178</sup> The aim of the regulation is to reduce the loss of pay for WfbM-employees. To this end, the federal government will waive 10 per cent of the income

<sup>172</sup> <https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Schwerpunkte/sars-cov-2-arbeitsschutzstandard.html;jsessionid=D8DB634A2BA5B70BB57CD3DBCE229C3D.delivery1-replication>, concretized by an occupational health and safety rule in August 2020 and the SARS-CoV-2-Workplace-Safety-Regulation (20/1/2021 – SARS-CoV-2-Arbeitsschutzverordnung).

<sup>173</sup> § 2 Abs. 4 Sars-CoV2-Arbeitsschutzverordnung, BAnz AT 22.01.2021 V1.

<sup>174</sup> <https://www.reha-recht.de/fachbeitraege/beitrag/artikel/beitrag-d20-2020/>.

<sup>175</sup> <https://www.reha-recht.de/infothek/beitrag/artikel/mitarbeitende-mit-schwerbehinderung-im-homeoffice>.

<sup>176</sup> See Martin Theben, Kurzarbeitergeld in Werkstätten für Menschen mit Behinderungen - ausgewählte Probleme (nicht nur) in Zeiten von Corona, [www.reha-recht.de](http://www.reha-recht.de), Beitrag D16-2020.

<sup>177</sup> § 40a Werkstättenmitwirkungsverordnung (WMVO).

<sup>178</sup> §§ 14, 16 Schwerbehinderten-Ausgleichsabgabenverordnung; vgl. Annette Tabbara, Corona und die Auswirkungen auf Institutionen der Behindertenhilfe und Inklusionsbetriebe, *Soziale Sicherheit* 2020, 344, 345.

from the compensatory levy for one year and leave it to the integration offices. The integration offices of the Länder will then decide about the amount of benefit that the individual workshop receives, as well as about the type and scope of the required evidence.

### **13.2 Impact of the COVID-19 crisis**

In the above-mentioned survey (see Chapter 4.5) of persons with disabilities, one third of the people (28.6 %) who were employed in 2020 or who received the integration service or work assistance in the open labour market, reported that nothing had changed for them during the pandemic. 3.3 % stated that they had become unemployed and almost one in ten (8.0 %) was working less or could not work and received a short-term allowance. The majority have either worked more (36.5 %) or completely (28.5 %) in home office.

Half of the respondents (50.5 %) do not see any long-term consequences of the pandemic for their professional life or career. Almost one in four (23.7 %) see an increased job risk, and one in six (16.2 %) see difficulties finding a job in the long-term (see Annex, Table 11c).

#### *Unemployment of severely disabled persons*

Looking at the development of unemployment among severely disabled persons, two trends can be derived (see Annex, Tables 8-10 for all numbers): On the one hand, the number of unemployed severely disabled persons increased during the pandemic, compared to the pre-pandemic period. On the other hand, this increase is smaller compared to the increase for all unemployed people.

On the first point: In March 2020, i.e., at the beginning of the pandemic in Germany, 157 523 severely disabled persons were unemployed. This number has risen steadily over the course of the pandemic – to 180 047 in January 2021 (+14.3 %). And compared to the same month last year, January 2020, this is an increase of 11.8 %. In general, the number of unemployed severely disabled persons during the pandemic was 10.0 to 13.5 % higher than in the respective month of the previous year.

To the second point: The total number of unemployed persons in Germany rose from 2 335 367 (March 2020) to 2 900 663 (January 2021) during the pandemic – an increase of 24.2 %. The comparison of January 2021 to January 2020 shows that the unemployment rate increased by 19.6 %. In general, the number of unemployed persons during the pandemic was 18.6 to 28.7 % higher than in the respective month of the previous year.

These figures show that the number of unemployed severely disabled persons has not increased to the same extent as the total number of unemployed persons in Germany.<sup>179</sup> The percentage of severely disabled persons in the total number of unemployed persons has also decreased: From 6.75 % in March 2020, to 6.21 % in January 2021. However, this is not to say that there is an inclusive labour market in

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<sup>179</sup> See also <https://www.rehadat-statistik.de/statistiken/berufliche-teilhabe/arbeits-und-erwerbslosigkeit/arbeitslos-statistik-der-bundesagentur-fuer-arbeit/>.

Germany; on the contrary.<sup>180</sup> The 180.000 severely disabled unemployed are an all-time high in Germany. On average, persons with disabilities take longer to return to employment than persons without disabilities, and 25 % of all companies do not employ a single person with disabilities.<sup>181</sup>

### *Sheltered Workshops*

As mentioned in Chapter 13.1, persons with disabilities who work in sheltered workshops do not receive short-time allowance, because they do not pay into the unemployment insurance scheme. The sheltered workshops that reopened from May, after the first lockdown, paid less in wages to the employees, because the financial situation of the workshops has worsened.<sup>182</sup> The federal Government has decided to waive a part of the equalization levy (*Ausgleichsabgabe*). This corresponds to approximately EUR 58.3 million that are available to the Länder to compensate for pandemic-related loss of pay for workshop employees.<sup>183</sup> Disability policy organizations have criticized that this compensation comes from the equalization levy and not from the integration assistance (*Eingliederungshilfe*).<sup>184</sup> The reason for this criticism is that the compensatory levy should actually be there to promote the participation of persons with disabilities in the open labour market.<sup>185</sup>

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<sup>180</sup> See Deutsches Institut für Menschenrechte: Rechte von Menschen mit Behinderungen – Arbeit, <https://www.institut-fuer-menschenrechte.de/themen/rechte-von-menschen-mit-behinderungen/arbeit>.

<sup>181</sup> See Sozialverband Deutschland: Arbeitslosigkeit schwerbehinderter Menschen hat neuen Negativrekord erreicht – Berufliche Inklusion in Gefahr, 02.02.2021, <https://www.sovd.de/index.php?id=700789>.

<sup>182</sup> See Deutscher Bundestag (Ed.) (2020): Lehren aus der COVID-19-Pandemie ziehen – Den Weg zu einer inklusiven Gesellschaft einschlagen, Antrag der Fraktion Bündnis 90/Die Grünen, Drucksache 19/20593, 30.06.2020, p. 2, <http://dipbt.bundestag.de/dip21/btd/19/205/1920593.pdf>.

<sup>183</sup> See Deutscher Bundestag (Ed.) (2021): Sicherung der Entgelte der Menschen mit Behinderungen in Werkstätten. Antwort der Bundesregierung auf die kleine Anfrage der Abgeordneten Jens Beeck, Michael Theurer, Johannes Vogel (Olpe), weiterer Abgeordneter und der Fraktion der FDP, Drucksache 19/25746, 25.01.2021, <https://dip21.bundestag.de/dip21/btd/19/260/1926095.pdf>.

<sup>184</sup> See Kabinet: Bundesregierung hat Situation in Werkstätten im Blick, 03.02.2021, <https://kabinet-nachrichten.org/2021/02/03/bundesregierung-hat-situation-in-werkstaetten-im-blick/>.

<sup>185</sup> See Kabinet: Ausgleichsabgabe nur für allgemeinen Arbeitsmarkt nutzen, 26.06.2020, <https://kabinet-nachrichten.org/2020/06/26/ausgleichsabgabe-nur-fuer-allgemeinen-arbeitsmarkt-nutzen/>.

## 14 Good practices and recommendations

### 14.1 Examples of good practice

- There has been a high degree of governmental support for social services and institutions for disabled persons, and for rehabilitation, to keep the social infrastructure (see Chapter 2.2).
- The vaccination priorities are very high for persons living in institutional settings. After a critical discussion, they now also give high priority to many other groups of disabled persons vulnerable because of their health condition or living conditions (see Chapter 4.6).
- In the beginning, protective equipment and testing facilities were not sufficiently available in long-term care institutions and institutions for persons with disabilities, for staff and residents. There has been substantive improvement, meanwhile. (see Chapter 7.2).

### 14.2 Recommendations

- In addition to the fact that institutionalized housing is contrary to the UN Convention on the Rights of Persons with Disabilities, the pandemic has shown that fatalities as a result of Coronavirus have occurred primarily in institutions. In order to be better prepared in the event of another pandemic and, not least, to enable persons with disabilities to realize the rights to which they are entitled to, Germany must fundamentally continue to work on deinstitutionalization and alternatives for living in the community.
- Government and state information on the Corona pandemic and infection control measures must be accessible in barrier-free formats (for example, in sign language and Easy Read) (Recommendation by the German Disability Council)<sup>186</sup> (see Chapter 4.4, Information on the virus and measures in Easy Read and Sing Language).
- A non-discriminatory regulation on triage, involving persons with disabilities and Disabled People's Organisations should be developed (Recommendation by the National Human Rights Institution<sup>187</sup> and Disabled People's Organisations)<sup>188</sup> (see Chapter 4.2, Triage).
- Information about and access to vaccination centres must be accessible, taking into account the recommendations of the Federal Agency for Accessibility on accessible vaccination centres<sup>189</sup> (Recommendations by the German Disability

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<sup>186</sup> Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderung: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.

<sup>187</sup> See Deutsches Institut für Menschenrechte: Triage: Gesetzgeber muss diskriminierungsfreie Entscheidung über intensivmedizinische Ressourcen sicherstellen, 17.12.2020, <https://www.institut-fuer-menschenrechte.de/aktuelles/detail/triage-gesetzgeber-muss-diskriminierungsfreie-entscheidung-ueber-intensivmedizinische-ressourcen-sicherstellen>.

<sup>188</sup> See for example Netzwerk Artikel 3: Triage – Gesetzgeber darf nicht länger schweigen, 17.12.2020, <https://www.nw3.de/index.php/148-triage-gesetzgeber-darf-nicht-laenger-schweigen>.

<sup>189</sup> Bundesfachstelle Barrierefreiheit (2020): Allgemeine Hinweise für die Einrichtung und den Betrieb barrierefreier Corona-Impfzentren, [https://www.bundesfachstelle-barrierefreiheit.de/SharedDocs/Downloads/DE/Veroeffentlichungen/corona-impfzentren.pdf?\\_\\_blob=publicationFile&v=4](https://www.bundesfachstelle-barrierefreiheit.de/SharedDocs/Downloads/DE/Veroeffentlichungen/corona-impfzentren.pdf?__blob=publicationFile&v=4).

Council<sup>190</sup> and the Commissioners for Matters relating to Persons with Disabilities of the Federal Government and the *Länder*)<sup>191</sup> (see Chapter 4.6, Accessibility of vaccination centres).

- Shelters and counselling services for victims of domestic violence must be accessible. At times when visits to the counselling services are restricted because of curfews, accessible alternatives should be created, such as via chat, messenger or email.<sup>192</sup> (see Chapter 8.2, Domestic violence).
- Participation of persons with disabilities in decisions on the containment of the Corona pandemic and consideration of their perspective should be strengthened (Recommendation of *Bundesvereinigung Lebenshilfe*).<sup>193</sup> For example, a pandemic advisory board could be established, in which persons with disabilities are represented.
- Digital learning platforms and teaching materials must be accessible and school assistance must also be guaranteed for remote teaching and learning (Recommendation of the German Disability Council)<sup>194</sup> (see Chapter 12.2). Accessibility of digital education for all groups of disabled persons will be a relevant challenge for the next years.
- Programmes for further education, qualification and placement in the primary labour market must be set up for persons with disabilities, in order to counteract the rising unemployment rate. This applies especially to severely disabled persons (Recommendation of the German Disability Council)<sup>195</sup> (see Chapter 13.2). A special challenge is to use the opportunities of remote and digital workplaces for building more inclusive working opportunities in the general labour market and to secure the accessibility of digital work.
- As WfbM (sheltered workshop) employees are not entitled to short-time work compensation benefits, compared to employees in the general labour market, it is necessary to align the working contracts and working conditions in sheltered workshops to the general labour market.

### 14.3 Other relevant evidence

Not applicable.

<sup>190</sup> Deutscher Behindertenrat: Fehlende Barrierefreiheit der Corona-Impfzentren. Deutscher Behindertenrat bemängelt Barrierefreiheit von Corona-Impfkampagne und zu Impfzentren, 12.01.2021, <https://www.deutscher-behindertenrat.de/ID258800>.

<sup>191</sup> Stellungnahme der Beauftragten von Bund und Ländern für Menschen mit Behinderungen: Corona-Pandemie und COVID-19 – Schlüssiges Konzept zum Schutz von Menschen mit Behinderungen gefordert, 26.01.2021, [https://www.behindertenbeauftragter.de/SharedDocs/Publikationen/DE/Erk%C3%A4rung\\_LBB\\_Schutzma%C3%9Fnahmen\\_2021.pdf?\\_\\_blob=publicationFile&v=1](https://www.behindertenbeauftragter.de/SharedDocs/Publikationen/DE/Erk%C3%A4rung_LBB_Schutzma%C3%9Fnahmen_2021.pdf?__blob=publicationFile&v=1).

<sup>192</sup> See Sozialrecht & Praxis (2020): Häusliche Gewalt – Mehr Opfer während Corona-Pandemie, Heft 7/20, p. 433ff.

<sup>193</sup> See Lebenshilfe: Menschen mit Behinderung müssen an Corona-Entscheidungen beteiligt werden, 01.12.2020, <https://www.lebenshilfe.de/presse/pressemeldung/menschen-mit-behinderung-muessen-an-corona-entscheidungen-beteiligt-werden/>.

<sup>194</sup> Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderung: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.

<sup>195</sup> Deutscher Behindertenrat: Gleiche Teilhabe sicherstellen! Die Corona-Krise aus Sicht von Menschen mit Behinderung: Analysen und Forderungen, 25.09.2020, <https://www.deutscher-behindertenrat.de/ID255654>.



**Annex**

Table 1: Total number of COVID-19 deaths (as of 18 February 2021)

<b>COVID-19 deaths</b>			
<i>Total number</i>	<i>Deaths in ICU</i>	<i>Deaths in facilities according to § 36 IfSG</i>	<i>-thereof in long-term care facilities (Pflegeeinrichtungen)</i>
66.698	20.936	19.183	10.716

(Source: own presentation based on the daily situation report of the Robert Koch Institute, 18/02/2021,

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Fe\\_b\\_2021/2021-02-18-en.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Fe_b_2021/2021-02-18-en.pdf?_blob=publicationFile); information on numbers

according to §36 IfSG only available in the daily reports in German:

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Fe\\_b\\_2021/2021-02-18-de.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Fe_b_2021/2021-02-18-de.pdf?_blob=publicationFile))

Table 2: Number of notified COVID-19 deaths by age group and gender (as of 16 February 2021)

<b>Gender</b>	<b>Age group (in years)</b>									
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
<b>Male</b>	2	2	28	65	242	1,178	3,449	8,056	15,373	5,160
<b>Female</b>	6		19	32	111	489	1,483	4,474	15,150	10,084
<b>Total</b>	<b>8*</b>	<b>2</b>	<b>47</b>	<b>97</b>	<b>353</b>	<b>1,667</b>	<b>4,932</b>	<b>12,530</b>	<b>30,523</b>	<b>15,244</b>

\* Of these, 1 case are currently still being validated.

(Source: Daily Situation Report of the Robert Koch Institute, 16/02/2021,

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Fe\\_b\\_2021/2021-02-16-en.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Fe_b_2021/2021-02-16-en.pdf?_blob=publicationFile); numbers on age and gender can

only be found in the daily situation reports on Tuesdays, see here for more details:

[https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/Situationsberichte\\_Tab.html](https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/Situationsberichte_Tab.html))

Table 3: Total number of COVID-19 cases (as of 18 February 2021)

<b>COVID-19 cases</b>		
<i>Total number</i>	<i>Recovered</i>	<i>Discharged from ICU</i>
2.360.606	2.165.900	73.287

(Source: own presentation based on the daily situation report of the Robert Koch Institute, 18/02/2021,

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Fe\\_b\\_2021/2021-02-18-en.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Fe_b_2021/2021-02-18-en.pdf?_blob=publicationFile))

Table 4: COVID-19 cases with proportion of deceased and proportion of hospitalised, period from 2 March 2020 to 14 February 2021

<b>COVID-19 cases</b>	<b>Deceased</b>	<b>Hospitalised</b>
2.340.087	65.596	174.058

(Source: own presentation based on Robert Koch Institute: COVID-19-Fälle nach Meldewoche und Geschlecht sowie Anteile für COVID-19 relevanten Symptomen, Anteile Hospitalisierter und Verstorbener (COVID-19 cases by reporting week and gender, and proportions of symptoms relevant to COVID-19, proportions hospitalized and deceased),

Table is updated every Tuesday, German only,  
[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Daten/Klinische\\_Aspekte.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Klinische_Aspekte.html))

Table 5: COVID-19 cases transmitted to the Robert Koch Institute by care (Betreuung) or placement (Unterbringung) in facilities with particular relevance for infectious disease transmission (as of 18 February 2021)

<b>Cared for / placed in facility</b>	<b>Total</b>	<b>≥60 years</b>	<b>Hospitalized</b>	<b>Deceased</b>	<b>Recovered (estimate)</b>
<i>§ 23 IfSG (e.g., hospitals, outpatient clinics and practices, dialysis clinics and emergency service)</i>	22.911	17.111 (75%)	15.347 (67%)	3.795 (17%)	17.100
-of which with differentiated data	11.107	8.765 (79%)	8.138	1.851	7.500
- Hospitals	8.943	7.106 (79%)	7.505	1.658	5.800
- Rehabilitation facilities	763	570 (75%)	300	41	600
- Other	1.401	1.089 (78%)	333	152	1.100
<i>§ 33 IfSG (e.g. day care facilities, facilities for after-school care, schools, children's homes and holiday camps)</i>	56.680	-	594 (1%)	2 (0%)	55.500
-of which with differentiated data	23.478	-	246	1	22.400
- Day care facilities	4.604	-	53	0	4.200
- Schools	18.409	-	186	1	17.800
- Other	465	-	7	0	400
<i>§ 36 IfSG (e.g. facilities for the care of older, disabled, or other persons in need of care, homeless shelters, community facilities for asylum-seekers, other mass accommodation, prisons)</i>	111.085	90.212 (81%)	17.525 (16%)	19.183 (17%)	87.000
-of which with differentiated data	62.379	53.566 (86%)	8.731	10.803	47.600
- Care facilities	57.490	52.924 (92%)	8.327	10.716	43.100
- Ambulatory/ outpatient care services	513	487 (95%)	176	73	400
- Shared accommodation for asylum seekers	3.996	102 (3%)	191	6	3.800
- Other	380	53 (14%)	37	8	300

(Source: own presentation based on *Täglicher Lagebericht des RKI zur Coronavirus-Krankheit-2019 (COVID-19)*, 18.02.2021, German only, [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Situationsberichte/Feb\\_2021/2021-02-18-de.pdf?blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Feb_2021/2021-02-18-de.pdf?blob=publicationFile))

Table 6: Changes in rehabilitation measures in the area of statutory pension insurance compared to the same month of the previous years; in %

Month	Applications	Approvals	Rehabilitation measures started
March	-13.6	-0.1	-35.5
April	-41.1	-30.9	-70.3
May	-24.0	-26.6	-59.2
June	-13.1	-7.9	-30.0
July	-15.8	-17.8	-30.2

(Source: *Deutscher Bundestag (Ed.) (2020): Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Dr. Andrew Ullmann, Nicole Westig, Michael Theurer, weiterer Abgeordneter und der Fraktion der FDP, Drucksache 19/22132, 28.09.2020, p. 4, <http://dipbt.bundestag.de/dip21/btd/19/228/1922874.pdf>; own translation)*

Table 7: Total number of vaccinations so far and vaccinated persons according to indications (as of 18 February 2021)

Total number of vaccine doses administered so far	First vaccination		Second vaccination	
	Vaccinations	Vaccination rate, %	Vaccinations	Vaccination rate, %
4.572.420	2.991.792	3,6	1.580.628	1,9

First vaccination				Second vaccination			
Indication by age*	Occupational indication*	Medical indication*	Care home resident*	Indication by age*	Occupational indication*	Medical indication*	Care home resident*
1.189.939	1.349.583	103.463	733.181	560.453	761.433	61.602	474.233

\*Note on indications: There may be several indications per vaccinated person.

(Source: *Robert Koch Institute: Tabelle mit den gemeldeten Impfungen bundesweit und nach Bundesland sowie nach STIKO-Indikation, 18.02.2021, German only, [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Daten/Impfquotenmonitoring.html?jsessionid=9AEC3DE98358EE210A15B3368B858467.internet121?nn=13490888](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.html?jsessionid=9AEC3DE98358EE210A15B3368B858467.internet121?nn=13490888); own translation)*

Table 8: Unemployment statistic during the pandemic, disaggregated by persons with severe disabilities and total number of unemployed persons

Month	Unemployed persons with severe disabilities		Total number of unemployed persons
	Absolute	% of all unemployed persons	
01/21	180.047	6.21	2.900.663
12/20	172.089	6.36	2.707.242
11/20	171.827	6.37	2.699.133
10/20	173.709	6.29	2.759.780
09/20	174.918	6.14	2.847.148
08/20	177.722	6.01	2.955.487
07/20	175.188	6.02	2.910.008
06/20	173.707	6.09	2.853.307

05/20	171.465	6.10	2.812.986
04/20	167.997	6.35	2.643.744
03/20	157.523	6.75	2.335.367

(Source: Own presentation based on Bundesagentur für Arbeit: Auswirkungen der Corona-Krise auf den Arbeitsmarkt (Monatszahlen),  
[https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche\\_Formular.html?nn=15024&r\\_f=ur\\_Deutschland&topic\\_f=corona-datenset-corona](https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche_Formular.html?nn=15024&r_f=ur_Deutschland&topic_f=corona-datenset-corona))

Table 9: Unemployment statistic during the pandemic, disaggregated by persons with severe disabilities and total number of unemployed persons, compared with the same month of the previous year

Month	Unemployed persons with severe disabilities			Total number of unemployed persons		
	Absolute	Change compared with the same month of the previous year		Absolute	Change compared with the same month of the previous year	
		Absolute	%		Absolute	%
01/21	180.047	18.972	11.8	2.900.663	475.140	19.6
12/20	172.089	19.114	12.5	2.707.242	480.083	21.6
11/20	171.827	20.068	13.2	2.699.133	519.134	23.8
10/20	173.709	20.119	13.1	2.759.780	555.690	25.2
09/20	174.918	21.380	13.9	2.847.148	613.118	27.4
08/20	177.722	21.269	13.6	2.955.487	636.079	27.4
07/20	175.188	20.638	13.4	2.910.008	634.547	27.9
06/20	173.707	19.831	12.9	2.853.307	637.064	28.7
05/20	171.465	16.334	10.5	2.812.986	577.017	25.8
04/20	167.997	15.310	10.0	2.643.744	414.868	18.6
03/20	157.523	-37.458	-5.0	2.335.367	34.246	1.5

(Source: Own presentation based on Bundesagentur für Arbeit: Auswirkungen der Corona-Krise auf den Arbeitsmarkt (Monatszahlen),

[https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche\\_Formular.html?nn=15024&r f=ur\\_Deutschland&topic f=corona-datenset-corona](https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche_Formular.html?nn=15024&r f=ur_Deutschland&topic f=corona-datenset-corona))

Table 10: Unemployment statistic during the pandemic, disaggregated by persons with severe disabilities and total number of unemployed persons, compared with the March 2020

Month	Unemployed persons with severe disabilities			Total number of unemployed persons		
	Absolute	Change compared with March 2020		Absolute	Change compared with March 2020	
		Absolute	%		Absolute	%
01/21	180.047	22.524	14.3	2.900.663	565.296	24,2
12/20	172.089	14.566	9.2	2.707.242	371.875	15,9
11/20	171.827	14.304	9.1	2.669.133	363.766	15.6
10/20	173.709	16.186	10.3	2.759.780	424.413	18.2
09/20	174.918	17.395	11.0	2.847.148	511.781	21.9
08/20	177.722	20.199	12.8	2.955.487	620.120	26.6
07/20	175.188	17.665	11.2	2.910.008	574.641	24.6
06/20	173.707	16.184	10.3	2.853.307	517.940	22.2
05/20	171.465	13.942	8.9	2.812.986	477.619	20.5
04/20	167.997	10.474	6.6	2.643.744	308.377	13.2
03/20	157.523	-/-	-/-	2.335.367	-/-	-/-

(Source: Own presentation based on Bundesagentur für Arbeit: Auswirkungen der Corona-Krise auf den Arbeitsmarkt (Monatszahlen),

[https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche\\_Formular.html?nn=15024&r f=ur\\_Deutschland&topic f=corona-datenset-corona](https://statistik.arbeitsagentur.de/SiteGlobals/Forms/Suche/Einzelheftsuche_Formular.html?nn=15024&r f=ur_Deutschland&topic f=corona-datenset-corona))

Table 11a-11c: Selected results of a non-published online survey among persons with disabilities

Source: Online survey "Consequences of Corona for persons with disabilities and chronic illnesses"<sup>196</sup> in the context of the consultation process "Participation and inclusion in times of the SARS-CoV-2 pandemic"<sup>197</sup> of the German Society for Rehabilitation; November/December 2020; not published; own presentation.

Table 11a: Number of participants

<b>Total number of participants</b>	
- Adult with disability/need for care/chronic illness (from 18 years)	3.320
- Representing an affected child in pre-school/primary school (up to and including 4 <sup>th</sup> grade)	40
- Representing an affected child/adolescent (from 5 <sup>th</sup> grade up to and including 17 years)	56
- Representing an affected adult with disability/need for care/chronic illness	111
- Missing indication	157
<b>Age</b>	
0 to 5 years	10 (0.3%)
6 to 10 years	34 (0.9%)
11 to 17 years	68 (1.8%)
18 to 29 years	591 (16.0%)
30 to 59 years	2.098 (56.9%)
60 to 69 years	587 (15.9%)
70 to 79 years	199 (5.4%)
80 years or older	35 (1.0%)
Missing indication	62 (1.7%)
<b>Housing situation</b>	
In a private apartment/house	3.396 (92.2%)
In a residential group or assisted living for persons with disabilities or senior citizens	105 (2.9%)
In an institution for persons with disabilities (incl. boarding school)	58 (1.6%)
In a care home	12 (0.3%)
Missing indication	113 (3.1%)

Table 11b: Impact on healthcare

<b>What is the impact of the Corona pandemic and its response on your health care (multiple answers possible)</b>	
No significant impact	1132 (32.9%)
Access to the general practitioner was difficult	1270 (36.9%)
Access to specialists was difficult	1451 (42.1%)
Access to psychotherapists was difficult	661 (19.2%)
Access to the hospital was difficult	633 (18.4%)

<sup>196</sup> See <https://www.dvfr.de/rehabilitation-und-teilhabe/meldungen-aus-der-reha-landschaft/detail/artikel/online-befragung-corona-folgen-fuer-menschen-mit-behinderungen/>.

<sup>197</sup> See <https://www.dvfr.de/rehabilitation-und-teilhabe/meldungen-aus-der-reha-landschaft/detail/artikel/konsultationsprozess-teilhabe-von-menschen-mit-behinderungen-unter-den-bedingungen-der-corona-pande/>.

Access to the Medical Centre for Adults with Disabilities was difficult	51 (1.5%)
Access to the psychiatric outpatient clinic was difficult	152 (4.4%)
Access to the Social Paediatric Centre was difficult	47 (1.4%)
Access to the early intervention centre was difficult	17 (0.5%)
Necessary investigations were delayed	828 (24.0%)
Delays in treatment occurred	1010 (29.3%)
There delay of necessary interventions	184 (5.3%)
<b>If therapies were not possible or only possible to a limited extent: What were the consequences? (Responses only from respondents for whom physiotherapy, occupational therapy and/or speech therapy was cancelled or inadequate) (multiple answers possible)</b>	
No impact	72 (5.5%)
More pain	799 (61.1%)
Ability to move/mobility worsened	931 (71.2%)
Coped worse in everyday life	469 (35.9%)
Language has deteriorated	48 (3.7%)
Overall health has deteriorated as a result	520 (39.8%)

Table 11c: Impact on work

<b>Has your professional activity changed as a result of the Corona pandemic? (Response only from respondents who were employed in 2020 or who used the integration specialist service or work assistance service) (multiple answers possible)</b>	
No	321 (28.6%)
Yes, unemployed	37 (3.3%)
Yes, short-time work	90 (8.0%)
Yes, more home office	409 (36.5%)
Yes, completely in the home office	320 (28.5%)
<b>Do you see any long-term consequences for your professional activities and career as a result of the Corona pandemic? (multiple answers possible)</b>	
No	694 (50.5%)
Yes, increased workplace risk	325 (23.7%)
Yes, fewer opportunities for promotion	133 (9.7%)
Yes, less prospect of changing employer	153 (11.1%)
Yes, difficulties finding a job	222 (16.2%)
Yes, interruption of further education and training	296 (21.5%)



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