



**Convention on the Rights
of Persons with Disabilities**

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Committee on the Rights of Persons with Disabilities

**Combined second and third reports submitted by
Germany under article 35 of the Convention,
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in 2019***

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I. Preliminary remark

1. In accordance with Article 20 (1) GG,¹ Germany is a federation consisting of federal states (*Länder*). Therefore, the Federation and the *Länder* are fundamentally independent in performing their constitutional responsibilities at their respective level. As a rule, the Federal Government has no intervention rights with regard to the *Länder*. The Federation and the *Länder* therefore have equal responsibility for implementing the CRPD and further developing German law in light of the Convention.
2. The parliaments and governments at federal and *Länder* level must repeatedly legitimise their power according to the respective constitutions. This leads to ongoing social discourse on the best solutions to strike a balance between the different interests at stake in a pluralistic society.
3. As a result, the Federation has enacted legislation at federal level in various domains which is intended to contribute to the consistent implementation of the Convention in the *Länder*.
4. For example, as the central socio-political reform of recent years, the BTHG pursues the common goal of the Federation and *Länder* to improve the situation of persons with disabilities and resolutely press ahead with action to create a system that is person-centric, with solutions tailored to the individual's needs. The BGG legislation enacted at federal and *Länder* level is also geared to the equal participation of persons with disabilities in community life. Barriers for and discrimination against persons with disabilities are to be prevented or dismantled further.
5. Inclusion is a cross-cutting task that must be put into practice by all levels of government. In this respect, the 17 action plans at federal and *Länder* level are a central instrument for describing plans and initiatives, establishing responsibilities, defining milestones and measuring results.

II. Replies to the list of issues prior to reporting (CRPD/C/DEU/QPR/2-3)

Paragraph 1 (a)

6. The Federation and the *Länder* examine proposed legislation for compliance with the requirements of the CRPD, and seek to strike a fair balance between the various interests and responsibilities at stake. Under the Joint Rules of Procedure of the Federal Ministries, all affected ministries are required to be consulted in proposed legislation. Expert communities and organisations must also be involved if their interests are concerned. The Federal Government Commissioner for Matters relating to Persons with Disabilities² must be consulted where his responsibilities are concerned.³
7. Guided by the Monitoring Mechanism⁴ and other scientific institutions, judicial review strategies and guidelines that meet the human rights standard of the CRPD have been developed and published.
8. Some *Länder* have introduced a regulatory review procedure for all existing and new legislation or commissioned the Monitoring Mechanism to examine selected statutes with regard to the equality of persons with disabilities and the implementation of the human rights approach. Individual action plans also provide for the review of central provisions on a case-by-case basis.⁵

Paragraph 1 (b)

9. Together with civil society,⁶ the Federation and the *Länder* have developed action plans with specific measures to implement the CRPD. These serve as structural indicators. At the aggregate level, progress on the implementation of these measures is regularly monitored. Furthermore, the action plans were and are evaluated – in some cases also by

independent and scientific research institutes – to identify ways to both refine the content and improve participation processes. The established committees are actively involved in the implementation, evaluation and development of the action plans.

10. In 2016, the BTHG was adopted at federal level, particularly to further advance the human rights goal of living independently.

11. Furthermore, indicators have been developed for the creation of participation reports at federal and *Länder* level. Based on the OECD recommendation, the Government is currently working on an inclusion marker in the field of DC.

12. A budget of €4.58 million is currently available at federal level to implement the action plan. Budget amounts for the individual measures are not itemised separately. Unfortunately precise figures are not available.

Paragraph 1 (c)

13. The participation of persons with disabilities is a central concern of the Federal Government and *Land* governments. The Disability Mainstreaming Guidelines must be observed for legislative action at federal level. Accordingly, for all Government proposals which may affect the situation of persons with disabilities, the Government is required to thoroughly examine how these persons' needs can be given appropriate consideration by consulting with persons with disabilities, their representative organisations and the Commissioner at an early stage.⁷ Once laws have been adopted, persons with disabilities are also involved in their implementation, e.g. in advisory councils for research projects that examine the BTHG and in framework agreement negotiations via which the reformed integration assistance is primarily implemented in the *Länder*.

14. The participation fund⁸ enshrined in the BGG is designed to enable nationwide organisations of persons with disabilities to have an active and comprehensive say in public matters.

15. There is extensive exchange between organisations and individual commissioners at the federal, *Länder* and municipal level. At federal level, the coordination mechanism within government⁹ is attached to the Commissioner's Office. Furthermore, participation and inclusion conferences on various topics are held at federal, *Länder* and municipal level. Policy-makers, experts, persons with disabilities and their representative organisations share and discuss new approaches, policies and measures.

16. For example, the development of the new Inclusion Strategy for government DC was overseen by a committee of experts with equal numbers of representatives. Organisations of persons with disabilities are important partners in the negotiation and implementation of international development policy agendas.¹⁰

Paragraph 1 (d)

17. With the amended BGG,¹¹ reasonable accommodation has been explicitly enshrined in the rule prohibiting discrimination.¹² The rule was included to specifically clarify at non-constitutional level the provisions for the prohibition of discrimination which already existed under constitutional law pursuant to Article 3 (3) second sentence GG and is to be interpreted in the light of the CRPD. Where the prohibition of discrimination is breached by a public authority or body, individuals concerned and organisations recognised under the BGG have had recourse to an arbitration procedure¹³ since the amendment. Furthermore, subjective rights deriving from the BGG, i.e. also the right to reasonable accommodation, can be asserted by legal action. For organisations, an arbitration procedure now precedes representative actions.¹⁴ Public authorities are required to work to ensure that institutions, organisations and legal entities governed by private law which the authorities are in charge of either directly or indirectly, entirely or in part, comply with the goals of the BGG.

18. The *Länder* constitutions and the BGG legislation at *Länder* level, which was extensively amended in light of the CRPD, also contain provisions prohibiting

discrimination. Denial of reasonable accommodation is already expressly prohibited as inadmissible discrimination in some equality laws, and has been combined with a reverse onus clause in some *Länder*.

19. Additional special statutory regulations at federal and *Länder* level contain provisions which, in terms of content, approximate the concept of reasonable accommodation.¹⁵

20. At federal and *Länder* level, there are also anti-discrimination agencies that specifically act as central focal and information points for persons with disabilities also. They advise parties on the basis of the AGG and refer them to anti-discrimination advice centres where necessary.

21. The AGG, unlike the BGG, primarily applies to the private sector and contains bans on discrimination for employment law and broad areas of civil law that prohibit discrimination on several grounds, including disability.¹⁶

22. With regard to the interpretation of the AGG, reasonable accommodation applies even if not expressly enshrined in the Act. The provisions are also to be interpreted in light of Article 3 (3) second sentence GG and the CRPD. The court rulings of the Federal Labour Court¹⁷ now recognise that failure to provide reasonable accommodation can constitute inadmissible discrimination.¹⁸ Depending on the particular case, parties affected by discrimination can demand action to eliminate/end discrimination, prevent further restrictions, and may also claim damages.¹⁹

Paragraph 2 (a)

23. See reply to paragraph 1.

Paragraph 2 (b)

24. Germany's Basic Law specifically forbids discrimination due to disability in Article 3 (3) second sentence. Article 3 is a fundamental right and therefore is binding upon all public sector bodies.²⁰ Laws contrary to this are unconstitutional. Only the Federal Constitutional Court has the power to reject a formal law (enacted after the ratification of the Basic Law) due to a breach of the Basic Law. Persons feeling that their fundamental rights or rights equivalent to a fundamental right have been infringed by public authorities may lodge a constitutional complaint with the Court. Also, a court must suspend proceedings and request the decision of the Federal Constitutional Court if it finds a law incompatible with the Basic Law and its ruling depends on the validity of the law. Furthermore, in the event of disagreements or doubts concerning compatibility, the Federal Government, a *Land* government or one quarter of the Members of the Bundestag can request the Federal Constitutional Court to examine the compatibility of a law with the Basic Law.

25. Furthermore, some *Länder* constitutions make provisions for constitutional complaints that can be lodged by anyone claiming that her/his constitutionally guaranteed right to equality and non-discrimination as a person with disabilities is infringed by a *Land* law or other act of a public authority of the *Land*. In addition, judicial reviews of statutes by the *Land* Constitutional Court (referral by a court or abstract review filed by the Landtag or *Land* government) are also permitted.

26. In terms of legal recourse, parties can lodge an objection and bring an action against discriminatory practices of public authorities or bodies. At federal level, persons with disabilities have recourse to the Arbitration Service,²¹ which is attached to the Commissioner's Office.²² Organisations recognised under the BGG may also apply to the Arbitration Service. The arbitration procedure is also a prerequisite for subsequent representative actions. Furthermore, every individual has the right to contact the parliaments at federal, *Land* and municipal level, the relevant commissioners, and the competent ministries at federal and *Länder* level. The Equality Acts of the *Länder* also provide for an arbitration and/or representative action procedure.

Paragraph 2 (c)

27. Since its establishment, the Arbitration Service has received roughly 300 applications for arbitration.²³ The discrimination ban accounted for around 50% of applications in 2017, and 60% of applications in 2018. An amicable settlement was reached in around 50% of arbitration proceedings in 2017, increasing to over 60% of cases in 2018.

28. Between May 2015 and March 2019, a total of 2105 requests for advice on disability-based discrimination were made to the Federal Anti-Discrimination Agency. Of these, 817 concerned working life, 522 private services and access to goods, 263 public health and social services, 131 public education and 131 other administrative fields. Due to lack of records, no information can be provided on the outcome of the cases, particularly on applied sanctions and awarded compensations.

Paragraph 3

29. According to court rulings of the Federal Labour Court, an obligation to provide reasonable accommodation already applies under existing law. This follows, inter alia, from the fact that Article 5 (2) of the CRPD prohibits all discrimination on the basis of disability and that Article 2, which defines such discrimination more precisely, includes denial of reasonable accommodation.

30. In interministerial talks, the Government is considering the implementation of reasonable accommodation by private entities providing services of general interest, particularly in the health sector.²⁴ This is accompanied by an exchange of views with the Federal Anti-Discrimination Agency, which has published an expert report on this matter.

Paragraph 4²⁵

31. The constitutions of the Federation and *Länder* guarantee equality, promote the actual implementation of equal rights for men and women, take action to eliminate existing disadvantages and forbid disability-based discrimination. The AGG and the BGG legislation at federal and *Länder* level guarantees equality of men and women with disabilities and call for their full participation in society.

32. Various stakeholders, enshrined in law at non-constitutional level,²⁶ safeguard the interests of persons with disabilities. In addition, there is special collaboration with groups representing the interests of women and girls with disabilities, such as *Weibernetz e. V.* *Weibernetz* campaigns for the interests of women with disabilities on a political level, including active participation in employment, health care, parenthood and protection against violence.

33. *Weibernetz* also oversaw the legal mandate of the Workshop Participation Ordinance to appoint women's representatives in Germany's more than 700 workshops.²⁷ It also conducted a training project in which over 60 women's representatives have received training.²⁸ The project "Federal Network for Women's Representatives in Institutions" based on this aims to create a nationwide network for women's representatives, their supporters and trainers.²⁹

34. The "*Schwangere in Not*" pregnancy helpline also provides assistance through sign language interpreting and Easy-Read information.

35. Sexual and reproductive health services under the health insurance system are also available to women with disabilities without exception. All women with disabilities have the right to full access to medical services during pregnancy and to information and education. Furthermore, women and men have the right to information about sex education, contraception and family planning. This is provided by the BzGA and pregnancy counselling services in Germany.³⁰

36. Several projects are geared towards sex education and counselling for women with disabilities. The association "*donum vitae Bundesverband e. V.*" implemented a government-

sponsored project to teach persons with learning difficulties about sexuality, contraception and family planning.³¹ Online advice in Easy-Read was developed in this context. Material packages for the sexual self-determination of persons with disabilities in residential facilities are being developed in a research project³² with funding from the BzgA. Packages dealing with the topics of love, sexuality, contraception, pregnancy, birth and parenthood are also available in Easy-Read.

37. The Government seeks to improve gynaecological health care for women and girls with disabilities. A government-funded research project is currently examining the range of services available.³³ Recommendations will be developed on this basis. Women concerned are involved in the research project.³⁴

38. With regard to education of persons with disabilities, personal circumstances are the guiding basis for individual education goals, which are geared towards increased activity and participation, independence and self-determination. Gender-specific topics, such as prevention and protection approaches, are also addressed here in collaboration with counselling centres.

39. Fewer girls than boys attend special schools in Germany, accounting for roughly 35% (110,800) of SEN pupils in 2017. No statistics are available on SEN support in general schools by gender.

40. At the end of 2017, some 7.8 million persons with severe disabilities³⁵ lived in Germany, up roughly 151,000, or 2.0%, compared to the end of 2015. In 2017, therefore, 9.4% of the entire population had a severe disability; 51% were men and 49% women.³⁶

Paragraph 5

41. Women with disabilities and mothers are included in the general and special measures to promote employment and equal opportunities for women and have unrestricted access to such assistance. A broad range of specific support, rehabilitation and participation services are available to bring persons with disabilities into the labour market on a lasting basis.³⁷ Women with disabilities are guaranteed equal opportunities in professional life, particularly through services that suit their professional goals, which are provided locally and also available on a part-time basis.³⁸ With regard to the promotion of employment and basic income support for jobseekers, equality between men and women is enshrined as a universal principle in law. To address existing inequalities of opportunity, employment agencies and job centres have established the position of “equal opportunities officer” who acts in an advisory and support capacity.

42. At employment agencies, specially qualified professionals are responsible for advising, placing and supporting persons with disabilities, particularly women, on an individual, needs-oriented basis.

43. Most job centres now also have dedicated specialised inclusion experts to help persons with disabilities claiming basic income support for jobseekers. Gender-typical stress situations facing women with disabilities are also discussed here.

44. In addition, the labour market participation of women with disabilities is specifically supported wherever there is a specific need for action, such as:

- For the mandatory employment quota,³⁹ women with severe disabilities must be especially considered;
- Differentiation of integration services to recognise special needs, particularly of women with severe disabilities;⁴⁰
- Particular consideration must be given to the needs of women with severe disabilities in binding inclusion agreements.⁴¹

45. Inclusive childcare services also help individuals pursue employment. With the KiQuTG, the Federation is providing financial support to the *Länder* through to 2022 for action to further enhance the quality of child care, such as the establishment of inclusive child-care services as a standard service.⁴²

46. Support required by parents with disabilities, on account of their disabilities, to care for their children has been specifically enshrined in the BTHG as assistance under social participation assistance.

Paragraph 6

47. At home, children with hearing disabilities can communicate with their parents through sign language, for instance. Sign language funding is provided by integration assistance agencies. If conditions are met, the children's parents can attend courses within the framework of child and youth welfare assistance.

48. All children and adolescents – with and without disabilities – have the right to contact the youth welfare office for all matters concerning their upbringing and development,⁴³ also without the knowledge of their legal guardian in the event of conflict or crisis situations.⁴⁴

49. Facilities housing children and adolescents with or without disabilities must generally provide suitable mechanisms for participation for children and adolescents and a way for them to express grievances in personal matters.⁴⁵

50. Children can assert their entitlements in administrative or social courts. They can participate as natural persons in the corresponding court and social administrative procedures.⁴⁶ In the aforementioned judicial proceedings, children⁴⁷ generally may not take procedural steps⁴⁸ unless they are recognised by provisions of civil or public law as capable of contracting for the subject of the court proceedings and are over seven years old.⁴⁹ The capacity to conduct proceedings before administrative courts must also be affirmed where inalienable rights, particularly fundamental rights, are concerned. Where the person demonstrates sufficient capability of understanding, it must also be affirmed in all other cases in which the individual's ability to exercise her/his fundamental rights, and consequently the right of the minor to lodge a constitutional complaint against the official action, which is the subject of the judicial proceedings, are recognised under constitutional law. Children who are in a "state of pathological mental disturbance" preventing their free exercise of will may not take procedural steps provided this state by its nature is not temporary only.⁵⁰

51. In social administrative procedures, minors have the power to act once they have turned 15.⁵¹ Children who do not have the capacity to conduct proceedings have a legal representative, but must also be granted a personal hearing. Children can apply for legal aid for judicial proceedings.⁵²

Paragraph 7

52. To increase long-lasting awareness for the requirements of persons with disabilities in society as a whole, one action area in the NAP 2.0 is specifically dedicated to awareness-raising. This is also a central action area in the *Länder* action plans and the in-house action plans of various ministries, and is underpinned by numerous measures.⁵³

53. The Government supports the implementation of the action plans with long-term campaigns. The theme of the NAP campaign was "disabling is curable",⁵⁴ while the NAP 2.0 is being implemented under the motto "Simply done – implementing the UNCRPD together".⁵⁵ The BTHG and BGG laws are effectively communicated to the public under the motto "enable more, impede less".⁵⁶

54. The information portal www.einfach-teilhabe.de has been completely overhauled and offers comprehensive information to interested individuals concerned.

55. With the employment policy activities of the NAP (e.g. "Inclusion Initiative", "Inclusion Works", "Inclusive Business"), the Government promote business awareness of the labour potential and capabilities of persons with disabilities.

56. The job of awareness-raising in the stricter sense is legally established with specific responsibilities in the BGG. These include the Office of the Commissioner,⁵⁷ the Federal Centre of Expertise⁵⁸ as the central contact for all accessibility-related issues, and the Arbitration Service.⁵⁹ Through PR work, they also perform awareness-raising duties.⁶⁰

57. Ultimately, a thorough understanding of the facts also helps overcome prejudices and stereotyping: the Government therefore publishes a report on the situation of persons with disabilities in Germany each legislative term.

58. A government-funded project helps public authority employees to implement the complex reforms of the BTHG with regular, nationwide expert discussions and events, and a website offering comprehensive information and a facility for public authority employees and decision-makers to share experience in closed forums.

59. Furthermore, the BTHG specifies the advisory obligations of public authorities as regards integration assistance in order to ensure comprehensive and professional support and guidance for persons with disabilities.⁶¹ Combined with improved decision-making procedures, involvement on equal terms can therefore be ensured.⁶² The competent authorities must employ an appropriate number of experts from various disciplines to meet demand,⁶³ all of whom must have suitable training, specific knowledge and the skills to communicate with the persons involved. Furthermore, opportunities for further (specialist) training and exchange with persons with disabilities must be provided. Service providers must also ensure they have sufficiently qualified specialists and support staff.⁶⁴

60. With the BTHG,⁶⁵ the Government supports a free advisory service for rehabilitation and participation assistance which is open to everyone with (imminent) disabilities and their families, and offers guidance and direction. Counselling is independent of the funding agencies and service providers, and the provision of peer counselling is emphasised.⁶⁶

61. The annual “Accessible Television” round-table provides an opportunity for in-depth exchange between all relevant actors on further development of accessible services.

62. A workshop on “language, images, accessibility – reporting about persons with disabilities” was also organised in collaboration with the non-profit *Sozialhelden* to discuss terminology and language, selected imagery in the media and accessible communication. “Arts and Inclusion Network”, a government-sponsored nationwide dialogue and expert forum at the Academy of Arts Education in Remscheid, assists persons with disabilities in the media and artistic productions.

63. As an important reference framework for formulating training and examination regulations in the *Länder*, the standards for teacher training (initial and continuing) have been gradually overhauled in the spirit of the CRPD. *Länder* education laws have been amended and position papers/technical papers and recommendations that are oriented towards the Convention have been developed.

64. The Jakob Muth Award is presented to schools with exemplary inclusive education facilities.⁶⁷ The project is sponsored by the Bertelsmann Foundation, UNESCO and the Commissioner.⁶⁸

Paragraph 8

65. Since its ratification, the Convention has been introduced into German law, has the status of a federal law and extends to the Federation and *Länder* pursuant to Article 4 (5) CRPD. It also serves as a tool to help authorities and courts interpret laws. It is constitutionally required to apply the CRPD as an interpretation aid to determine the content and scope of fundamental rights and the principle of the rule of law.

66. Only language versions in the UN languages are authentic. This excludes the German translation, which has been available since 2011. There are no plans to revise the German translation, as discussion has long since been overtaken by developments in participation and disability policy.

67. The action plans of the various government levels are also the outcome of in-depth dialogue with all the relevant actors, particularly also persons with disabilities and their representatives. The Concluding Observations were incorporated into the refined action plans, which take the human rights-based approach to participation, link back to the CRPD and use CRPD terms in their original meaning (e.g. inclusion).

68. Furthermore, the interpretation aids and other Committee publications are used at federal and *Länder* level. The UN documents, particularly the General Comments, are translated in collaboration with the Monitoring Body to ensure translation accuracy. General Comment No. 7 is currently being translated with the active involvement of civil society. An Easy-Read translation is also planned.

Paragraph 9 (a), (b) and (c)

69. With the financial support provided by the Federation and *Länder* for urban development, municipalities can invest in urban planning measures that also meet the requirements of persons with disabilities. Measures that create or promote accessibility in local communities,⁶⁹ and measures to improve communal facilities that are also open to residents with disabilities are generally eligible for funding.⁷⁰

70. Furthermore, the Government launched the “Social Integration in Local Communities”⁷¹ investment pact in 2017 together with the *Länder*. Creating an accessible environment and removing barriers are specific goals of the programme.

71. The Federation also funds pilot projects to ensure accessibility in public or private areas.

72. The overarching strategies of the *Länder* to ensure accessibility include the creation and amendment of statutory provisions and the formulation and updating of action plans.

73. Within the framework of the Commission for Equal Standards of Living, the Federal Cabinet has agreed⁷² to specifically develop concrete proposals for all key aspects of general interest services, targeted strengthening of structures in the *Länder* and municipalities, and measures to help municipalities help themselves.

74. The Commission’s aim is to develop specific recommendations for action while considering differences in regional development and demographic change in Germany. This is to make a tangible contribution to establishing equal living conditions in all regions in Germany on a lasting basis. Six SWGs have created reports, which provide the basis for the Commission’s overall report.

75. The description of duties associated with the decision to appoint the “Social General Interest Services and Work” SWG stipulated that it should “develop measures to ensure a nationwide infrastructure to provide general interest services to the population, with due consideration also to aspects of health care, senior services, education, arts and accessibility and to address regional aspects of active labour market policy.” In the final report of SWG 5, the attainment of “accessibility” in Germany is defined as an important step towards an inclusive society and adaptation to demographic change – particularly in rural regions – as it delivers concrete near-term improvements for local residents (especially persons with disabilities, seniors, young families) and helps municipalities establish equal standards of living.

76. The Federation and some *Länder* run accessibility centres of expertise that advise public and, wherever possible, private bodies on accessibility issues and help them agree targets.

77. Public transportation plans in *Länder* and municipalities make provisions for strategies and measures to implement the PBefG.⁷³ The joint *Land* committees for multisectoral healthcare provision,⁷⁴ the hospital associations, the associations of doctors and dentists under the SHI, the psychotherapist chambers and the Ministries of Health in the *Länder* are engaged in the delivery of accessibility in the healthcare sector. Particular importance is attached to guaranteeing accessibility in urban development and housing promotion at federal and *Länder* level.⁷⁵

78. Public authorities work hard to ensure accessibility in all areas,⁷⁶ such as the arts,⁷⁷ leisure, recreation and tourism,⁷⁸ and sport.⁷⁹

79. HEIs increasingly offer accessible programmes and services in line with legal requirements⁸⁰ and the resolutions of the HRK regarding “one university for all”.

80. With the Act Implementing Directive 2016/2102/EU,⁸¹ public bodies of the Federal Government⁸² are now required to ensure the accessibility of their websites and mobile applications and also of intranet content for their own staff.⁸³ Electronically assisted administrative procedures must be implemented gradually where necessary, but no later than 23/6/2021⁸⁴ –. In future, the bodies must also issue a statement declaring the extent to which their websites and mobile applications are accessible and, where appropriate, give alternative access options. A feedback mechanism must also be established for users; the Arbitration Service under the BGG will act as ombudsperson for the enforcement of these requirements. Furthermore, a federal monitoring body for accessible information technology at the Federal Centre of Expertise will spot-check whether the public bodies comply with the requirements of the EU Directive on Digital Accessibility.⁸⁵ Implementation at federal level was completed in July 2018. The *Länder* have also since adapted their rules to the EU Directive or will have done so by July 2019.

81. The European Accessibility Act,⁸⁶ which also envisages digital accessibility rules for the private sector, was adopted by the European Parliament and the Council in November 2018 and entered into force on 27/6/2019. As the bill involves important rules for the European Single Market, Germany did not pre-empt the decision, and instead waited for its adoption.

82. Businesses should independently consider the application of Universal Design principles in the design and provision of products and services. While the term itself is not defined by law, Section 4 BGG points out that the principles of “design for all” should also be observed to ensure accessibility in the areas mentioned. In Germany, several experts⁸⁷ in this field advise and assist businesses where necessary and make an important contribution to the growth of “design for all”.

83. The BGG legislation at federal and *Länder* level guarantees the right to the use of sign language and communication aids, document access for persons with visual disabilities in administrative procedures, and the delivery of accessible ICT in public administration. The BITV ordinances at federal and *Länder* level flesh out obligations deriving from the BGG legislation and have also adopted the Web Content Accessibility Guidelines, the current international standards.

84. Comprehensive statistics are not available on the resources invested to guarantee accessibility because the budgetary principles of the Federation, *Länder* and municipalities do not make provisions for the detailed breakdown of costs to ensure accessibility in the context of spending for specific measures. The appropriations for specific projects entered in the budgets of public-sector agencies are also intended to ensure accessibility. Concrete data on the amounts invested in accessibility are only available in some cases. A number of *Länder* are developing accessibility programmes, with different levels of investment.⁸⁸

Paragraph 9 (d)

85. Accessibility and universal design are not criteria in research and innovation policy, and do not play a particular role in the allocation of funds. However, within the context of technology-neutral research and innovation support, such as the ZIM programme, there is a growing trend in funding for the development of universally accessible products. Industries themselves are driving this development forward, flanked by research and innovation policy.

86. With the “Bringing Technology to People”⁸⁹ research programme, the Government funds projects that support people in different aspects of life – from cognitive homes and smart mobility to staying healthy and assisted care.

87. The funding guideline for “Inclusion through Digital Media in Vocational Education and Training” is an innovation project to improve the accessibility of facilities and services for persons with disabilities.

88. In the field of photonics, the “Light Cares – Photonic Technologies for Persons with Disabilities”⁹⁰ competition supports the development of tools to facilitate everyday life for persons with disabilities.

Paragraph 9 (e)

89. The German legal system does not provide for the imposition of sanctions or penalties due to the poor accessibility of facilities and services (particularly in the private sector).

Paragraph 10

90. Under Section 8 (3) third sentence PBefG, the public transport plans to be created by the regional transport authorities⁹¹ must consider the needs of persons with reduced mobility or sensory capabilities with the aim of delivering fully accessible public transport by 1/1/2022. Exceptions are defined in Section 8 (3) fourth sentence and Section 62 (2) PBefG.

91. The Federation and *Länder* support measures to ensure access to, and use of, local public transport and passenger rail services through several funding programmes. *Länder* and municipalities invest in local services, largely on the basis of federal funding, and have commenced the upgrading accessibility of stations and transport vehicles.⁹²

92. DB AG has developed the third accessibility programme in close collaboration with self-advocacy organisations of persons with disabilities. With federal support, DB AG is making significant efforts to ensure the accessibility of platforms. Under the Railway Station Modernisation Programme, the *Länder* and municipalities are working with DB AG to establish stations for barrier-free accessibility and step-free platform-to-vehicle access. Platform edges have been upgraded depending on the boarding heights of the vehicles used, with the result that DB ensures same-level boarding without technical aids where possible, or failing that, at least guarantees on-train boarding aids by the DB Mobility Centre. Access routes have also been made accessible, as far as the rules of DB AG allow⁹³. Where boarding and platform levels differ, all vehicles are fitted with ramps. On board, all relevant facilities, e.g. WCs, are accessible from at least one boarding area.

93. The EBO defines 76 cm above the railhead as the standard platform height, as this would make steps into trains unnecessary.

94. Railway vehicles only receive entry-into-service authorisation if they meet the TSI requirements regarding passengers with reduced mobility. DB Fernverkehr AG coordinates the design of its long-distance vehicles with umbrella organisations of persons with disabilities and offers a wheelchair-friendly area in all new and modernised trains. One example of the actions taken is the modernised ICE 3 (class 407) with vehicle-mounted lifts incorporated into ICE trains.

95. Specific vehicle accessibility requirements are also set down in the bid invitations for transport contracts in the regional passenger rail transport sector.

96. Under the Government's "Investment-in-the-Future Programme" for accessibility at minor railway stations, minor stations⁹⁴ are being made accessible with the *Länder* sharing costs. *Länder* programmes are also to make interfaces to railway stations accessible.⁹⁵ The Revita programme promotes, inter alia, accessible routes to station buildings and the accessible development of areas for use by passengers.

97. The PBefG also specifies that associations must be given a hearing when local transport plans are being developed.⁹⁶ Specific minimum accessibility standards are defined in the plans.

98. With the "Accessible travel by long-distance bus" guide,⁹⁷ the Government gives vehicle manufacturers, long-distance bus operators, municipalities and persons with disabilities an overview of the current legislative framework, inter alia.

99. Programmes for the upgrading or new construction of accessible stops in road-based local public transport systems fund barrier-free stop-to-vehicle passage and accessible road-side access according to TSI requirements. This also applies to on-board mobility and seating, passenger information and a universal toilet. New vehicles must comply with the latest TSI requirements and any pre-used vehicles in service must also meet minimum accessibility standards.⁹⁸ The low-floor buses or trams currently in use are largely accessible and have appropriate areas for wheelchairs, e-scooters and walkers. Easily accessible "stop" buttons⁹⁹

are provided inside and outside the vehicles, increasingly with Braille signage. Vehicles feature large handrails, kneeling entrances, mechanical or electro-hydraulic ramps, clearly marked priority seating for persons with reduced mobility, and spaces for wheelchair users. The vehicle entrance width is between 76 and 126 cm, and the entrance zones feature colour-contrasted floor indicators. Notices¹⁰⁰ are placed at a wheelchair-accessible height.¹⁰¹

100. Furthermore, drivers receive training in collaboration with associations of persons with disabilities. Drivers help passengers to board by providing access aids to bridge the gap between the vehicle and kerb.

101. Several other laws contain concrete specifications to guarantee accessibility, e.g. Section 3 (1) FStrG which specifies that the providers responsible for road construction and maintenance must take the interests of persons with disabilities into consideration with the aim of ensuring maximum accessibility. Barrier-free access to rail infrastructure is governed by Section 2 (3) EBO. Sections 19 d and 20 b LuftVG require airport operators and airlines to specifically consider the requirements of people with disabilities with the goal of creating an accessible environment.

102. In principle, airlines have an obligation to carry persons with disabilities. Regulation No. 1107/2006/EC applies to flights starting or landing in the EU. Exceptions are only permitted in the event of safety concerns or if it is physically impossible to transport the passenger or mobility equipment on board.¹⁰² Where necessary, airlines must support and assist passengers for free during the entire ground handling process. Wheelchairs, other mobility equipment and assistance dogs can be carried without charge.

103. Significant efforts are being made at all levels to improve the mobility of persons with disabilities. The *Länder* and other parties involved are aware of the need to continue the implementation process intensively and adopt a differentiated approach to accessibility.

Paragraph 11 (a)

104. Persons with speech and/or hearing disabilities can make a free and accessible emergency call 24/7 nationwide through a relay service.¹⁰³ The enshrinement in the TKG of such emergency calls – as they can currently be placed through the operator service – is being examined as part of the ongoing implementation of Directive 2018/1972/EU.

105. In April 2019, the Standing Conference of Interior Ministers of the *Länder* resolved to introduce a nationwide emergency app to access the 110 and 112 emergency services and assigned a *Bundesland* central responsibility for all the necessary steps involved. This measure not only entails the free provision of a user app for common operating systems on mobile devices, but also the provision of technical infrastructure to take and process the calls in the emergency centres via a web application. The link-up to emergency centres is slightly time-lagged.

106. The Government has supported the development of a prototype and its subsequent trialling at selected emergency centres.¹⁰⁴ The evaluation of the project results found that the developed emergency app is employable, such that persons with hearing and/or speech disabilities can make a mobile emergency call to emergency services using a text-based, touchscreen solution. The *Länder* and the Government seek to roll out the app nationwide in 2019.

Paragraph 11 (b)

107. Ensuring the participation of persons with disabilities in needs assessment processes, the implementation of humanitarian relief measures and associated decision-making processes is a central objective of German humanitarian aid. To this end, the Government has developed an inclusion marker for humanitarian relief measures comprising the aspects of gender, age and disability. Partner organisations are therefore consistently encouraged to actively involve persons with disabilities, and to convincingly demonstrate their participation as early as the application stage. The Federal Government is taking action to systematise and standardise data collection in order to also draw on past experience when working with

partners and consistently call on them to take greater account of inclusion in all phases of the project cycle.

108. In strategy and position papers, the Government is also committed to the effective involvement of organisations of persons with disabilities in the design and implementation of disaster risk reduction strategies in partner countries of German DC.

Paragraph 11 (c)

109. Asylum-seekers' details are taken promptly once they arrive at the refugee reception facilities of the *Länder*. Any disability that is claimed by the asylum-seeker, or is self-evident,¹⁰⁵ is considered with regard to housing and social and medical care.

110. An office of the European Union¹⁰⁶ makes an instrument available for determining persons with special needs.

111. Following arrival, asylum-seekers undergo a medical examination to identify any infectious diseases.¹⁰⁷ Disabilities can also be identified and taken into consideration for accommodation and other assistance. Doctors, psychologists and nurses are also available at the reception facilities as voluntary services of the *Länder*. If the particular needs of vulnerable individuals cannot be met in collective living arrangements, individuals must be housed in suitable dwellings, or institutions if necessary. As part of a joint federal/UNICEF initiative for the protection of refugees in refugee shelters, minimum standards were also developed specifically for the protection of refugees with disabilities. In the course of redistributing asylum-seekers from the reception facilities to individual counties and urban districts, identified needs are also considered during the housing allocation process.

112. The tasks of the migration advisory service comprise social and educational support, the provision of information and arrangement of further support services. Some reception facilities work with the psychiatric departments of hospitals or outpatient clinics. Interpreters are available to assist individuals access to health services, inter alia. Furthermore, the AsylBLG also ensures the provision of medical care via the structures generally available.

113. The BAMF guarantees that special requirements are considered in asylum procedures. In preparation for hearings, individuals' needs are considered both in terms of time and location, aids are provided, requirements-based access to information is guaranteed, and sign language interpreters and the admittance of necessary helpers are offered. BAMF staff can help identify special requirements. The BAMF also has specially trained and sensitized appointees for vulnerable groups.

114. A government-funded project is collecting data on the health and medical care of asylum-seekers in 13 reception and accommodation centres. The aim is to quickly identify new or unanticipated health problems and create a reliable database for planning health policy measures.¹⁰⁸

Paragraph 12 (a)

115. Two research projects on guardianship law have been conducted on the Government's behalf.¹⁰⁹ Both studies also interviewed individuals concerned.¹¹⁰ While the research results identify shortcomings in certain areas, they are not so severe as to warrant a fundamental rethink of legal guardianship as a legal instrument, or major structural changes among the current actors in the guardianship system.

116. The need for reform identified in the findings centres on better implementation of the necessity principle in decisions regarding the appointment and scope of legal guardianship. This particularly concerns the arrangement of preferred "alternative assistance" by guardianship authorities and increased use of alternative assistance – such as assistance under social law – prior to guardianship.

117. In addition, the findings also highlight the need to improve the quality of legal guardianship in practice, particularly the strengthening of the right to self-determination of individuals concerned.¹¹¹

118. The core objective of reform efforts¹¹² instigated on the basis of these findings is to improve the quality of legal guardianship for individuals concerned by examining what measures – particularly legislative measures – can be taken to more effectively safeguard individuals' right to self-determination in decisions on the appointment and/or continuation of legal guardianship, the choice of specific guardian and how guardianship is conducted, and therefore improve the quality of legal guardianship overall. This includes the stronger orientation of rules under guardianship law towards the principle of supported decision-making, supervision and control of how the guardianship is conducted by the guardianship court in the interests of the persons concerned, and better implementation of the necessity principle.

119. The necessary legislative amendments will be prepared in an interdisciplinary and participative discussion process.¹¹³ Individuals who are themselves affected by legal guardianship will also be involved in low-threshold workshops. At the final plenary in late 2019, the responsible ministry will take stock of developments and decide which legislative proposals to introduce.

120. There are no plans to abolish all forms of substituted decision-making. The Federal Constitutional Court emphasises the State's duty to protect persons in need of assistance. It follows that in instances in which the individual does not have, or no longer has, the capacity to act and exercise decision-making power, i.e. she/he has no capacity for self-determination, a substituted decision may be made and enforced to protect her/him from serious harm to herself/himself. In the Government's view, this is not incompatible with the requirements of the CRPD. Representation¹¹⁴ is therefore an element of the system of supportive decision-making which may only be used if necessary to assert the will of the individual concerned or her/his subjective individual well-being.¹¹⁵

Paragraph 12 (b)

121. While 1,306,589 persons were still under legal guardianship in Germany in 2014, this figure dropped by 2.3% to 1,276,538 in 2015.¹¹⁶ The *Land* Judicial Administrations did not disaggregate the data in court statistics by personal attributes in the period up to and including 2015. Information on "age" and "sex" has only been recorded since 1/1/2016 following the introduction of a new statistics system. While initial figures are available for 2017, they are only from eight *Länder* and are not yet reliable. However, they indicate a trend towards a slight decline in guardianship numbers. The new statistics do not provide for disaggregation by type of impairment, however, particularly as this could potentially be discriminatory in nature.

Paragraph 12 (c)

122. Under a government-funded project, the Monitoring Mechanism offered training on the content and scope of the CRPD at social courts in the *Länder*.¹¹⁷ These nationwide specialised training programmes are now being continued for judges and judicial officers at guardianship courts.¹¹⁸

123. Two expert talks held on the topic by the Monitoring Mechanism in partnership with the Government served to further sensitise both the judiciary and the scientific and political community to the importance of the CRPD in the German legal system.¹¹⁹

124. The Federal Centre of Expertise also teaches about accessibility-related issues in training seminars, particularly at federal authorities, and develops informational materials. The professional community is informed on specific topics at specialist events, most recently the judiciary on the issue of "reasonable accommodation".

125. In the *Länder*, initial and further training programmes for law enforcement, the police, the fire department and emergency services, guardians and administrative staff encompass human and fundamental rights, equal treatment, stereotyping, approaches to dealing with persons with psychological disabilities, and victim protection. Systematic education and

training regarding the rights of persons with disabilities and the CRPD is offered to different professional groups.¹²⁰

Paragraph 13 (a), (b) and (c)

126. Figures for the human and financial resources allocated to the individual areas listed cannot be provided owing to the principles of budgetary law of the Federation and the *Länder*. The budgetary system does not provide for the detailed breakdown of spending required to answer these questions.

127. The legal basis for access to justice was already discussed in the initial report of Germany.¹²¹ It should be noted that no fee is charged for the provision of accessible documents to persons with visual disabilities.¹²² In principle, this also applies to the exercising of the right of persons with hearing and/or speech disabilities to choose to communicate orally, in writing, or through sign language interpretation.¹²³

128. Consideration of the interests of persons with disabilities on the basis of these legal principles is an integral part of general and further training and education and of separate training courses and seminars in individual cases.

129. The judiciary, public prosecution and prison officers receive comprehensive training on national law and its application. This also includes further training on the CRPD and other statutory provisions implementing its content.

130. The scope of training and education programmes for employees of the federal and *Land* police forces and prison systems includes the particular interests of persons with disabilities, communication with citizens, and dealing with prisoners, particularly taking account of psychosocial disabilities.

131. At federal and *Länder* levels, judges receive further training on mental ill health. Regular Easy-Read training is also provided. Psychiatric care experts and the prison system share knowledge, also on best practices for dealing with prisoners with psychosocial disabilities. Training courses on how to deal with prisoners with psychosocial disabilities are also offered.

132. The action plans of the *Länder* also contain measures to remove barriers to access to justice. Considerable efforts are being made to guarantee physical accessibility through construction-related measures. Central contacts for inclusion have also been appointed in some areas.¹²⁴

133. Accessible information is becoming increasingly available. This is also the goal of the implementation of the Ordinance on accessible documents for persons with visual disabilities in judicial proceedings through the provision of documents in written or electronic format.¹²⁵

134. The accessible design of Internet and intranet content is being implemented according to the relevant regulations at federal and *Länder* level. This will also apply to future electronic file management.

135. Justice authorities keep an inventory of recognised psychosocial facilitators. Courts can appoint a psychosocial facilitator in criminal proceedings pursuant to the conditions stipulated in the Code of Criminal Procedure.

Paragraph 14 (a), (b), (c) and (d)

136. Since the adoption of the "Act regulating Consent to Compulsory Medical Treatment"¹²⁶ the legislature has decoupled consent to compulsory medical treatment from involuntary placement¹²⁷ in legislation surrounding institutionalisation under guardianship law.¹²⁸ While maintaining strict substantive and procedural conditions for admissibility,¹²⁹ in paragraph 1 no. 7 the new Section 1906a BGB now provides that compulsory medical treatment is coupled to the requirement to stay as an inpatient in a hospital in which the required medical attention for persons under guardianship, including any necessary follow-up treatment, is guaranteed. Due to the principle of last resort, compulsory medical treatment

provided on an outpatient basis continues to be ruled out. The Act also introduced additional provisions to strengthen the right to self-determination of persons under guardianship with regard to medical intervention.¹³⁰

137. Also with a view to avoiding compulsory medical treatment, the spread of living wills is to be further promoted in that guardians are to inform persons under guardianship about the possibility of a living will wherever appropriate and help create one upon request.

138. The Government believes that additional changes are not necessary as the provisions under Section 1906 BGB are consistent with CRPD requirements.¹³¹ The Federal Government does not agree that all forms of forced institutionalisation or treatment constitute inadmissible torture, particularly if the individual concerned poses a danger to herself/himself or others. The same applies to the use of liberty-deprivation measures on persons living in open or closed institutions. Rather, the State is obliged to protect and promote the life of the individual and protect her/him from harm to her/his physical integrity and health.¹³²

139. German law only provides for forced institutionalisation and the use of liberty-deprivation measures in narrowly defined exceptional situations, particularly:

- Due to guardianship court decisions: both the involuntary placement of persons under guardianship and the use of liberty-deprivation measures on them are only permissible under strict substantive guardianship and procedural conditions to avert significant damage to the health of the individual concerned;¹³³
- For children due to custody and family court decisions: both the involuntary placement of a child or adolescent and the use of liberty-deprivation measures on a minor in a psychiatric clinic, a child/youth welfare institution or an institution for persons with disabilities requires family court authorisation in addition to the consent of parents having custodial rights. Authorisation may only be granted if the measure is necessary to avert a significant danger to self or others and if this danger cannot be overcome by alternative means. Under the authorisation procedure, the child is assigned a case worker who determines the child's interests and asserts them in the legal process. The family court must also obtain an expert opinion or the written report of a doctor for child and adolescent psychiatry and psychotherapy who has personally examined the child;
- According to the StGB: the provision of Section 63 StGB does not lead to discriminatory deprivation of liberty due to a disability, but rather only authorises this if the individual has additionally committed one or more criminal offences, she/he can be expected to commit (additional) serious offences owing to her/his condition and she/he therefore presents a danger to the general public. The primary objective of a new law¹³⁴ is to even more effectively avoid disproportionate placement orders, particularly disproportionately long orders, by better defining substantive legal requirements and restrictions and expanding procedural safeguards;
- According to the PsychKG legislation of the *Länder*, an individual can be committed to a clinic against her/his will if there is an acute and serious danger to self or others owing to a mental disorder/mental ill health. Unwillingness to get treatment does not alone justify placement. The placement requires court approval. Furthermore, as a general rule these acts also provide for special assistance for persons with mental ill health, which is delivered, for example, by independent socio-psychiatric services of the health authorities.

140. In light of Federal Constitutional Court rulings, the *Länder* have already amended, or are currently amending, their PsychKG legislation. In doing so, they are also taking due account of CRPD requirements regarding assistance and protections for persons with a psychosocial disability. The rights of the individuals concerned and individual assistance needs are prioritised. Coercion is to be avoided where possible and its application subject to the highest legal standards defined by the Court. New structures are to help prevent coercive practice and refine support. The *Länder* have also developed procedural proposals for psychiatric hospitals under their control.

141. *Länder* laws also contain new structures to expand and better interlink the area of preventive and follow-up assistance for children, adolescents and adults. Better prevention

and follow-up can prevent forced hospitalisation/involuntary placement and the number of liberty-deprivation measures could be reduced by the appointment of guardians *ad litem* with expertise in alternative measures.¹³⁵ Observance of patient rights is monitored by various bodies in the health system and independent consumer and patient bodies.

142. Aiming to increase transparency on coercive practices in Germany and gain insights into possible ways to avoid coercion through alternative, voluntary treatment options, the Government is funding a research project on the "avoidance of coercive measures in the psychiatric assistance system".¹³⁶ Recommendations for action to reduce coercive measures are to be issued and a monitoring system developed to capture data on the use of coercion and measures to prevent coercive practices.

Paragraph 15 (a), (b) and (c)

143. To assess the current situation and identify need for action, federal/*Länder* talks were held on the protection of people from violence, particularly women and girls with disabilities. The Government's aim is to develop a strategy for the comprehensive protection of persons with disabilities, particularly in residential institutions. This is also to include a discussion on the establishment of independent oversight and complaint mechanisms. The *Länder*, municipalities and civil society will participate in this discussion process.

144. Germany has special provisions governing protection against violence, abuse and exploitation. Recent StGB amendments have strengthened the protection of sexual self-determination overall, closed criminal liability loopholes and introduced the "no-means-no" solution.¹³⁷ By imposing a higher criminal penalty, this reform also took particular account of the greater level of protection needed for persons with disabilities.

145. Victims of violent crimes committed on the territory of Germany¹³⁸ can assert independent claims under the OEG. Pension benefits, curative and medical treatment services and welfare services are provided according to this legislation.

146. Only persons who have not been convicted of certain offences against sexual and personal self-determination may be hired by social assistance providers for jobs in which they interface with benefit recipients. As part of BTHG reform, women's representatives were introduced in all workshops for persons with disabilities to more effectively enforce gender equality, the reconciliation of work and family, and protection against physical, sexual and psychological harassment or violence. Since SGB IX entered into force, rehabilitative sports have included "exercises to boost self-confidence" for women and girls with disabilities as a rehabilitation service for the prevention of violence. Up to 100 positions have also been funded nationwide for the coordination of protection against violence in refugee shelters.

147. Pursuant to SGB XI, the MDK and PDK conduct annual quality audits in all authorised nursing facilities to verify compliance with legal requirements, and with conditions contractually agreed with long-term care funds, regarding personnel, staffing and the quality of care. Special-purpose audits are also held.

148. As part of statutory prevention and health promotion measures, the number of nursing facilities that produce and implement in-house guidelines or a strategy for the prevention of violence in the care sector is to be increased and Prevention Commissioners introduced. Seminars on the issue are also held and employees are given a practical guide to the fundamental rights of people requiring support, assistance and care.

149. The 24-hour "Violence against Women" helpline is a nationwide anonymous, free and accessible service providing (initial) advice and referral to support facilities. Advice is confidential and provided in multiple languages via telephone, an accessible website and sign language interpretation. Furthermore, the Government supports a nationwide pilot project to specifically and sustainably improve the protection of girls and boys with disabilities against sexualised violence in institutions.¹³⁹ As part of the project, the Programme for the Prevention of Sexualised Violence was developed, which is specifically geared to the needs of girls and boys with disabilities.¹⁴⁰ In collaboration with the German Police University, the Government implemented an action programme to gain insights into the causes of death among people

over 75, inter alia, in order to identify potential sources of danger earlier.¹⁴¹ Violence prevention measures were also addressed, such as in the case of neglect of elderly persons in the home-care environment or violence in partnerships. The "Safety Factors in Old Age" project followed on from this.¹⁴²

150. The Government has launched an action programme to support the *Länder* in providing support services and improving assistance structures for women affected by violence and their children, as part of the *Länder's* primary responsibilities. The action programme goals include better access to the support system and improved service provision for under-served target groups. Measures for the accessibility upgrading of support facilities are also to be funded.¹⁴³

151. The BKiSchG¹⁴⁴ contains explicit provisions for the protection of children with disabilities. For example, rehabilitation providers are required to give appropriate consideration to safeguarding the best interests of the child in contracts they conclude with service providers.¹⁴⁵

152. The purpose of many laws adopted by the *Länder* on assisted living is to protect the dignity, interests and needs of persons requiring long-term care and persons with disabilities, and guarantee their protection against violence and abuse. To a certain extent, providers are required to implement strategies against violence and violence prevention methods, avoid coercive measures, establish complaint mechanisms and guarantee and promote the co-determination of residents. Compliance with standards is monitored annually by independent supervisory authorities. Their powers range from the imposition of requirements to admission freezes, employment bans and operating bans. They are available to residents and their families for advice and as a complaint resolution body.

153. Further necessary action can also be taken by reporting identified failings to the competent home supervisory authorities.

154. Statutory provisions governing child protection and early intervention require all actors, particularly socio-paediatric centres and early support units, to take preventive action and intervene in the event of violence and abuse towards children. Local networks pursue the effective protection of children through early risk identification and timely support and assistance.

155. *Länder* laws governing assistance for persons with mental health disabilities,¹⁴⁶ some of which have already been amended based on Federal Constitutional Court rulings, also serve to protect against undignified treatment, coercion and violence in hospitals and institutions. Committees for psychiatric care issues examine the care provided in hospitals and institutions and pursue the interests of the individuals concerned. Commissions regularly visit hospitals and other institutions and may refrain from announcing their visit in advance. Institutions and their funding providers are required to assist the committees and visiting commissions in their work. They must disclose information and grant them access to records.

156. Coordination bodies help to combat violence. Services are available at women's shelters and victim support facilities.

157. Action plans of the *Länder* contain measures to prevent and protect against violence against women and children with disabilities. Their goals are to gain knowledge about risks, provide protection against risks and strengthen self-determination and autonomy. Measures have been taken particularly in the areas of individual privacy, counselling for individuals affected by violence, and violence prevention. This also includes raising staff awareness in institutions to recognise abuse and structural forms of violence, better information (including Easy-Read information) about advice and protection services for women and girls, and the provision of accessible advice and protection.¹⁴⁷

Paragraph 15 (d)

158. Preventive counselling is provided in the *Länder* and municipalities particularly to men prepared to resort to violence. This can also include (potential) perpetrators with disabilities. Projects such as anger management training or non-violent communication are

promoted, particularly to address domestic violence. There are also projects specifically geared to at-risk psychiatric patients that aim to keep them from committing crimes associated with the mental health disability.

159. Persons with paedophilic tendencies receive therapy via the "Don't Offend" prevention network, with twelve centres nationwide.¹⁴⁸ The service providers are mostly university hospitals. The Institute of Sexology and Sexual Medicine at the Charité university hospital in Berlin has lead responsibility for the prevention network. The therapy network is aimed at persons with paedophilic tendencies. No age specifications apply. Funding for the network and the "You Dream of Them" project for adolescents is secured in a pilot project through the SHI system.¹⁴⁹

Paragraph 16 (a)

160. Section 1631c BGB prohibits the sterilisation of minors. The legal situation regarding the sterilisation of adults incapable of consenting is defined in Section 1905 BGB. Pursuant to Section 1905 (1) first sentence no. 1, the guardian may not consent to a sterilisation of the person under guardianship if this is inconsistent with the latter's (natural) will. Forced sterilisation is therefore forbidden in Germany. In line with the principle of supported decision-making, it is the guardian's duty to educate and advise the person under guardianship who is incapable of consenting, and to determine the individual's actual will. If the will is to object to sterilisation, irrespective of the form of the objection, sterilisation may not be performed. Section 1905 BGB therefore also serves to protect persons under guardianship from sterilisation without sufficient education, advice or determination of their actual will. Additional requirements regarding the appointment of a sterilisation custodian¹⁵⁰ and approval of the guardianship court, while respecting the rights of the person under guardianship,¹⁵¹ ensure the actual will of the individual is explored. Repeal of this legislation could result in reduced protection for persons under guardianship given the risk that their consent – which is technically sufficient – may have been obtained through manipulation or pressure, without this being examined by the State.

161. The provision of Section 1905 BGB on guardian consent to a sterilisation of a person under guardianship who is incapable of consenting is, however, among the most controversial provisions of guardianship law since the adoption of the Guardianship Act in 1992. This provision is therefore to be reviewed once again in light of the CRPD requirements. This will first require sufficient factual knowledge of the various conditions under which sterilisations of persons under guardianship are approved and/or denied on the basis of Section 1905 BGB in judicial practice. The Government therefore plans to conduct a research project on sterilisation in guardianship law.

Paragraph 16 (b)

162. Germany is working on a provision to protect children with variations in physical sex characteristics against gender confirmation. A law is to clarify that gender confirmation surgery on children is only permitted to avert risks to life or health. The details on the form a legislative provision should take were discussed at an interdisciplinary conference with individuals concerned and experts from various disciplines. A legislative draft will be presented shortly.

Paragraph 17

163. The Government contends that national law is consistent with the European provisions of the Directive. The *Länder* have put a variety of measures in place to implement Article 21 thereof. For example, they have developed protection concepts with binding guidelines, provided seminars and continuing training for staff at reception centres, and published flyers and other informational material in the languages of the main countries of origin.

164. The vulnerabilities of applicants for protection receive attention in every stage of the asylum procedure and necessary measures are taken to ensure due consideration is given. A

formal determination procedure with regard to the asylum procedure is not established. The identification of persons with special requirements is one of the tasks under the general and individual asylum-procedure advice system currently under trial at AnKER facilities. This enables the early identification of special requirements that were not identified during the reception process, i.e. potentially before an application is made. With the written consent of the advised parties, asylum procedure advisors can share vulnerability-specific information with the office for asylum proceedings/decision-making level and third parties so that it can be considered in subsequent proceedings. Advisors also provide information about, and refer individuals to, other third-party advisory services.^{152,153}

Paragraph 18 (a), (b) and (d)

165. As a result of the BTHG, integration assistance for persons with significant disabilities will be extensively reformed from 1/1/2020 to enable individualised living and promote full, effective and equal participation within the community. Opportunities for people to plan and live their lives according to their personal preferences will be strengthened further. The necessary disability-related support provided through integration assistance is therefore now exclusively geared to individual needs, considered from a holistic perspective, and no longer defined by a specific living arrangement. Individual needs are identified and established together with the person with disabilities.

166. Social participation assistance¹⁵⁴ is of primary importance to this person-centric approach of the integration assistance system. Assistance is aimed to enable persons with disabilities to lead self-determined, independent lives as much as possible in their own home and social environment, or support them doing so. To this end, social participation assistance is being restructured, defined in more concrete terms and complemented by previously unnamed forms of assistance, while retaining the open-ended catalogue of services.¹⁵⁵ For example, assistance as a benefit has been clearly defined. The goal of assistance services is to help individuals cope with everyday life and structure their day autonomously – irrespective of their living arrangements, and can encompass a broad range of services of varying intensity.

167. This "person-centric" approach of the BTHG means that persons currently in inpatient institutions under the integration assistance system are largely on a par – under benefits law – with persons with disabilities who live in their own home. The "separate worlds" of inpatient institutions, which primarily accommodate persons with intellectual disabilities, are therefore to be phased out over the long term and the deinstitutionalization process, which has already commenced, is to be continued.

168. The BTHG has also strengthened the personal budget, a special form of assistance where traditional non-cash benefits and services under participation law can be replaced with monetary benefits, enabling individuals concerned to organise the necessary assistance themselves. The personal budget must be sufficient to ensure that individuals can receive the necessary counselling and support. It can contribute to deinstitutionalisation if individuals use it, for example, to move out of an institution and into their own home.

169. As a result of the BTHG, the assets and incomes of persons with disabilities and their family are less relevant for the provision of integration assistance than previously. In future, persons with disabilities must make a much smaller personal contribution to integration assistance services and can save more money. Spouses and partners are not required to contribute towards integration assistance services. Services that have been free, such as many services for children, will remain exempt from contributions.

170. The reformed integration assistance must be implemented by the *Länder*, which must work towards state-wide inclusive services that cover needs and are oriented to the social environment. *Länder*-appointed integration assistance providers must guarantee the provision of person-centric services for persons with disabilities, irrespective of the place of service provision. While the Government has no direct influence on the delivery of integration assistance, it maintains constant dialogue with the *Länder*. Furthermore, it is examining the new integration assistance provisions in five research projects, which are to

establish, by 2021, whether the improvements sought under the BTHG are materialising or whether changes are necessary.

171. The *Länder* implement the provisions of the BTHG. In doing so, they guarantee participation within the community and the provision of services for persons with disabilities, also with regard to housing. They invest over €18 billion annually to this end. One priority is the funding of measures to help people live in their own home. The framework agreements for the organisation and financing of services are currently being renegotiated in the application of the BTHG. This also includes processes of deinstitutionalisation. Assisted living in one's own home, particularly for persons with significant support needs, has been promoted separately for many years. The continued development and implementation of the planning instruments (general plan and participation plan systems) is to guarantee person-centric service provision that considers the wishes of the individual in line with the statutory provisions of the BTHG.

172. Persons with disabilities are also entitled to avail of short-term care services also in institutions for persons with disabilities for a limited period per year in order to help them remain longer in their home environment. Family-relief services established by the *Länder* offer further relief for caregiving relatives: with a variety of outpatient services, they offer to care for children, adolescents and adults with disabilities on an hourly basis.

173. Furthermore, the *Länder* are supporting the development of new communal forms of living, such as housing-and-care communities, accessible neighbourhood models, communal housing projects for persons with and without need for support, and neighbourhood development strategies.

174. The share of adult benefit recipients with outpatient support is 48.3% nationwide and as high as 70% in some *Länder*. On a national average, therefore, almost half of adults receiving housing-related benefits live in accommodation where they receive assistance on an outpatient basis.

175. Individual integration assistance providers have set up special programmes to promote inclusive social environments beyond the integration assistance funding already available, and established outpatient-based housing assistance for people requiring substantial support. Furthermore, integration assistance providers have initiated numerous deinstitutionalisation programmes and projects.

176. The legal requirements for the design of accessible public space are contained in the Acts on Equal Opportunities at federal and *Länder* level. The ISI federal initiative seeks to remove social barriers and raise awareness for the development potential of an inclusive social environment in urban and regional development overall. In particular, the processes resulting from the reformed system of integration assistance are to be examined at the biannual thematic¹⁵⁶ regional conferences. The aim is to enable independent living within the community for everyone.

177. The provision of accessible housing forms part of funding programmes, with a focus also on the promotion of social housing.¹⁵⁷

Paragraph 18 (c)

178. Under Section 43a SGB XI, long-term care insurance contributes up to €266 in individual cases and per calendar month towards the costs of care for persons with disabilities who live in full-time inpatient institutions for the assistance of persons with disabilities and also require nursing care at levels 2 to 5. Furthermore, the integration assistance benefits in full-time residential institutions for the assistance of persons with disabilities also include long-term care benefits. This provision aims to ensure that – also in these institutions – persons requiring nursing care receive the necessary care-related benefits together with the integration assistance benefits from a single source.

179. The formal removal of the distinction between outpatient, partial inpatient and full-time inpatient benefits in legislation governing integration assistance¹⁵⁸ also renders redundant the point of reference of Section 43a SGB XI on service provision in full-time

inpatient institutions. To maintain the legal effects, law-makers amended Section 71 (4) SGB XI in addition to changing Section 43a SGB XI. Existing recipients of outpatient long-term care insurance benefits living on 1/1/2017, or in future, in a living arrangement to which Section 43a SGB XI, in the version current on 1/1/2017, did not apply, are already protected against falling within the scope of Section 43a SGB XI in the version applicable as of 1/1/2020, through the protection of vested rights provided under Section 145 SGB XI.

180. The revision therefore provides a point of reference that can continue to reliably reproduce the current legal effects even when the new legal situation applies. The characteristics cited in the law to this end will be specified further at federal level through directives by the National Association of Long-Term Care Funds with the participation of the *Länder* and in consultation with BAGüS and municipal central organisations.

Paragraph 19

181. The Finnish services of personal assistance for persons with severe disabilities, on which the ruling is based, are comparable with the German assistance benefits which persons with disabilities can receive under social participation assistance.¹⁵⁹ Integration assistance benefits can also be provided abroad for persons ordinarily resident in Germany if required in the interest of the role of integration assistance, the period abroad does not significantly extend the duration of the benefits, and unreasonable additional costs are not incurred.¹⁶⁰ Accordingly, integration assistance legislation does not require adaptation owing to the ruling above.

Paragraph 20

182. Since 1999, the Statistical Offices at federal and *Länder* level have been collecting data biennially on the supply of and demand for long-term nursing care among the population. The long-term care statistics do not contain a separate breakdown by specific impairment. More granular data are also not available at *Länder* level. The statistics also do not cover persons receiving care in full-time in-patient institutions for assistance to persons with disabilities pursuant to Section 43a SGB XI. At the end of 2017, 3,414,378 persons required long-term care in Germany. Of these 2,594,862 received care at home and 818,289 in full-time inpatient institutions. Women accounted for a 62.9% share. 506,823 persons aged between 0 and 60 required long-term care, 37,585 of whom received care at an inpatient institution. The statistics do not indicate to what extent care was provided in residential and nursing homes for the elderly.

Paragraph 21

183. In addition to basic financial assistance, various measures are implemented in the *Länder* to help persons with disabilities access and use public transportation.¹⁶¹ These measures can be for multiple *Länder* or limited to a single *Bundesland*.

184. Within the scope of their responsibilities and capabilities, *Länder* work on measures to provide information on disruptions to services in accessible formats for all persons with disabilities.

185. The objective here is to notify passengers of service disruptions based on the two-sense principle.¹⁶² By 2022 the aim is to ensure that information on transport conditions, schedules and pricing follows the two-sense principle, and that written media is sufficiently large, accessible, and in Easy-Read language where necessary. DB Station&Service AG, for example, is upgrading its stations with dynamic monitors that provide audio and visual information for passengers in the event of changes to regular service.

186. Many transport operators offer and/or are planning accessible websites where individuals can access the information they need. Font size adjustment and read-aloud functions are available or will be in future. The operators also provide service hotlines with information on disruptions to services.

187. Travellers are also frequently offered a separate information interface to search for connections. Contrasting colours, variable font size and Easy-Read language facilitate use. A voice function integrated in browsers is also often provided. Electronic information systems are being overhauled to ultimately provide nationwide information on barrier-free travel itineraries. The aim is for passengers with reduced mobility to have information about the accessibility of the public transport system prior to their journey.¹⁶³

Paragraph 22

188. The Act Implementing the EU Marrakesh Directive regulates conditions governing the creation, archiving, distribution and public accessibility of copyright works in favour of persons with visual or reading disabilities.¹⁶⁴ It will continue to be possible to also offer accessible content by digital means directly over the Internet, not solely through tactile media like printed books in Braille or large print. These new provisions benefit persons with visual or reading disabilities and persons who are unable to hold/turn or read printed works owing to physical disabilities or dyslexia. The increased production of accessible works is to be promoted through once-off financial support from federal budget funds.¹⁶⁵

189. The FFG¹⁶⁶ provides for several improvements as regards accessibility. The requirement to produce an accessible format already applies to the production and digitisation of films.¹⁶⁷ Furthermore, financial support for cinemas and the sale of films are only possible if accessible formats are also provided.¹⁶⁸ To implement statutory provisions, the German Film Board is collecting data on whether cinemas are equipped to show accessible film formats, and in what way. Many cinemas use the GRETA app, with the majority of distributors making their films available for use with the app. Furthermore, the German Film Board advises cinema operators continuously on inclusion, funds the development of an information platform for accessibility of motion pictures by the DBSV e.V.¹⁶⁹ and has set up a round-table with association representatives, cinema operators, distributors and technology companies.¹⁷⁰

190. Both with regard to the production of film and the digitisation of the national cinematic heritage, the costs for the creation of an accessible format are fully eligible for funding.¹⁷¹

191. The European Audiovisual Media Services Directive is currently being implemented.¹⁷² It concerns both conventional television and video-on-demand services. According to current plans, the Directive is primarily implemented by the *Länder*. The level of government at which the universal complaints body will be established has yet to be finalised.

192. Television is the most widely used medium among persons with disabilities. All first broadcasts by ARD are offered with subtitles.¹⁷³ At roughly 98%, ARD has therefore more than doubled its percentage of subtitled programmes since 2012. ARD's nine regional broadcasters have also increased the number of subtitled programmes in their broadcasts in recent years.¹⁷⁴ The ARD media libraries offer a growing number of programmes with sign language for access at any time. With "*Sehen statt Hören*", ARD also offers the only series on German television that is specially for viewers with impaired hearing. Some regional broadcasters offer additional programmes in sign language. Audio description for sporting events is now a permanent service on ARD. Live description is provided for all football matches, the Olympic and Paralympic Summer and Winters Games, and major athletics events. Reporting on the 2018 Paralympics included audio description, subtitles and Easy-Read services, and a daily review with sign language interpretation.

193. Since early 2013, ZDF has consistently provided subtitling for all broadcasts on the main channel in the peak broadcasting time between 16:00 and 22:15. Subtitles are also available for approx. 90% of children's programmes. Subtitles from programmes on the main channel have also been available on the ZDFneo and ZDFinfo digital channels since mid-2015. Overall, the share of subtitled broadcasts on the main ZDF channel increased to 76.6% in 2017. ZDF remains committed to increasing this to 100%. Audio description is envisaged for selected programmes.¹⁷⁵ Live audio description is also provided for certain broadcasts, e.g. for all football matches. In 2017, audio description was available for 11.9% of

programmes. Persons with hearing disabilities can also follow content live in the ZDF media library with sign language interpretation. ZDF has expanded sign language services in its media library since June 2018. In the BITV test, the ZDF media library received a “good accessibility” rating, earning 90.75 points out of 100.

194. As the supervisory and regulatory bodies for commercial broadcasting, the Media Authorities have been focused on the issue of accessibility for some time. Public broadcasters have a legal mandate to provide service and support inclusion and receive public fees to do so. In contrast, commercial broadcasters are commercial enterprises that need to finance their channels.

195. Media Authorities’ activities include annual monitoring of accessibility in the commercial television sector.¹⁷⁶ Data indicate that the two major private broadcasters (RTL and ProSieben/Sat.1 Media SE) have begun to increase accessibility in recent years. According to the Sixth Monitoring Report,¹⁷⁷ the RTL Group provided special captioning for persons with hearing disabilities for 13% of the broadcasting time on average. In 2017, the figure was only 9%. ProSiebenSat.1 Media SE subtitles 18% of programmes, up from 13% in the previous year. Therefore, the positive recent trend towards the greater provision of accessible content by private broadcasters is continuing. Compared with public-sector broadcasters, however, the level of accessibility remains low and therefore needs to be improved upon in the future.

196. The “TV for All” inclusion project launched by the *Sozialhelden* organisation was actively supported by the Media Authorities, ARD, ZDF and VAUNET as cooperation partners.¹⁷⁸ The app and website offer an electronic programme guide providing an overview of all accessible TV shows in Germany.¹⁷⁹

Paragraph 23

197. The Quality Child-care Act has established actions to enable, inter alia, the inclusive support of all children.¹⁸⁰ The *Länder* can invest the additional funding provided under the law in the further expansion of inclusive child-care services.¹⁸¹

198. Parents with disabilities have the right to childrearing assistance¹⁸² and social participation assistance in the same way as parents without disabilities.¹⁸³ This includes assistance to help parents with disabilities to care and mind their children, such as assistance to perform general everyday tasks and professional assistance such as educational guidance, advice and support in their role as a parent.

199. If authorities learn of significant factors that threaten a child’s welfare, the Youth Welfare Office must assess the risk,¹⁸⁴ offer the legal guardians childrearing assistance, where necessary, to avert the risk,¹⁸⁵ and contact the family court if court action is deemed necessary for risk aversion.¹⁸⁶

200. Judicial measures associated with a separation are only permitted if the danger cannot be addressed by alternative means, including public assistance.¹⁸⁷ A child is taken into the care of the Youth Welfare Office only if the threat to the child’s welfare is so immediate that it is not possible to wait for the family court decision to protect the child or adolescent.

201. To modernise the child and youth welfare law,¹⁸⁸ a broad-based participatory process was initiated with child and youth welfare, integration assistance and health service theory and practice, the *Länder* and municipalities.¹⁸⁹ Specifically the discussion is to tie in with the results of previous discussions on the “Inclusive Solutions”¹⁹⁰ in order to provide “one-stop” assistance. Based on the evaluation of the results of the participatory process, a legislative initiative will be launched in 2020.

Paragraph 24 (a)

202. The skill descriptions for initial and continuing teacher training have been reviewed from the aspect of establishing an inclusive education environment. When updating their training and examination regulations, the *Länder* use these descriptions as a reference

framework. The “Educating Teachers to Embrace Diversity” recommendation jointly adopted by the KMK and the HRK provides guidance.¹⁹¹ For implementation, attitudes and approaches play a central role as the basis for the joint education of pupils with and without disabilities. Nevertheless, this is a longer-term development task that calls for tailored support and advice.

203. For the Federal Government, the implementation of the CRPD is a cross-cutting task that applies to all areas. In line with its role, the Government supports implementation through research funding and selected innovative projects such as the Advanced Training Initiative for Early Childhood Educators¹⁹² or the promotion of research into skills development for pedagogical staff, and through the Quality Teacher-Training Initiative¹⁹³. The 140 government-funded and recognised German schools abroad also address inclusion and, since 2014 have developed inclusion strategies, which are flanked by in-house teacher training.

Paragraph 24 (b)

204. The *Länder* have increased their capacities for training SEN teachers and created the necessary positions for appointment to the teaching profession. Similar priorities have been set in continuing professional development and various strategies developed. In individual cases, pupils and students with disabilities may require school- and study-related, technical or personal assistance to be able to attend a school or HEI. Such disability-related needs that do not concern the core area of educational work can, in certain circumstances, be financed through integration assistance for persons with disabilities. Personal assistance for attendance at school includes the provision of a school assistant.

205. Personal assistance for attendance at a HEI includes:

- Communication assistants for lectures, seminars, exams etc.;
- Study assistants to help students, for example, to attend lectures and take notes, use libraries, borrow books, and with the organisation of student life and other necessary procedures;
- Readers to help select/browse through study literature and read it aloud;
- Typists for lectures, exercises and seminars;
- Specialized tutors to help students prepare for and follow up on lectures and seminars.

206. With the BTHG reform, educational services that were previously classified as social participation are now grouped together in a separate chapter entitled “Educational participation assistance”. This is also intended to reflect the importance of education in the spirit of CRPD Article 24. Furthermore, legislation on integration assistance has set forth that educational participation assistance can also encompass study support services for a master’s programme.¹⁹⁴

207. Furthermore, several HEIs also have a resource pool, while some also offer personal assistance,¹⁹⁵ which, however, is more designed to cover once-off,¹⁹⁶ short-term¹⁹⁷ or bridging-type needs for which an application for integration assistance services has been made but not yet approved.

208. No data are available on the resources available to ensure adequate staff, supervision and training to guarantee support for pupils and students with disabilities in mainstream schools, HEIs and sport activities.

Paragraph 24 (c)

209. Based on the provisions of the Social Codes, applicants for a teaching post with severe disabilities or an equivalent status who cannot be appointed to the teaching profession in the *Länder* anyway under the standard recruitment rules can be hired for a predefined number of positions with the involvement of primary representatives for teachers with disabilities.

Paragraph 24 (d)

210. The construction and maintenance of schools is generally the duty of the municipal school authorities, and they perform this task under their own responsibility. This also includes the accessibility of schools. The extent to which schools are already accessible environments is not monitored statistically.

Paragraph 24 (e)

211. The right of children with disabilities to attend mainstream schools is enshrined in the Education Acts of all *Länder*, which provide reasonable accommodation to this end. Furthermore, rights in Germany do not require safeguards. Anyone whose rights are violated by public authority has recourse to legal action pursuant to her/his fundamental right set forth in Article 19 (4) GG. According to the Federal Constitutional Court,¹⁹⁸ Article 19 (4) GG contains a fundamental right to effective and, where possible, comprehensive judicial legal protection against actions of public authorities.¹⁹⁹

Paragraph 25

212. In the NAP 2.0, the Government together with the *Länder* and the medical profession have undertaken to implement measures designed to increase the number of accessible medical practices.²⁰⁰

213. The aim is to obtain funds from the SHI system and tax revenue for this. Whether and to what extent such funds will be available will be determined in 2019.

214. Centres for specialised medical care of persons with disabilities have been established with medical treatment centres for adults with intellectual disabilities or significant assistance needs.²⁰¹ Insured adults with intellectual disabilities or high levels of support are entitled to non-physician services,²⁰² particularly psychological, therapeutic and psychosocial services, if they are provided by a medical treatment centre under the supervision of a physician and are necessary to identify an illness at the earliest possible stage and prepare a treatment plan.

215. Overall, geographically-accessible outpatient medical and dental care provision, including in rural areas, will be achieved by the regulations to ensure the supply of panel doctors²⁰³ and the requirements planning guidelines issued on this basis.

216. Action to ensure the accessibility of hospitals, as a central prerequisite for adequate treatment, is a hospital organisation issue. Accordingly, the hospital laws of several *Länder* require hospitals to consider the specific concerns of patients who wish to continue to lead an independent life, and develop appropriate treatment approaches. Hospitals can receive investment grants for investment in accessibility from the *Länder*.

217. With regard to hospital treatment, a carer can be admitted as the patient's attendant if necessary for medical reasons. The same applies if persons requiring care outside hospitalisation periods ensure their own care through the "employer model".²⁰⁴

218. Section 63b (4) SGB XII sets forth that persons requiring a high degree of care who ensure their own care through the "employer model" also receive "help with care" benefits from the social assistance agencies during a temporary period of hospitalisation if they require financial assistance. The provision of nursing care during a period of hospitalisation is otherwise guaranteed by the hospital.²⁰⁵

Paragraph 26 (a)

219. The Government strives to offer health information, information on legislation and on competent authorities in the health sector in accessible formats, both online and in hard-copy format, and on social media. This is primarily guided by the Accessible Information Technology Ordinance under the BGG.²⁰⁶ Actors in the health sector are continuously improving the range of accessible content they offer.

Paragraph 26 (b)

220. Training programmes for health-care professions²⁰⁷ already include modules that teach professional carers a human-rights based approach to dealing with persons with disabilities.²⁰⁸

221. Existing training programmes are being reformed as a result of the PflBRefG.²⁰⁹ The new training and examination regulations for nursing professions explicitly stipulate that trainees must respect human rights and take action to ensure their realisation. It also provides that the right to self-determination of patients, particularly of persons with limited capacity for self-determination, must be protected and that persons with disabilities must be enabled to develop, live and participate in society as independently as possible.

222. As part of midwifery training, midwives are educated in how to deal with and assist patients, with due consideration to their physical and psychosocial requirements, taught to overcome prejudices, and learn social psychology.

Paragraph 26 (c)

223. In principle, patients must give their personal consent to medical procedures.²¹⁰ If they do not have the capability of understanding, consent must be granted by the authorised third-party²¹¹ unless they have established an effective living will beforehand²¹² or the pending intervention cannot be delayed.²¹³

224. The guardian and/or the authorised third-party is bound by the treatment preferences and presumed will of the person under guardianship. The yardstick is how the person under guardianship would decide herself/himself if she/he were able to consent. No special safeguards are in place for women and girls.

Paragraph 26 (d) ²¹⁴

225. With regard to access to PHI, Section 19 AGG specifies that unfavourable treatment on the grounds cited in the AGG, such as a disability, is inadmissible when concluding a PHI contract.

226. For private insurance, the principle of premium calculation that is commensurate with risk is of fundamental importance; a distinction is made based on certain criteria, including age and health, not least in the interest of fair premiums.

227. For insured parties, access is not more difficult solely on account of a disability, and they may not be disfavoured with regard to premiums and coverage. However, chronic illnesses in the sense of pre-existing conditions or underlying diseases are considered in the individual risk assessment conducted when an individual contracts insurance. This can be reflected in risk mark-ups or even exclusion of cover.

228. Since 1/1/2009, all persons with pre-existing conditions may obtain insurance at a PHI company of their choice at an industry-wide uniform basic rate. Exclusion of cover or risk mark-ups are inadmissible under this scheme, and an obligation to contract applies. The benefits and services must be comparable to those under SHI in terms of type, scope and amount.

229. Adopted children of a privately insured parent are accepted into the PHI system without a medical examination, risk of mark-ups or exclusion of cover.²¹⁵

230. The SHI system, which insures some 87% of insured persons in Germany, guarantees comprehensive social protection in case of illness. Insured persons receive all necessary medical services irrespective of their economic standing, health or age.²¹⁶ Contributions are based on an individual's financial standing. Caps ensure that no-one is financially overburdened, and guarantee a social balance. Various provisions are specifically geared to the requirements of persons with disabilities.

231. The principle that the special requirements of persons with disabilities must be taken into account is also enshrined in SHI-related legislation.²¹⁷

Paragraph 27

232. Due to the multi-branch rehabilitation system, persons with or at risk of disabilities receive benefits from different providers. Participation assistance can already apply in (early) childhood.²¹⁸ A comprehensive range of services enables individual, educational and vocational support, including vocational initial and further training, as well as academic study programmes.

233. To further improve access to rehabilitation services, the swift clarification of the responsibilities of rehabilitation providers was enshrined in the BTHG.²¹⁹ Furthermore, the new participation plan system mandates the identification of necessary services in line with the individual's needs if multiple services or different services from multiple rehabilitation providers come into consideration. Statutory long-term care insurance funds²²⁰ are more effectively incorporated into the rehabilitation process, thereby ensuring the comprehensive and coordinated provision of service. At the level of the BAR, providers agree on joint recommendations that guarantee collaboration and common standards for service provision.

234. Occupational participation assistance encompasses a broad array of specific support, rehabilitation and participation services.²²¹

235. Where occupational participation assistance is provided by the BA as the rehabilitation provider, assistance is geared towards persons with disabilities, irrespective of their status (unemployed, long-term unemployed etc.).²²² Special conditions under insurance law also do not apply.

236. Under current legislation, persons with disabilities claiming basic income support for job-seekers under SGB II²²³ have equal access to occupational participation assistance. This applies to both unemployed and long-term unemployed persons.

237. For persons insured under the DRV, the DRV provides rehabilitation and participation assistance to avert a substantial risk of earning-capacity reduction or – if earning capacity is already reduced – to restore or improve earning capacity.²²⁴ This service is provided for insured persons who meet the personal and insurance-related conditions defined by law.²²⁵ With regard to the clarification of personal (health-related) eligibility, the status of the insured (e.g. employed, unemployed, long-term unemployed, incapacitated) is immaterial.

238. If the conditions under insurance law for rehabilitation and participation service from the statutory pension insurance system are not satisfied, the BA is the competent rehabilitation provider for unemployed/long-term unemployed individuals.²²⁶

239. A government-funded project entitled “Participatory monitoring of current developments in rehabilitation and participation law”²²⁷ scientifically monitors the reform process prompted by the CRPD.

Paragraph 28 (a)

240. Totalling over 1.2 million, the number of persons with a severe disability or equivalent status in employment subject to compulsory social security reached a record high in 2017. Of these, 54% were male and 46% female. The general share of women in employment subject to compulsory social security also stood at 46%. In terms of long-term trends, the growth in employment is more pronounced among women with severe disabilities than among men: the number of women with severe disabilities employed by businesses with at least 20 workers increased by roughly 148,000 (+43%) between 2007 and 2017. The corresponding increase for men with severe disabilities was 119,000 (+26%).

241. The percentage of mandatory positions filled by persons with severe disabilities or equivalent status dropped slightly from 4.7% (2014) to 4.6% (2017). The absolute number of employers subject to the mandatory employment quota that do not employ persons with severe disabilities increased from 39,101 (2014) to 42,218 (2017). Expressed as a percentage,

it remained constant at 25.6%, however, as the total number of employers subject to the mandatory employment quota increased on the same scale (+12,093).

242. At the same time, the annual average number of unemployed persons with severe disabilities has fallen to the lowest level in eleven years. Standing at 156,621 in 2018, this represents a drop of 13.5% (181,110) on 2014 (men: -13.6%; women: -13.4%). The share of women among all unemployed with severe disabilities has hovered around 40% for years, and is therefore less than the share of women among all unemployed (roughly 45%).

243. This positive trend demonstrates that the Government's strategy to advise and raise business awareness for the potential of persons with disabilities is the right way forward. Nevertheless, the labour market participation of persons with disabilities can still be improved, as the unemployment rate among persons with severe disabilities remains above average.²²⁸ Despite having better skills on average, unemployed persons with severe disabilities are less successful in securing employment in the primary labour market than persons who do not have severe disabilities. Measured by the volume of unemployed, however, they also become unemployed less frequently. The unemployment situation of unemployed persons with severe disabilities is far less dynamic than that of persons without severe disabilities – also in the age group of 25-54 year-olds. The unemployment duration and the percentage of long-term unemployed are therefore significantly higher.²²⁹

244. The Government will therefore continue its activities with the participation of relevant labour market stakeholders in projects such as “*Unternehmens-Netzwerk Inklusion*”,²³⁰ “*Inklusionsinitiative II – AlleImBetrieb*”²³¹ and the “*Einstellung zählt – Arbeitgeber gewinnen*” initiative.²³² To bring persons with disabilities durably into the labour market, the BA and other rehabilitation providers, and job centres and *Länder* integration offices can avail of a broad range of specific support, rehabilitation and participation services.²³³ Improvements and new support options are being incorporated constantly.

245. In 2015, access to inclusion firms was facilitated for long-term unemployed persons with severe disabilities and opened to persons with certain mental disabilities. Able-to-work trainees with disabilities can also top up their vocational training grant or training allowance with unemployment assistance II²³⁴ if they do not live in residential homes or similar facilities with cost reimbursements and receive full board there.

246. Previously only benefitting higher-achieving trainees, the option of part-time vocational training will be open to everyone in the dual VET system as a result of the BBiMoG,²³⁵ offering persons with disabilities or learning difficulties new incentives and alternatives to “reduced-theory” training for example.²³⁶

247. Access to labour market support for young refugees has also been improved.²³⁷ This also benefits refugees with or at risk of disability.

248. “Participation in the labour market” is a new, recently introduced standard instrument that offers long-term unemployed individuals longer-term prospects in the general and social labour market.²³⁸ Persons with severe disabilities or equivalent status enjoy easier access to the new support facility. Initial take-up figures show that over 10% of those supported under the new instrument have severe disabilities.

249. Legislation entering into force on 1/8/2019²³⁹ will also improve conditions for training for persons with disabilities and therefore ultimately for their integration into the general labour market. In addition to legal and administrative simplifications, the legislation introduces significant increases to individual subsidies and basic allowances under the vocational training grant²⁴⁰ and the training pension,²⁴¹ such as the training pension for individual workplace training in the context of assisted employment.

250. Seeking to address the above-average level of unemployment among persons with disabilities, the Government and the BA have agreed to place a particular focus on examination of:

- Potential improvements to the care of persons with psychological disabilities in rehabilitation to ensure their long-term (re-)integration;
- Incentive opportunities for inclusive and accessible initial and further training programmes at legislative and administrative level.²⁴²

Paragraph 28 (b)

251. The independent Monitoring Mechanism is responsible for promoting the implementation of the CRPD in Germany, protecting the rights the CRPD contains, and monitoring compliance (including the right under Article 27).

252. The government focal point, attached to the BMAS, is responsible for steering CRPD implementation.

253. The coordination mechanism within government, attached to the Commissioner's Office, will facilitate the implementation of the CRPD and actively involve persons with disabilities and broader civil society in the implementation process.

254. In businesses and public administration, the representatives for persons with severe disabilities and the employers' inclusion representative are responsible for ensuring the rights of persons with severe disabilities are respected and employers meet their obligations. The BA monitors compliance with the mandatory employment quota, while the integration offices impose the compensation levy.

Paragraph 28 (c)

255. The Government does not have any relevant data.

Paragraph 28 (d)

256. Employers employing persons with disabilities must set up and maintain workplaces in a way that factors in the special concerns of these employees as regards safety and health.²⁴³ To define requirements in concrete terms, the Workplaces Committee developed a Technical Rule on accessible workplaces²⁴⁴, which is freely available on the website of the Federal Institute for Occupational Safety and Health.²⁴⁵ Non-compliance with the protective regulation of Section 3a (2), Workplaces Ordinance constitutes an offence²⁴⁶ and carries a fine of up to €5,000.

257. Persons with severe disabilities may demand that their employer set up and maintain disability-friendly workplaces, and equip their workplace with the necessary technical work aids.²⁴⁷ The BA and integration offices assist employers in performing these tasks.²⁴⁸

258. There is also entitlement to reimbursement of costs for necessary work assistance, such as a reader, sign language interpretation or an assistant for persons with physical disabilities. Under certain conditions, employees with severe disabilities can receive grants towards the purchase of a vehicle and additional disability-related equipment. This can also include the availing of free transportation in the local public transport system or the reimbursement of the costs of transport services.

Paragraph 24 (e)

259. Between January and December 2018, 62,933 persons with severe disabilities transitioned from unemployment to a job subject to compulsory social security payments in the general labour market.²⁴⁹

260. With regard to the number of annual transitions from sheltered workshops to the general labour market, only data from the statistics on benefit recipients under SGB XII are available, and indicate that 216 benefit recipients transitioned during 2017. No statistical information is available on workshop employees who do not claim benefits under SGB XII.

261. Under the BTHG, a new instrument to promote such transitions was introduced with the Budget for Work with effect from 1/1/2018. A permanent wage subsidy coupled with instruction and assistance will incentivise employers to conclude a regular employment contract with fully incapacitated persons.²⁵⁰ The use of the Budget for Work is subject to the financial review.²⁵¹ Results are expected in 2021. According to initial estimates in the *Länder*,

around 1,800 workshop workers have transitioned to the general labour since 1/1/2018, particularly by taking advantage of the Budget for Work.

Paragraph 28 (f)

262. The associations of persons with disabilities and other civil society actors, e.g. employers' associations and workers' organisations, have constant opportunities to become actively involved in matters concerning the participation of persons with disabilities in working life.

263. For example, the Advisory Board for the Participation of Persons with Disabilities²⁵² advises on all measures, projects and programmes financed through the compensation fund. The 49-member Board includes representatives of employers, employees and organisations of persons with disabilities.

264. Furthermore, the advisory body responsible for recommending applications for funding from the "Federal Government Programme for Improved Inclusion and Counselling of Persons with Severe Disabilities",²⁵³ and the steering group overseeing the evaluation of the "Inklusionsinitiative II – AlleImBetrieb" project (2016) each had a representative of the DBR.

265. The broad participation of actors is also reflected in the Federal Programme "Innovative Paths to Participation in Working Life – rehapro".²⁵⁴ The main actors²⁵⁵ took part in the four regional workshops held in 2017 for professional exchange and the development of ideas for potential pilot projects. The participation of the DBR also guaranteed the involvement of several self-advocacy organisations. Furthermore, the DBR is represented with five of 20 votes on the rehapro advisory board, which oversees the development and implementation of pilot projects.

Paragraph 29 (a)

266. The welfare state is based on individual legal entitlements with a variety of benefits that are regulated in well-developed and comprehensive social security legislation. Alongside wage- and contribution-related social security schemes such as the unemployment and pension insurance which guarantee a replacement income, Germany also has systems of basic support for job-seekers and social assistance, which contain a legal entitlement to the safeguarding of the socio-cultural subsistence minimum and to social participation if the condition of "being in need" is met. They also aim to help an individual overcome neediness through advice and support. Furthermore, Germany also has an active labour market policy, which considers individual support needs, including state-subsidised employment to a limited extent. The assistance under basic support for job-seekers is intended to improve or restore earning ability and also overcome disability-specific disadvantages.

267. As part of BTHG reform, anyone receiving integration assistance will contribute less own income and assets. Formerly non-contributory assistance will remain non-contributory. For example, this concerns many services for children with disabilities for which the children's parents are not required to pay a contribution.

268. In connection with medical rehabilitation assistance and occupational participation assistance, benefits to ensure subsistence and other complementary benefits are provided by other rehabilitation providers.²⁵⁶ A higher transition allowance²⁵⁷ is paid if children need to be considered and economically inactive spouses or partners – as they are the benefit recipient's carer or are themselves in need of care – live in the same household. Under these benefits, domestic help is provided, inter alia, if a child under twelve or with disabilities lives in the household and the benefit recipient cannot manage the housekeeping herself/himself. Alternatively, the costs for bringing along or accommodating the child elsewhere are also covered up to the amount of the costs of domestic assistance otherwise provided.

269. Furthermore, persons with disabilities can receive social assistance benefits to cover core subsistence needs²⁵⁸ principally on the same basis as persons without disabilities.²⁵⁹

270. In order to prevent insufficient coverage of subsistence needs, additional needs amounting to a flat rate of 35% of applicable standard needs are recognised from the age of 15 if support for schooling or vocational training, or occupational participation assistance,²⁶⁰ is granted. Additional needs can also be considered after completion of training for an appropriate transitional period, particularly a training-in period. A general flat-rate uncovered amount for "disability-related" subsistence needs that is divorced from the individual case does not exist, as the actual impact of the restricted participation must be considered. Nevertheless a flat-rate amount can be deducted from income tax depending on the degree of the disability.²⁶¹

271. The QCG²⁶² opened up support for CVET measures to all workers whose jobs are affected by structural change or can be replaced by technology, for example. Access to support is facilitated for older workers and workers with severe disabilities.

272. The PflegeZG²⁶³ and FPfZG²⁶⁴ established provisions designed to improve the framework for people to care for close relatives and stay working: under the PflegeZG, workers are entitled to complete or partial release from work for up to 6 months if they provide care in the home environment for a close relative in need of long-term care; furthermore, under the FPfZG workers are entitled to partial release from work for up to 24 months, while working a minimum 15-hour week, if they care for a close relative in need of long-term care at home. Close relatives of minors requiring long-term care can request release also to provide care outside the home. To safeguard their livelihood more effectively while released from work, individuals can apply to the BAFzA for an interest-free loan.

273. Under the provisions of the MuschG, women who give birth to a child with disabilities can apply to extend the postnatal protection period from eight to twelve weeks. During the postnatal protection period, women can receive maternity benefit and a maternity benefit.

274. In addition, persons with severe disabilities whose earning capacity is reduced can receive reduced earning capacity pension from the statutory pension insurance system irrespective of age. Barring certain exceptions, this requires individuals to have completed a five-year qualifying period and paid into statutory pension insurance for at least three years before the reduction in earning capacity. Persons drawing reduced earning capacity pension from 1/1/2019 are treated as if they had been in employment subject to contributions up until the standard retirement age for old-age pension, earning their current average income. This added period bridges any missing contribution periods owing to reduced earning capacity, when calculating old-age pension entitlements. Persons with severe disabilities who became fully incapacitated for work before completing the five-year qualifying period, and have since been fully incapacitated for work on a continuous basis, are entitled to a pension for total reduction of earning capacity if they have completed a qualifying period of 20 years with contributions. Irrespective of a reduced earning capacity pension under the statutory pension insurance system, individuals can be entitled to basic income support in old age and in the event of reduced earning capacity, on a supplementary basis where appropriate.

275. Benefits payments under long-term care insurance have increased 47% as a result of the PSG I-III.²⁶⁵ The new definition of "in need of care", the new assessment procedure and the five new care categories take better account of individual assistance needs than before. Long-term care insurance benefits for domestic care can be combined more flexibly to match individual needs, giving individuals in need of care and their families appreciably more support. The quality of care is also to be improved further. The "Concerted Action for Nursing" campaign develops measures to improve the situation of nursing staff.

276. In Germany, people can rely on high-quality medical care.²⁶⁶

277. Insured parties are entitled to up to ten days' sickness benefit per year for each child under twelve if a doctor's certificate specifies that they cannot work as the child requires minding, supervision or care and another person living in the household cannot mind, supervise or care for the child. For single parents, this entitlement increases to a maximum of 20 days for each insured child. Insured parents can take up to 25 workdays per year per parent (single parents: maximum 50 workdays). No age limit applies for sick children with disabilities, and no time limits apply for seriously ill children.

Paragraph 29 (b)

278. The Government drafts an evidence-based report on the development of poverty, wealth and participation each legislative term, with a focus, inter alia, on the living situation and poverty risk of women, children and persons with disabilities. These reports serve to review existing policies and encourage new measures.

279. In the field of family policy, a package of measures to address family poverty was agreed in this legislative term. To relieve the burden on families, the government plans to increase child benefit by a total of €25 for all families.²⁶⁷ This increase is complemented by improvements to the child supplement for low-income families and the improved education and participation package for children and young people.

280. With the Act on Good Early Childhood Education and Care, the Federation is assisting the *Länder* inter alia with measures to reduce or even waive parental contributions by providing the *Länder* with a higher VAT revenue share. An amendment to Section 90 SGB VIII²⁶⁸ will introduce a nationwide obligation to scale parental contributions by social criteria, and enlarge the groups of individuals entitled to exemption from day-care centre fees, including people receiving child supplement or housing allowance. The *Länder* can also take specific action to relieve the fee burden on parents.

Paragraph 29 (c)

281. Under the BTHG, integration assistance will only be transferred from SGB XII to SGB IX from 2020 onwards. A comparison of data regarding applications for integration assistance is not possible.²⁶⁹

282. Current SGB-XII statistics²⁷⁰ provide information on the actual numbers receiving integration assistance but not on applications for integration assistance.²⁷¹

283. At end 2016, a total of 739,087 persons received integration assistance under SGB XII, Chapter 6 within and outside institutions. At end 2017,²⁷² there were 761,262 recipients.

Paragraph 29 (d)

284. Germany has a nuanced system of social and support services open to persons with disabilities, including those over 65. These include care support centres, outpatient services that assist people in their own home, childrearing, social, health, addiction and debt counselling, social work with persons with disabilities, mobility assistance services,²⁷³ special transport services, respite services²⁷⁴ and centres for independent living. Programmes are also available that help persons with disabilities who have left the workforce structure their day.²⁷⁵ Persons with dementia and their families also receive support and counselling from 500 nationwide "Local Alliances for Persons with Dementia" and additional drop-in centres in individual *Länder*.

285. Complementary independent participation counselling,²⁷⁶ introduced as a result of the BTHG, is a low-threshold service,²⁷⁷ designed to give assistance, guidance and planning security to persons seeking advice on rehabilitation and participation before applying for concrete assistance. Funding for over 500 facilities offering such counselling nationwide has been approved. Funding is limited to a five-year period. Currently, the budget is €58 million annually through to 2022. This service is available in addition to the right to advice from the rehabilitation providers and is a cornerstone of the reformed benefits legislation for persons with disabilities.

286. To ensure the long-term financial sustainability of the statutory pension system despite demographic developments, the retirement age for the standard old-age pension and other retirement pensions is being raised gradually, with particular consideration to the needs of persons with severe disabilities. While the retirement age for standard old-age pension is gradually increased to 67 for younger cohorts, the retirement age for persons with severe disabilities to claim old-age pension without deductions is gradually increased to 65. Furthermore, persons with severe disabilities can benefit from the time-limited special

retirement arrangement for persons insured for a particularly long time: anyone who has paid contributions for 45 years can claim the old-age pension deduction-free from age 63. The retirement age for this old-age pension is gradually increased to 65 for those born on or after 1953. The earliest early retirement age with deductions for persons with severe disabilities is gradually increased from 60 to 62 for those born after 1951.²⁷⁸ Persons with severe disabilities will therefore be able to retire starting at 62, five years before the standard retirement age of 67.

Paragraph 29 (e)

287. Promoting social housing is a serious challenge for the Federation and the *Länder*. Persons with disabilities particularly feel the effects of the tight housing situation in many regions. The Government has agreed a variety of measures with *Länder* and municipalities and adopted a joint Housing Initiative.²⁷⁹ This seeks to create 1.5 million new dwellings through a package of measures to stimulate investment in house building and actions to safeguard housing affordability, lower building costs and secure skilled labour.

288. As one of the most important measures, the Federation provides funding to the *Länder*, which the *Länder* supplement with their own financial resources.²⁸⁰ In their efforts to promote social housing, the *Länder* have specific funding options for the creation of housing (new and existing) for persons with disabilities. Furthermore, when calculating income to determine social housing eligibility, special allowances apply for persons with disabilities such that they still qualify for publicly subsidised social housing if their income is slightly higher.

289. The increased availability of accessible housing is also a central concern of the Federation and the *Länder*. The promotion of age-appropriate conversions under a KfW programme²⁸¹ with investment grants from the Federal Government and low-interest loans from the KfW's own funds allows many people to live in a familiar setting well into old age.

290. Due to the programme's increasing popularity, funding has been scaled up several times in recent years and put on a permanent footing. The Federation is allocating €75 million in funds annually in the 2019-2021 period.

291. The "Ageing at Home"²⁸² project demonstrates how approaches that support self-determined, individual yet community-oriented forms of living and housing are possible and can also be made accessible to people on a low income. In collaboration with actors at the various levels, the aim is to create long-term solutions that meet existing needs.

Paragraph 30

292. Under the Constitution, the principle of universal suffrage applies; all Germans, including persons with disabilities, have the right to vote and stand in elections.²⁸³ To date, however, persons fully under legal guardianship and offenders committed to psychiatric institutions owing to exemption from criminal responsibility were excluded from voting in federal and European elections.

293. Following a ruling of the Federal Constitutional Court,²⁸⁴ the Bundestag adopted a law to repeal the aforementioned exclusions from voting in federal and European elections on 16/5/2019.²⁸⁵ At the same time, to safeguard elections as an integration process with regard to the formation of the political will of the people,²⁸⁶ the boundaries for permissible assistance in exercising the right to vote are defined and, within the context of permissible assistance, the punishability of voting against, or without, a view expressed by the registered voter is clarified.²⁸⁷

294. Before the new regulation entered into force, the Federal Constitutional Court²⁸⁸ stipulated that the aforementioned exclusions from voting were not to be applied for the European elections²⁸⁹ with regard to applications for entry on the electoral register²⁹⁰ and objections and complaints against the accuracy or completeness of the electoral registers.²⁹¹

295. *Länder* regulations governing Landtag and local elections also contained disenfranchisement rules. Some *Länder* have repealed these in recent years. Also in light of the aforementioned ruling, the *Länder* have now lifted the disenfranchisement rules or plan to do so before the next elections.

296. Electoral rules contain provisions to facilitate the participation of persons with disabilities in federal and European elections: polling stations must be selected and equipped to facilitate voting for all registered voters wherever possible.²⁹² Local authorities must inform registered voters of polling stations accessible in a timely and appropriate manner. The voter's notification must contain the requisite information in text or pictogram format, and display a telephone number for information on accessible polling stations and aids.²⁹³ If the polling station allocated to the registered voter does not suit her/her needs, the municipal authorities will identify an accessible polling station for the voter in her/his constituency where the voter can vote with her/his polling card on election day.²⁹⁴

297. Furthermore, all registered voters have the option of a postal vote. Voters unable to read or unable to mark, fold or place the ballot in the ballot box independently owing to a disability can receive assistance to vote from an assistant they appoint themselves. Voters with visual disabilities can also use a tactile voting device to mark the ballot paper unassisted.²⁹⁵ The specification that the ballot paper must be clearly identifiable at the top right-hand corner ensures that the device is fitted correctly.²⁹⁶ The font type, font size and contrasting used on ballot papers and absentee ballots must ensure easy readability.²⁹⁷ Exact colour specifications ensures stronger contrasting of lettering on the red letters to the electoral office.²⁹⁸ Information on the procedure for federal and European elections is provided in Easy-Read on the website of the Federal Returning Officer. A video in sign language on the website contains central information and helps persons with hearing disabilities navigate through the site.

298. Similar measures apply for *Land* or local elections – also backed by acts or ordinances. The focus is on increasing the accessibility of polling stations, including improved signposting, the provision of tactile voting devices, clear formulation of voter's notifications and other information material in Easy-Read language, videos in sign language or audio files, and raising electoral committees' awareness of requirements of persons with disabilities.

299. The number of accessible polling stations will increase further thanks to continued development of accessible public facilities – partially supported through funding programmes.

300. Advisory councils give representative organisations opportunities to participate in political life.²⁹⁹ They advise policy-makers, issue recommendations and encourage collaboration between public authorities and associations.³⁰⁰

301. In addition, the *Länder* have introduced a variety of measures to promote participation in political and public life.³⁰¹

Paragraph 31

302. The Government cooperates with the *Weibernetz* self-advocacy organisation to promote the participation of women with disabilities in political life, funds its "Political Representation of the Interests of Women with Disabilities – for Equal Opportunities and Protection against Violence" project and enables it to raise the interests of women with disabilities in committees, opinions on policy proposals and for the realization of international conventions.³⁰²

303. Through the participation fund, (self-advocacy) organisations of persons with disabilities, in particular, receive support from the Government for adequate financial and human resources to participate more intensively and sustainably in political and social processes.³⁰³

Paragraph 32

304. The Government supports a representative survey on the participation of persons with disabilities.³⁰⁴ The survey aims to gather representative information on the situation of persons with and without disabilities. It constitutes a central basis for action to make inclusion policy measures more effective. The survey is the first comprehensive survey of its kind. It will be representative for all groups of persons with disabilities irrespective of their disabilities and whether they live in institutions or at home.³⁰⁵ It covers all the central fields of participation. Its indicators refer to the articles of the CRPD. The study is accessible and, as a participatory research project, involves persons with disabilities in research.

305. The understanding of disability applied in the study corresponds to the biopsychosocial ICF model of disability. Accordingly, the survey questions regarding disabilities are detailed and go far beyond the Washington Group short set.

306. The study is conducted as a panel survey in two waves. This allows to observe changes in participation over time. The interim reports and final report are published. The results of the first wave will be available in 2021. The results will also be incorporated into the Government's Participation Reports,³⁰⁶ which are published each legislative term.

307. Researchers have access to a panel with individual data on the occupational rehabilitation of persons with and at risk of disabilities created by the BA as part of a study to evaluate occupational participation assistance, and also to analogue data records from the DRV. A study focuses on adolescents and their age-specific needs.³⁰⁷ The regular "Health in Germany"³⁰⁸ and "Health of Children and Adolescents in Germany"³⁰⁹ studies provide information on the health of children, adolescents and adults.

308. Changes have also been made to the microcensus.³¹⁰ Since 2017, it reports annually on persons whose disabilities have been officially recognised, rather than every four years as previously the case.³¹¹

309. Under the requirements for the new Participation System Report, law-makers specify the collection of statistical data to enable the evaluation and steering of the rehabilitation process.

310. As the Sustainable Development Agenda has significantly tightened requirements for national statistical systems, German DC supports action to strengthen statistical systems, to focus on methods to effectively collect, analyse and use data. International standards are observed and attention is given to the collection of disaggregated data. With the Initiative Programme to Implement the Agenda, eight partner countries have been supported in this area. Additional projects have components to support statistical capacity-building. One focus is on improving vital records, a source of fundamental population data.

Paragraph 33

311. Many social and support services are available that offer assistance in many areas (also) to persons with disabilities.³¹² A statistical record of such services, disaggregated by employment/non-employment status, age and sex, is not kept, however.

Paragraph 34 (a)

312. The Directive on the Accessibility of Websites and the Directive on Accessibility Requirements for Products and Services are current EU Strategy initiatives. Germany is transposing these legislative acts into German law. Germany also supports the Strategy with national measures in the indicated areas, such as employment, accessibility etc.

Paragraph 34 (b)

313. The imminent adoption of the new Inclusion Strategy to systematically embed the rights of persons with disabilities as a cross-cutting theme in German DC is a central

recommendation of the evaluation.³¹³ The Government's new Inclusion Strategy will include the introduction of human rights-based target group analyses for technical and financial collaboration projects, of an innovative support approach for the broader involvement of persons with disabilities and their representative organisations in DC projects in partner countries, and of the OECD/DAC policy marker on a voluntary basis to support data disaggregation in line with the 2030 Agenda.

314. Aside from collaboration with political partners and civil society, the Government has intensified its calls for closer collaboration with the private sector on inclusion, given the increasingly important role the private sector will play in the implementation of the 2030 Agenda.

315. As the Government also regularly advocates for the rights of persons with disabilities in negotiations in the context of bilateral and multilateral development policy processes, Germany also campaigns for persons with disabilities at the international level.

Paragraph 34 (c)

316. The introduction of an OECD/DAC marker on a voluntary basis is also designed to enable the systematic categorisation of planned government DC projects according to their contribution to the rights of persons with disabilities.

317. The participation of persons with disabilities and their representative organisations is a central component of the Inclusion Strategy. In this context, the Government implements bilateral DC measures in consultation with civil society organisations including self-advocacy organisations in Germany and partner countries. Their concerns have received closer attention in new project application procedures or project scale-ups.

318. There are also attempts to extend the rules for financing assistance for persons with disabilities and their organisations, which are binding in Germany, to missions abroad.³¹⁴

Paragraph 34 (d)

319. Government DC takes a twin-track approach.³¹⁵ Around 50 specific inclusion projects are currently supported through the technical cooperation framework, and inclusion is promoted as a firmly established cross-cutting issue in financial cooperation. In designing the measures, attention is paid to ensuring persons with disabilities can participate as equitably as possible.

320. The Federation has funded projects for persons with disabilities in developing countries through grants totalling €17.24 million to private providers, NGOs and central church bodies.³¹⁶

321. Currently, no funding keys are used that would allow the Government to determine what percentage of funds invested as part of government DC goes towards projects that support inclusion. Therefore, in line with the proposals of OECD/DAC countries, Germany intends to introduce an inclusion marker on a voluntary basis.

322. The Government is providing funding of roughly €5 million towards application-oriented research projects, and approximately €120,000 towards other studies.³¹⁷ It has also financed a general study on the consideration of persons with disabilities in DC, and the development of a guide and toolkit for the mainstreaming approach.

323. The Monitoring Mechanism has produced two scientific position papers.³¹⁸

Paragraph 35

324. The Federation and all the *Länder* have appointed focal points within government, some of which have a legal basis. The focal point at national level invites the *Länder* to regular workshops. The NAP 2.0 contains joint actions of the Federation and *Länder* to

implement the CRPD. Individual *Länder* focal points also exchange information on particular topics or for specific occasions and share experiences.

325. Focal points work with relevant ministries and coordinate the implementation of the CRPD at *Länder* and/or national level. Action plans serve as an instrument of implementation. The individual commissioners and various committees are the key contacts.³¹⁹ Self-advocacy groups/organisations of persons with disabilities are regularly represented on these committees, which are actively involved in the implementation, evaluation and updating of the actions plans of the various government bodies.

326. Other forms of collaboration with self-advocacy organisations also exist.³²⁰ As the central national event on inclusion, the "Inclusion Days"³²¹ event provides the opportunity for broad exchange on a wide variety of topics.

327. Aside from ongoing evaluation in the aforementioned committees, individual *Länder* and the Federation have commissioned, or plan to commission, an external evaluation of the action plans and how they have implemented the CRPD – the central task of the focal points – to identify ways both to strengthen the content of action plans and to improve participation.

Paragraph 36

328. Funding for the Monitoring Mechanism is established by federal law.³²² Accordingly, it is provided by the Federation – under the conditions set forth in the law – through funds from the Bundestag budget in the form of institutional funding.³²³ One *Bundesland* also provides a legal basis for ongoing monitoring by the DIMR, while another finances monitoring on an annual basis.

329. The *Länder* work constructively with the Monitoring Mechanism, are in contact and share information. Some *Länder* conduct time-limited projects with the Monitoring Mechanism. Financial support is also provided in this respect.³²⁴ The Federation also additionally finances thematic projects of the Monitoring Mechanism.

Notes

[English only]

- ¹ Abbreviations, acronyms and initialisms are explained in the List of Abbreviations in the Appendix.
- ² Hereinafter referred to as the Commissioner.
- ³ The involvement of the Commissioner is also laid down by law under Section 18 BGG. Corresponding rules exist in the *Länder*.
- ⁴ National Monitoring Mechanism for the UN Convention on the Rights of Persons with Disabilities set up within the German Institute for Human Rights.
- ⁵ School laws, mobility laws, public transportation laws, electoral laws, higher education laws etc.
- ⁶ With the involvement of inclusion committees, inter alia.
- ⁷ In particular, the Acts on Equal Opportunities for Persons with Disabilities of the *Länder* and Section 45 (1) and (3) and Section 47 of the Joint Rules of Procedure of the Federal Ministries together with Annex 6 to the Joint Rules of Procedure of the Federal Ministries constitute the legal basis for this.
- ⁸ €1 million in funding annually as part of the budget for the NAP 2.0.
- ⁹ Known as the Advisory Council on Inclusion (Inklusionsbeirat).
- ¹⁰ Including 2030 Sustainable Development Agenda, World Urban Forum, Global Compact on Inclusive and Accessible Cities.
- ¹¹ Entered into force on 27 July 2016.
- ¹² Section 7 (2) BGG.
- ¹³ Section 16 BGG.
- ¹⁴ Section 15 BGG.
- ¹⁵ Such as compensation for disadvantages to ensure participation in working life (pursuant to Section 164 (4) and (5) SGB IX), tenancy law (pursuant to Section 554a BGB) or individual school laws at *Länder* level.
- ¹⁶ Sections 7 and 19 AGG.
- ¹⁷ Compare Federal Labour Court decision of 21 April 2016 – 8 AZR 402/14; Federal Labour Court decision of 19 December 2013 – 6 AZR 190/12.

- ¹⁸ Section 7 AGG in connection with Section 241 (2) BGB.
- ¹⁹ Compare Sections 13, 15 and 21 AGG. Please refer to the response to paragraph 9 regarding the obligation of private entities under the European Accessibility Act.
- ²⁰ Article 1 (3) GG: legislative, executive and judicial power.
- ²¹ This body commenced operations on 3 December 2016.
- ²² If they are of the opinion that their rights under the BGG have been infringed by a public authority or a federal public-sector body. Compare Section 16 BGG and the Ordinance on the Arbitration Service pursuant to Section 16 BGG and the procedures.
- ²³ Data as at 18 March 2019.
- ²⁴ The Commissioner and the recently established Arbitration Service are also involved.
- ²⁵ More detailed information on the right of women and girls to protection against violence and strategies for protection against violence is provided later in this report, particularly in the response to paragraph 15.
- ²⁶ Examples include advisory councils of persons with disabilities at the various levels of government that are involved in the development and implementation of policy measures, residents' advisory boards in residential facilities, workshop councils and women's representatives in workshops for persons with disabilities as well as representative bodies of persons with severe disabilities, women's affairs officers and equal opportunities officers in enterprises and public authorities.
- ²⁷ Enshrined in law since 1 January 2017.
- ²⁸ *"Frauenbeauftragte in Einrichtungen: Eine Idee macht Schule!"* (Women's Representatives in Institutions: Setting a Precedent). In the 2013-2016 period, based on the results of the pilot project *"Frauenbeauftragte in Wohnheimen und Werkstätten für behinderte Menschen"* (Women's Representatives in Residential Homes and Workshops for Persons with Disabilities) (2008-2011).
- ²⁹ Since 1 October 2016.
- ³⁰ Section 2 SchKG.
- ³¹ *"Ich will auch heiraten"* (I Also Want to Marry) project conducted in the period from 2013 to 2016.
- ³² Since 2014.
- ³³ The research project should be completed by the end of the year.
- ³⁴ Through the Berlin Network of Women with Disabilities, among other channels
- ³⁵ Persons with a severe disability are individuals who are recognised by the Social Affairs Offices as having a disability level of at least 50 and have been issued with a valid ID confirming this.
- ³⁶ Federal Statistical Office.
- ³⁷ Such as integration grants, benefits for the adaptation of the workplace to the needs of persons with a disability, payment of the costs of an assistant if needed, benefits to employers to compensate for exceptional burdens, supported employment and special protection against dismissal.
- ³⁸ Section 49 (2) SGB IX.
- ³⁹ Section 154 (1) second sentence SGB IX: private-sector and public-sector employers employing at least 20 workers per month on an annual average are required to ensure that at least 5% of positions are filled by persons with severe disabilities.
- ⁴⁰ Section 195 SGB IX.
- ⁴¹ Employers reach a binding inclusion agreement together with the representative of persons with severe disabilities and the representatives cited in Section 176 SGB IX in collaboration with the employer's inclusion representative. Section 166 (2) third sentence and (3) no. 2 SGB IX are geared towards gender equality so that both genders are equally represented as employees.
- ⁴² Section 2 first sentence, nos. 1 – 10 KiQuTG.
- ⁴³ Section 8 (2) SGB VIII.
- ⁴⁴ Section 8 (2) SGB VIII.
- ⁴⁵ Section 45 (2) no. 3 SGB VIII.
- ⁴⁶ Section 61 no. 1 VwGO; Section 10 no. 1 SGB X and Section 70 no. 1 SGG.
- ⁴⁷ Up until the age of 18.
- ⁴⁸ Section 2 BGB.
- ⁴⁹ Section 62 (1) VwGO; Section 11 SGB X and Section 71 (2) SGG in connection with Sections 104 ff. BGB.
- ⁵⁰ Section 104 (2) BGB.
- ⁵¹ Section 36 (1) SGB I.
- ⁵² Sections 67 and 67a VwGO as well as Section 166 VwGO in connection with Sections 114 ff. ZPO and/or Section 73a in connection with Sections 114 ff. ZPO.
- ⁵³ Such as events, conferences, awards, training, PR, provision of materials also in Easy-Read, funding programmes particularly also to raise awareness at the municipal level etc.
- ⁵⁴ German: *"behindern ist heilbar"*.
- ⁵⁵ German: *"einfach machen – gemeinsam die UN-Behindertenrechtskonvention umsetzen"*.
- ⁵⁶ German: *"mehr möglich machen, weniger behindern"*.
- ⁵⁷ Section 17 BGG (2002).

- 58 Section 13 BGG (2016).
- 59 Section 16 BGG (2016).
- 60 For example, the Commissioner has held several awareness-raising events: Culture in the Kleisthaus Building, children and youth festivals, readings, events on migration and disability, regional conferences with the Federal Chamber of German Architects etc.
- 61 Section 106 SGB IX – as of 2020.
- 62 The “general plan system”, Section 117 ff., SGB IX – as of 2020.
- 63 Section 97, SGB IX – as of 2020.
- 64 Section 124 (2) SGB IX.
- 65 Since 1 January 2018.
- 66 German project known as “ergänzende unabhängige Teilhabeberatung” (complementary independent participation counselling).
- 67 Since 2009.
- 68 With regard to the ISI awareness-raising initiative, please refer to the response provided to paragraph 18.
- 69 For example on public streets/roads, for the accessibility of public transport stops and stations, and for improved accessibility of public buildings.
- 70 For example neighbourhood centres as local meeting and advice centres.
See also the administrative agreement of the Federation and the *Länder* on the promotion of urban development (2019).
- 71 German: “*Soziale Integration im Quartier*”.
- 72 With the appointment decision of 18 July 2018.
- 73 For further details, see the response to paragraph 10.
- 74 Section 90a SGB V.
- 75 See BT-Drs. 19/2590, for instance.
- 76 Such as physical structures, services, communication and information.
- 77 Such as shows with audio description and guided tours of museums in sign language.
- 78 Such as taking the issue of accessibility into account in national parks or information on nature-based experiences, as well as city tours in sign language.
- 79 Such as the increased development of accessible sports facilities, inclusion managers in sport, and live broadcasting of sporting events with audio description.
- 80 Section 2 (4) HRG.
- 81 Implementation of Directive 2016/2102/EU in the Federal Law Gazette I of 10 July 2018 with the amendment of the BGG.
- 82 Private organisations that are primarily financed from public funds.
- 83 Section 12 BGG.
- 84 All dates indicated in the GB date format: day-month-year.
- 85 From 2020.
- 86 European legislation to harmonise the regulations and administrative provisions of the Member States on accessibility requirements for products and services. The Directive was published in the Official Journal of the European Union on 7 June 2019 and entered into force 20 days later, on 27 June 2019; some of the requirements only apply after transition periods of several years, however.
- 87 Such as the Federal Centre of Expertise on Accessibility, the Research Institute for Technology and Disability and the *Design für Alle – Deutschland e. V.* competency network
- 88 With regard to the ISI initiative, please refer to the response to paragraph 18 – accessibility as an essential element of an inclusive social environment.
- 89 German: “*Technik zum Menschen bringen*”.
- 90 German: “*Light Cares – photonische Technologien für Menschen mit Behinderungen*”.
- 91 Authorities appointed by the *Länder*, generally the municipalities.
- 92 Particularly on the basis of regionalisation funds.
- 93 Known as the “1000 passenger rule” (stations frequented by fewer than 1000 passengers boarding, changing or disembarking daily).
- 94 Stations which are smaller than the “1000 passenger” stations.
- 95 Such as with accessible bus stops, park+rail spaces for persons with disabilities or barrier-free accessibility of train stations.
- 96 Section 8 (3) sixth sentence PBefG.
- 97 An accessible version is available for free download on the website of the competent ministry.
- 98 Such as barrier-free access, storage and accessible toilets.
- 99 At a height of 75 to 100 cm.
- 100 Schedules, route network etc.
- 101 This means an average eye level of around 130 cm above the ground and no seating blocking access at the stops.
- 102 For example, the size of the doors can prevent the carriage of a wheelchair.

- 103 Video link to a sign language interpreter or data link to a speech-to-text interpreter.
- 104 As part of the Smart Networking Strategy.
- 105 E.g. the use of a wheelchair.
- 106 European Asylum Support Office.
- 107 Section 62 AsylG.
- 108 Project of the University of Heidelberg “Sentinel Surveillance der Gesundheit und primärmedizinischen Versorgung von Asylsuchenden in Erstaufnahmeeinrichtungen und Gemeinschaftsunterkünften in Deutschland (PriCare)/ Health and primary-care sentinel surveillance in reception and accommodation centres for asylum-seekers in Germany (PriCare)”. Projects runs from 2016 to 2020.
- 109 In the 2015-2017 period. These projects fully examined “Quality in legal guardianship” and the “Implementation of the principle of necessity in practice under guardianship law”.
- 110 For example, the perspective of persons affected by the guardianship system was studied in 68 in-depth case studies in the research project on “Quality in legal guardianship”.
- 111 Within the meaning of Article 12 CRPD.
- 112 Commenced in June 2018.
- 113 The process involves independent experts, the Monitoring Mechanism, professional and specialised associations, as well as the *Länder*, the local authority central organisations, the Commissioner and the federal ministries concerned.
- 114 Section 1902 BGB.
- 115 Decision of the Federal Constitutional Court of 26 July 2016 (1 BvL 8/15, point 88). Furthermore a general ban on measures that are taken against the natural will of persons with disabilities and are linked to a limited capacity for self-determination due to illness cannot be inferred from the provisions of the Convention, as the Convention sets out conditions of admissibility for such measures.
- 116 Figures on 31 December of each year according to Deinert, guardianship figures in 2015: https://www.bundesanzeiger-verlag.de/fileadmin/BT-Prax/downloads/Statistik_Betreuungszahlen/2015/Betreuungsstatistik_2015.pdf.
- 117 In the period from 2017 to 2018.
- 118 In the period from 2018 to 2021.
- 119 This series of expert talks is being continued.
- 120 Please also refer to the responses to paragraphs 7, 13 and 26b.
- 121 Response to paragraph 8 in the List of Issues.
- 122 Section 191a GVG.
- 123 Section 186 GVG.
- 124 These central points of contact receive further training in the specified subject area, act as disseminators, inspect courthouses, support measures to deliver accessibility, and hold seminars to make justice system staff more aware of how to deal with persons with disabilities.
- 125 See BITV 2.0.
- 126 *Gesetz zur Regelung der betreuungsrechtlichen Einwilligung in eine ärztliche Zwangsmaßnahme*, entered into force on 18 February 2013.
- 127 The Act to Amend Substantive Conditions for the Admissibility of Compulsory Medical Treatment and to Strengthen the Right to Self-Determination of the Person under Guardianship (*Gesetz zur Änderung der materiellen Zulässigkeitsvoraussetzungen von ärztlichen Zwangsmaßnahmen und zur Stärkung des Selbstbestimmungsrechts von Betreuten*) entered into force on 22 July 2017. The Act contains provisions for an evaluation of the impact of the changes on application practice after a period of three year following the Act’s entry into force.
- 128 For which the Federal Government has legislative capacity.
- 129 Already presented in the initial report of Germany.
- 130 For example, an express requirement for the admissibility of consent to compulsory medical treatment specifies that the will of the person under guardianship, which must be considered according to Section 1901a BGB, must not be opposed to the compulsory medical treatment.
- 131 As already indicated on Page 36f. of the initial report.
- 132 Please refer to the reasoning behind the decision of the Federal Constitutional Court of 24 July 2018 (2 BvR 309/15, 2 BvR 502/16, point 74 f.). The Federal Constitutional Court found that “the care of the state community (...) (can) include the power to forcibly place in a closed institution , and also restrain, the individual with mental ill health, who, on account of her/his illness and the associated incapacity for understanding, may be unable to comprehend the gravity of her/his illness and the need for treatment, or who, despite being cognisant is unable to decide on treatment on account of her/his illness, if this proves to be absolutely essential to avert impending serious harm to the health of the patient (...). According to these criteria, the restraint of a placed patient can be justified to avert impending serious harm both to the health of the patient himself/herself and to that of other persons such as the nursing staff or doctors.”

- ¹³³ Section 1906 BGB.
- ¹³⁴ The Act to Amend the Right to Issue a Psychiatric Hospital Order pursuant to Section 63 of the German Criminal Code and to Amend other Provisions (*Gesetz zur Novellierung des Rechts der Unterbringung in einem psychiatrischen Krankenhaus gemäß § 63 des Strafgesetzbuches und zur Änderung anderer Vorschriften*) of 8 July 2016 takes even greater account of the goals enshrined particularly in Article 14 (1) (b) and (2) to base the deprivation of liberty for persons with disabilities on the conditions formulated therein.
- ¹³⁵ These measures include the nationwide deployment of psychiatry coordinators, the development of community psychiatric associations, the appointment of voluntary patient advocates, and a mental healthcare strategy at both municipal and *Länder* level, which is to be updated regularly.
- ¹³⁶ Project runs from 2016 to 2020. The component project “coercive practice in the psychiatric assistance system: observation and reduction” (*Zwangmaßnahmen im psychiatrischen Hilfesystem: Erfassung und Reduktion*) aims to capture data on compulsory measures in this area and provide an in-depth analysis of the findings. The second project “avoidance of coercive practice in the psychiatric assistance system” (*Zwangsvermeidung im psychiatrischen Hilfesystem*) examines which measures - particularly structural measures - are suitable to prevent or avoid coercive practices.
- ¹³⁷ Amendment to Chapter 13 of the German Criminal Code as part of the 50th Act to Amend the German Criminal Code (*Strafrechtsänderungsgesetz*), which entered into force on 10 November 2016.
- ¹³⁸ A deliberate unlawful assault on the body of another person with the intention of causing bodily harm. This also includes sexual offences and sexual assault on minors.
- ¹³⁹ Running from 2015 to 2020 – “BeSt – Beraten & Stärken” (BeSt – Advise and Strengthen).
- ¹⁴⁰ *Was tun gegen sexuellen Missbrauch? Ben & Stella wissen Bescheid* (“What to do against sexual abuse? Ben & Stella know the answer”).
- ¹⁴¹ German: “*Sicher leben im Alter*” (Safe Living in Old Age). Based on the results of the “Experience of Criminality and Violence in the Lives of Elderly Persons” study conducted by the Federal Government in the 2008-2012 period.
- ¹⁴² German: “*Sicherheitspotenziale im höheren Lebensalter*” (Safety Factors in Old Age) - project conducted in the period from 2012 to 2014. See also the “*Rate mal, wer dran ist*” (“Guess who’s calling”) brochure.
- ¹⁴³ From 2020.
- ¹⁴⁴ Entered into force on 1 January 2012.
- ¹⁴⁵ Old: Section 21 (1) SGB IX; new: Section 38 SGB IX – since 1 January 2018.
- ¹⁴⁶ Please refer to the response to paragraph 14.
- ¹⁴⁷ Please refer to the response to paragraph 4.
- ¹⁴⁸ German: “*Kein Täter werden*”, since 2011.
- ¹⁴⁹ German: “*Du träumst von ihnen*”. Until the end of 2022 pursuant to 65d SGB V. With this approach, all statutory health insurance funds contribute towards funding the project. The basis for this was established with the Act to Further Develop the Provision and Payment for Psychiatric and Psychosomatic Services (*Gesetz zur Weiterentwicklung der Versorgung und der Vergütung für psychiatrische und psychosomatische Leistungen*), which was adopted by the Bundestag on 10 November 2016.
- ¹⁵⁰ Section 1899 (2) BGB.
- ¹⁵¹ Section 297 FamFG.
- ¹⁵² Such as charitable organisations.
- ¹⁵³ Please also refer to the response to paragraph 11 c.
- ¹⁵⁴ Such as assistance benefits.
- ¹⁵⁵ Section 76 SGB IX and Section 113 SGB IX (in force from 2020).
- ¹⁵⁶ Mobility, accessible building and accommodation, living arrangements with outpatient support, health, rehabilitation and long-term care services, participation and democracy, leisure, culture and the arts etc.
- ¹⁵⁷ Please also refer to the response to paragraph 29 e.
- ¹⁵⁸ With effect from 1 January 2020.
- ¹⁵⁹ Sections 76ff. SGB IX.
- ¹⁶⁰ Section 23 of the Integration Assistance Ordinance (*Eingliederungshilfe-Verordnung*) up until 31 December 2019; Section 104 (5) SGB IX from 1 January 2020 onwards.
- ¹⁶¹ Please also see the response to paragraph 10.
- ¹⁶² I.e. via monitors, announcements and digital information channels.
- ¹⁶³ This includes information on the number of steps/stairs to be climbed at a station, information on conditions for boarding and alighting the vehicle, and information on the type of flooring.
- ¹⁶⁴ Entered into force on 1 January 2019.
- ¹⁶⁵ In the 2019-2020 period.
- ¹⁶⁶ Amendment entered into force on 1 January 2017.
- ¹⁶⁷ Section 47 FFG.

- 168 Section 47 FFG.
 169 In 2018.
 170 New standards for accessible cinema are to be defined by the end of 2019.
 171 On the basis of the Joint Funding Guidelines of the Federal Government Commissioner for Culture and the Media, the *Länder* and the German Film Board on the digitisation of the national cinematic heritage, which apply since 2019.
 172 Must be implemented by autumn 2020.
 173 Since 1 January 2013 digitally or in ARD teletext.
 174 For example MDR: 89%, NDR: 83%, BR: 79%, WDR: 73%.
 175 Such as early-evening series.
 176 Since 2013.
 177 Survey period from 15 September to 15 December 2018.
 178 Implemented in 2018.
 179 See also responses to paragraphs 9 a to c, particularly regarding EU Directive 2016/2102.
 180 Entered into force on 1 January 2019.
 181 See also the response to paragraph 6.
 182 Sections 27ff. SGB VIII.
 183 Section 78 (3) SGB IX.
 184 Section 8a (1) first sentence SGB VIII.
 185 Section 8a (1) third sentence SGB VIII.
 186 Section 8a (2) SGB VIII.
 187 Section 1666a BGB.
 188 Based on the Act to Strengthen Children and Young People (*Gesetz zur Stärkung von Kindern und Jugendlichen*) adopted on 29 June 2017.
 189 Kick-off on 6 November 2018, "*Mitreden – Mitgestalten: Die Zukunft der Kinder- und Jugendhilfe*" ("Join the Discussion: Helping to Shape the Future of Child and Youth Welfare").
 190 This means responsibility of the youth and child welfare service for all children and adolescents with disabilities.
 191 Decision of the Standing Conference of the Ministers of Education and Cultural Affairs of the *Länder* of 12 March 2015 and decision of the German Rectors' Conference of 18 March 2015.
 192 German: *Weiterbildungsinitiative Frühpädagogische Fachkräfte*.
 193 German: *Qualitätsoffensive Lehrerbildung*.
 194 These amendments apply to the area of integration assistance with effect from 1 January 2020.
 195 Such as student assistants.
 196 Such as guided campus tours.
 197 Such as escorting the student to meetings with a lecturer or to the examination office.
 198 For example, see Federal Constitutional Court, ruling of the Second Senate 18 July 2005 – 2 BvR 2236/04.
 199 This comprises access to the courts, the examination of the action sought in a formal procedure and a binding court decision.
 200 For example, when choosing an applicant to take over a practice, particular attention must be given to the interests of persons with disabilities in accessing medical services; accessibility is set down in the requirements planning guidelines for physicians as a criterion to be considered in planning and licensing; and accessibility is also specifically mentioned in the quality standards for medical practice networks. Furthermore, associations of statutory health insurance physicians are required under Section 75 SGB V to provide information about the accessibility of medical practices in an appropriate manner.
 201 Section 119c SGB V.
 202 Section 43b SGB V.
 203 Sections 99f. SGB V.
 204 Section 11 (3) SGB V in connection with Section 63b (6) first sentence SGB XII. Employer model is where the person with disabilities becomes the employer of her/his assistant.
 205 According to SGB V.
 206 BITV 2.0 and BITV 2.0 Test.
 207 Such as training to become a gerontological nurse, general nurse and paediatric nurse, midwife and maternity care assistant, physiotherapist, massage therapist, hydrotherapist, dietician or podiatrist.
 208 See, for example, the training and examination regulations under the Care for the Elderly Act (*Altenpflegegesetz*) or the Nursing Act (*Krankenpflegegesetz*).
 209 With effect from 1 January 2020.
 210 Section 630d BGB.
 211 Custodian, appointed health care agent or guardian.
 212 Section 1901a (1) first sentence BGB.
 213 Section 630d (1) fourth sentence BGB.

- 214 Please refer to the initial report of Germany for general information on the AGG and entitlements in the event of discrimination.
- 215 Subsequent coverage for children.
- 216 Such as the provision of remedies and aids, rehabilitation and palliative care.
- 217 Section 2a SGB V.
- 218 Such as early identification and early support services and integration assistance for children with psychosocial impairments.
- 219 With effect from 1 January 2018.
- 220 The statutory long-term care insurance funds themselves are not rehabilitation providers.
- 221 Such as measures for activation and occupational integration, employment on a trial basis, integration allowance, services for the promotion of continuing vocational training, transition allowance and training allowance.
- 222 Section 19, SGB III.
- 223 I.e. able-to-work persons entitled to benefits.
- 224 Principle of rehabilitation before pension.
- 225 For example, the completion of the 15-year qualifying period and the requirement that the services must be provided directly after a medical rehabilitation service from the DRV for what is likely to be a successful rehabilitation.
- 226 Please refer also to the responses to paragraphs 18 and 28.
- 227 German: *Partizipatives Monitoring der aktuellen Entwicklung des Rehabilitations- und Teilhaberechts*.
- 228 For persons with severe disabilities, the unemployment rate is calculated on the basis of a limited reference base. Under these conditions, in 2018 the overall unemployment rate was 6.5%, and the unemployment rate for persons with a severe disability was 11.2%. The gap between the two groups has shrunk (5.3 percentage points in 2014; 4.7 percentage points in 2018).
- 229 See also: Statistics of the Federal Employment Agency; Reports: *Blickpunkt Arbeitsmarkt – Situation schwerbehinderter Menschen* (Labour Market Focus – A Look at the Situation of Persons with Severe Disabilities), Nuremberg, April 2019.
- 230 *Unternehmens-Netzwerk Inklusion* (Business Network for Inclusion) based on the “*Wirtschaft inklusiv*” (Inclusive Business) project (since 2018).
- 231 “*Inklusionsinitiative II – AlleImBetrieb*” (Inclusion Initiative II - Everyone at Work). With additional funds of €150 million, the aim is to create new jobs and training places for persons with severe disabilities in the general labour market in inclusion firms according to Section 215 SGB IX.
- 232 *Einstellung zählt – Arbeitgeber gewinnen* (Attitude/Recruitment Counts - Recruiting Employers). Starting in 2019, a joint initiative by the Federal Employment Agency, the Confederation of German Employers’ Associations, the German Federal Association of Integration Offices and Main Welfare Associations and the Federal Government specifically targets the roughly 42,000 businesses that do not employ any persons with severe disabilities despite being legally required to do so, and raise their awareness for the workforce potential of persons with severe disabilities.
- 233 See also the response to paragraph 27.
- 234 Section 7 (5) SGB II (new).
- 235 The Act enters into force on 1 January 2020. The new provision will be contained in Section 7a BBiG in future.
- 236 Section 66 BBiG.
- 237 Including through the Integration Act (*Integrationsgesetz*) and the Act to Promote the Employment of Foreign Nationals (*Ausländerbeschäftigungsförderungsgesetz*), which will enter into force on 1 August 2019.
- 238 With the new Section 16i SGB II introduced on 1 January 2019 as a result of the Participation Opportunity Act (*Teilhabechancengesetz*).
- 239 Act to Adapt the Vocational Training Grant and the Training Allowance (*Gesetz zur Anpassung der Berufsausbildungsbeihilfe und des Ausbildungsgeldes*).
- 240 German: *Berufsausbildungshilfe*.
- 241 German: *Ausbildungsgeld*.
- 242 For example, more transparent information on accessible further training programmes.
- 243 This applies, in particular, to the accessible layout of workplaces, restrooms, break rooms, stand-by duty rooms, canteens, first aid rooms and accommodations as well as the doors, routes, emergency exits, escape routes, stairs and navigation systems that are used by employees with disabilities (in accordance with Section 3a (2) ArbStättV).
- 244 Known as ASR V3a.2 Accessible Workplace Design.
- 245 <http://www.baua.de/de/Themen-von-A-Z/Arbeitsstaetten/ASR/ASR-V3a-2.html>.
- 246 Section 9 (1) no. 5 ArbStättV.
- 247 Section 164 (4) no. 4 and 5 SGB IX.

- 248 For example, through the provision of loans or grants up to the full amount of the necessary costs incurred.
- 249 The data collected by the Federal Employment Agency on persons remaining in and transitioning out of unemployment are available as monthly and annual figures at:
https://statistik.arbeitsagentur.de/nn_31892/SiteGlobals/Forms/Rubrikensuche/Rubrikensuche_Suchergebnis_Form.html?view=processForm&resourceId=210358&input_=&pageLocale=de&topicId=807884®ion=&year_month=201812&year_month.GROUP=1&search=Suchen.
- 250 Persons who are unable to work at least three hours daily.
- 251 Within the context of Article 25 (4) BTHG.
- 252 Section 86, SGB IX.
- 253 German: “*Programm der Bundesregierung zur verstärkten Eingliederung und Beratung von schwerbehinderten Menschen*”, in the period from 2015 to 2016.
- 254 German: “*Innovative Wege zur Teilhabe am Arbeitsleben – rehabro*”. Section 11, SGB IX constitutes the legal basis.
- 255 The German Pension Insurance, the Federal Employment Agency, municipal central organisations, social partners, the *Länder*, the academic community and other centres, associations and institutions.
- 256 See SGB IX, Part 1 Chapter 11.
- 257 Transition allowance bridges periods where no income is earned during rehabilitation services.
- 258 Such as accommodation or food.
- 259 Subsistence assistance provided in the system of basic income support for job-seekers under SGB II, in the social assistance system under SGB XII and within the context of welfare assistance under social compensation law is designed to help safeguard the socio-cultural subsistence minimum.
- 260 For example, assistance to safeguard a job, vocational training or further training.
- 261 Section 33b (5) EStG and Section 32 (6) EStG. The flat-rate amount can be up to €1,420.
- 262 Entered into force on 1 January 2019.
- 263 The rule does not apply to employers generally employing no more than 15 workers.
- 264 The rule does not apply to employers generally employing no more than 25 workers.
- 265 In the period from 2015 to 2017.
- 266 Please refer to the response to paragraph 26d.
- 267 The child benefit increases by €10 with effect from 1 July 2019; a further increase of €15 is planned with effect from 1 January 2021.
- 268 With effect from 1 August 2019.
- 269 Please refer also to the response to paragraph 18: The Federal Government is examining the new provisions governing integration assistance in a total of five research projects. They are to establish, by 2021, whether the improvements sought under the BTHG are materialising or whether changes are necessary.
- 270 Integration assistance for persons with disabilities according to Chapter 6 SGB XII.
- 271 A statistical record on rejected applications is not kept.
- 272 The figures for 2018 are not expected to be available until the end of quarter 3, 2019.
- 273 Such as chaperone services.
- 274 Care services in the home environment.
- 275 Such as those leaving sheltered workshops.
- 276 German project known as: “*ergänzende unabhängige Teilhaberatung*”.
- 277 Known as peer counselling.
- 278 Please refer also to the responses to paragraph 29 a and 33.
- 279 See <https://www.bmi.bund.de/DE/themen/bauen-wohnen/stadt-wohnen/wohnungswirtschaft/wohnungspolitik/wohnungspolitik-node.html>.
- 280 Funding of €5 billion provided in the 2018-2021 period.
- 281 “*Altersgerecht Umbauen*” (Age-appropriate Conversions) programme.
- 282 German: *Zuhause im Alter*.
- 283 Article 38 (1) first sentence and Article 28 (1) second sentence GG. The principle of universal suffrage also applies to European elections (Section 1 (1) second sentence, EuWG).
- 284 Ruling of 29 January 2019; case number: 2 BvC 62/14. The Federal Constitutional Court ruled the exclusion from voting rights of offenders confined in a psychiatric hospital based on exemption from criminal responsibility to be incompatible with the Basic Law (Article 38 (1) and Article 3 (3) second sentence) and null and void. It found the exclusion from voting rights of persons fully under guardianship to be incompatible with the Basic Law (Article 38 (1) and Article 3 (3) second sentence) and no longer applicable for courts and administrative authorities to the extent of the incompatibility found to exist.
- 285 Act to Amend the Federal Elections Act and other Acts (*Gesetz zur Änderung des Bundeswahlgesetzes und weiterer Gesetze*); BT-Drs. 19/9228; Federal Law Gazette I, p. 834.
- 286 According to the Federal Constitutional Court, the integration function also includes ensuring the communication function of the election.

- 287 In Section 107a StGB.
- 288 Decision of 15 April 2019; case number: 2 BvQ 22/19.
- 289 On 26 May 2019.
- 290 Section 17 and 17a EuWO.
- 291 Section 21 EuWO.
- 292 Section 46 (1) BWO and Section 39 (1) EuWO.
- 293 Section 19 (1) second sentence, no. 2 and Section 7 BWO, Annex 3 to Section 19 (1) BWO and Section 18 (1) second sentence, no. 2 and Section 7 EuWO, Annex 3 to Section 18 (1) EuWO.
- 294 Section 14 (3) BWG and Section 4 EuWG in connection with Section 14 (3) BWG.
- 295 Section 50 (4) BWG. A tactile voting device created by associations of the blind can be used to mark the ballot paper. The Federation reimburses the costs of the device.
- 296 Section 45 (2) BWO introduced for the 2017 federal elections and Section 38 (2) EuWO.
- 297 Section 45 (5) BWO and Section 38 (5) EuWO.
- 298 Section 45 (4) BWO and Section 38 (4) EuWO.
- 299 Such as the Advisory Council on Inclusion attached to the Commissioner's Officer.
- 300 See also the information provided in the response to paragraph 1c.
- 301 For example, the promotion of the civic involvement of persons with disabilities through actions in Civic Engagement Strategies, legal provision for the promotion of participation in the Acts on Equal Opportunities of Persons with Disabilities, agreement on participation reached at the level of the state secretaries with the board of self-advocacy organisations, requirement of municipalities to enshrine the concerns of persons with disabilities in the statutes in the context of representation of interests and participation, promotion of self-help for persons with disabilities with the aim of initiating processes locally in order to build, strengthen and further develop structures for participation, participation funding guidelines for the promotion of measures geared towards the political education of persons with disabilities or the hosting of an expert conference on the political participation of persons with disabilities.
- 302 This includes, for example, committee work for the federal/*Länder* "Domestic Violence" task force, participation in the advisory council for the "Violence against Women" hotline, participation in the advisory committee of the Independent Federal Government Commissioner for child sexual abuse and on the board of a project on sexual self-determination.
- 303 For example, support for work with young people or the promotion of young talent to assume management roles in associations of persons with disabilities is possible.
- 304 In the period from 2017 to 2021.
- 305 The survey interviews 16,000 persons with disabilities and 5,000 persons without disabilities who live in private households, 5,000 persons in institutions and 1,000 persons in hard-to-reach groups (e.g. homeless persons).
- 306 German: "*Teilhabebericht über die Lebenslagen von Menschen mit Beeinträchtigungen in Deutschland*".
- 307 German: "*Aufwachsen und Alltagserfahrungen von Jugendlichen mit Behinderung*"; conducted by the German Youth Institute.
- 308 German: "*Gesundheit in Deutschland*".
- 309 German: "*Gesundheit von Kindern und Jugendlichen in Deutschland*".
- 310 An annual official representative survey of the population and labour market in Germany.
- 311 Data is polled in writing and on an interview basis.
- 312 Examples include: outpatient services (care and support of persons with disabilities), socio-psychiatric services, family respite services, contact and information centres, nursing care support points, social work with persons with disabilities, and work assistance and specialised integration services in the field of employment.
- 313 The adoption of the new Inclusion Strategy is planned for 2019.
- 314 Please also refer to the response to paragraph 11b.
- 315 This means that specific measures for persons with disabilities are developed and implemented. At the same time, German DC aims to ensure that the issue of inclusion is systematically considered in all German DC programmes (mainstreaming).
- 316 In the reporting period, i.e. since the adoption of the last Concluding Observations.
- 317 In Cambodia, Bangladesh and Guinea.
- 318 Position paper on "Strengthening persons with disabilities through German development cooperation" (*Menschen mit Behinderungen durch deutsche Entwicklungszusammenarbeit stärken*) and "Towards inclusive humanitarian aid" (*Humanitäre Hilfe inklusiv gestalten*).
- 319 Participation is enshrined, in particular, in the Acts on Equal Opportunities of Persons with Disabilities of the *Länder*. The participation of the Commissioner is set forth in Section 18 BGG. Other rights of participation are defined in the Joint Rules of Procedure of the Federal Ministries (Sections 45 and 47 in addition to Annex 6 to the Joint Rules of Procedure of the Federal Ministries). Examples of committees include the disability advisory councils at *Länder* level, the inclusion

committees or the Committee on the National Action Plan to Implement the Convention of the Rights of Persons with Disabilities.

³²⁰ Such as working groups dedicated to a specific topic, inclusion forums or bilateral talks. Examples of other measures are given in the response to paragraph 30.

³²¹ A two-day event held annually by the Federal Government since 2013.

³²² In the Act on the Legal Status and Tasks of the German Institute for Human Rights (*Gesetz über die Rechtsstellung und Aufgaben des Deutschen Instituts für Menschenrechte*) of 16 July 2015.

³²³ Currently a total of €2.657 million for the German Institute for Human Rights.

³²⁴ This includes projects, for example, in the context of judicial reviews of statutes, the monitoring and evaluation of action plans and the study or analysis of selected areas such as accommodation, mobility or education.
