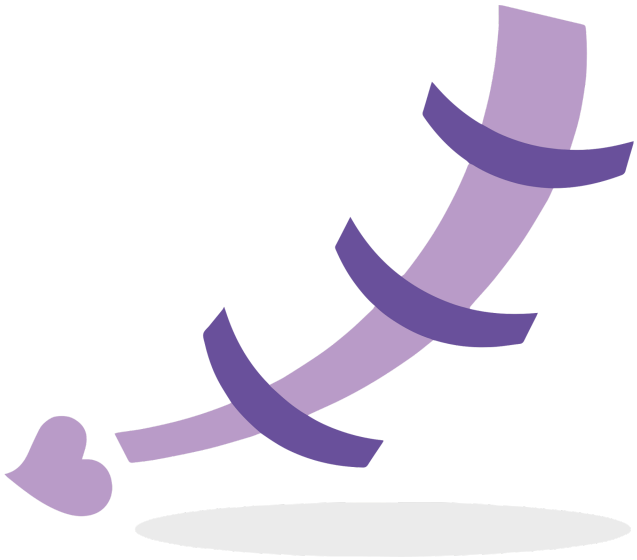

WHEN SCARS BECOME ART

POLICY RECOMMENDATIONS FOR INCLUSION AND MENTAL WELL-BEING OF YOUNG ROMA AND REFUGEES

– Germany -

Amaro Foro e.V.

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EXECUTIVE SUMMARY

This document was developed within the Erasmus+ project 'When Scars (!) Become Art' and draws on empirical research conducted in Germany. The quantitative component surveyed 118 young people who identify as Sinti and Roma, migrants, or refugees; the qualitative component comprised 11 interviews with young people and 10 with youth workers. The research findings indicate that social inclusion — defined as the experience of belonging, recognition, and active participation — is a statistically significant predictor of mental wellbeing ($\beta = 0.393$, $p < .001$; Amaro Foro e.V., 2026). This finding suggests that structural investment in inclusion generate measurable protective effects, without diminishing the documented independent harm caused by discrimination.

The six recommendations are addressed to the federal level and respond to concrete, currently changeable legal and policy structures: the ongoing AGG reform (as of May 2026), the restrictions of the AsylbLG, the SGB V funding gap for interpreter services, and the funding crisis affecting psychosocial support centres (PSZs). All recommendations explicitly address Sinti and Roma, refugees, and migrants as target groups, and are evidence-based, legally grounded, and oriented toward specific legislative or administrative measures.

Key Research Findings

- 70% of young people surveyed report mild to moderate depressive symptoms (DASS-21); 64% report moderate anxiety symptoms (Amaro Foro e.V., 2026).
- 83% of Roma youth surveyed report ethnic discrimination — the highest rate of any group; 63% of migrants and refugees surveyed report similar experiences (Amaro Foro e.V., 2026).
- Roma youth record the lowest life satisfaction (SWLS mean 16.4), followed by refugees (17.2) and migrants (21.7) (Amaro Foro e.V., 2026).
- Regression analysis identifies social inclusion as a significant predictor of wellbeing ($\beta = 0.393$, $p < .001$). This finding documents a measurable protective effect of inclusion experiences and should not be interpreted as relativising the harm caused by discrimination (Amaro Foro e.V., 2026).
- Institutional mistrust is the most frequently cited barrier to accessing psychosocial services, rooted in repeated discrimination experiences in schools, job centres, youth welfare offices, and healthcare settings (Amaro Foro e.V., 2026; MIA, 2024).
- Antigypsist incidents nearly tripled from 621 (2022) to 1,678 (2024); approximately 50% of all incidents involve institutional actors (MIA, 2024).
- 87% of refugees in Germany have experienced traumatic events; approximately 30% suffer from trauma-related disorders. Longitudinal studies indicate that depression and anxiety remain chronically elevated, substantially shaped by post-migration stressors including legal uncertainty, collective housing, and institutional discrimination (BAfF, 2023; Dumke et al., 2024).

TIMEFRAME OF RECOMMENDATIONS

The following overview maps the six recommendations by implementation timeframe and identifies the key prerequisites for their realisation.

No.	Recommendation	Timeframe	Prerequisites
1	Explicitly enshrine antigypsyism in the AGG	Short-term (1–2 years)	Ongoing AGG reform process 2026
2	Abolish AsylbLG restrictions	Short-term (1–2 years)	Federal legislative amendment by Bundestag
3	Interpreter services in SGB V	Medium-term (3–5 years)	SGB V reform; SHI negotiations required
4	Secure PSZs long-term	Short–Medium-term	Federal budget; SGB V accreditation process
5	Structurally embed social inclusion	Medium-term (3–5 years)	KJP reform; SGB VIII; Demokratie leben!
6	Achieve educational equity	Medium–Long-term (3–7 years)	KMK standards; curriculum reform; federal law
7	Remove labour market barriers	Short–Medium-term	AGG enforcement; qualification recognition reform; Jobcenter reform

RECOMMENDATIONS

Recommendation 1: Explicitly enshrining antigypsyism in the AGG

Context and Research Findings

Antigypsyism is a historically embedded and structurally reproduced form of racism targeting Sinti and Roma. In the German legal system, antigypsyism has not been named as a distinct category: the AGG protects against discrimination 'on grounds of race or ethnic origin' (§ 1 AGG) but does not explicitly name antigypsyism. Public authorities are also excluded from the AGG's scope (§ 2 AGG), despite the fact that approximately 20% of all cases at the Federal Anti-Discrimination Agency involve state actors (Federal Anti-Discrimination Commissioner, 2026). The current two-month claims deadline is among the shortest in Europe; the reform draft proposes extending it to four months, which the Federal Anti-Discrimination Agency considers insufficient. The project research finds that 83% of Sinti and Roma youth surveyed have experienced ethnic discrimination (Amaro Foro e.V., 2026) — the highest rate of any group surveyed. Approximately 50% of documented antigypsyist incidents involve institutional actors: schools, job centres, police, and youth welfare offices (MIA, 2024). Longitudinal data further document a near-tripling of reported antigypsyist incidents between 2022 (621) and 2024 (1,678) (MIA, 2024). The federal government presented a draft AGG reform in May 2026 which, according to the Federal Anti-Discrimination Commissioner, remains insufficient in key areas, presenting an immediate policy window.

Recommendations:

1. § 1 AGG: replace 'Rasse' with 'based on racist, antisemitic and antigypsyist attributions' — consistent with the NRW LADG draft (§ 4(2)) and the Berlin LADG. Antigypsyism must be explicitly recognised as a distinct, structural form of racism

2. § 2 AGG: extend the scope to cover federal public authorities, making discrimination by government agencies, police, job centres, and youth welfare offices legally actionable. Approximately one in five cases at the Federal Anti-Discrimination Agency involves state action, for which the AGG currently provides no legal remedy (Federal Anti-Discrimination Commissioner, 2026).
3. §§ 15/21 AGG: extend the claims deadline to at least 12 months (instead of the 4 months proposed in the draft), giving persons with language barriers, trauma, or limited legal access adequate time to assert their rights. Most EU member states provide a deadline of three to five years (Federal Anti-Discrimination Commissioner, 2026).
4. Introduce mandatory training on antigypsyism, racism, and intercultural competence for all staff in public institutions, schools, job centres, youth welfare offices, police, as a binding nationwide standard, co-developed with Sinti and Roma organisations.
5. Strengthen the Federal Commissioner against Antigypsyism through binding monitoring with Sinti and Roma youth participation and an annual public reporting obligation.

Expected Outcomes

- Antigypsyism is explicitly recognised in the AGG as a distinct, structural form of racism.
- Discrimination by public authorities is legally actionable for the first time.
- The extended claims deadline improves legal access for persons with language barriers or structural disadvantage.
- Mandatory training sustainably changes institutional cultures in schools, job centres, and public authorities.

Recommendation 2: Abolish AsylbLG healthcare restrictions

Context and Research Findings

The AsylbLG establishes a parallel, restricted social security system for asylum seekers. Under § 4 AsylbLG, healthcare access is limited to acute illness, pain, pregnancy, and vaccinations. The Act to Improve Removals (February 2024) amended § 2 AsylbLG,

extending the period before asylum seekers qualify for standard-equivalent care from 18 to 36 months. Psychotherapeutic treatment for chronic conditions such as PTSD is in many cases denied by social welfare offices as 'non-acute'. This means that many asylum seekers — including those with PTSD, depression, or anxiety disorders — are excluded from specialist psychotherapeutic care for three years.

70% of young people surveyed report mild to moderate depressive symptoms; 64% moderate anxiety symptoms (Amaro Foro e.V., 2026). Longitudinal studies indicate that depression and anxiety among refugees remain chronically elevated, substantially shaped by post-migration stressors including legal uncertainty, collective housing, and institutional discrimination (Dumke et al., 2024; Walther et al., 2019). Economic analyses estimate the return on investment of early psychosocial intervention at approximately 3:1 relative to the costs of untreated conditions, including increased psychiatric hospitalisations and prolonged social benefit dependency (BAfF, 2023). Furthermore, § 87 AufenthG obliges public authorities to report undocumented individuals, deterring many families from accessing even the limited AsylbLG entitlements.

Recommendations:

1. § 2 AsylbLG: abolish the waiting period before asylum seekers transition to standard statutory health insurance. All registered asylum seekers should receive full healthcare benefits including psychotherapeutic treatment from day one, rather than being subject to the restricted provisions of §§ 4 and 6 AsylbLG.
2. Nationwide rollout of the Electronic Health Card (eGK) for all asylum seekers from arrival — including persons in initial reception centres. Significant regional disparities currently exist: Bavaria, Baden-Württemberg, and Saxony retain the paper voucher system, which requires a bureaucratic prior approval process before every medical appointment (Asylum Information Database / AIDA, 2024).
3. § 87 AufenthG: introduce a statutory exemption for healthcare and psychosocial service providers from the reporting mandate, enabling undocumented families to seek medical help without risking deportation.

4. § 1a AsylbLG: abolish the provision that in practice reduces benefits to food and shelter, effectively eliminating access to specialised mental health treatment through administrative interpretation.
5. Mandatory provision of interpreter services and interculturally competent staff in initial reception centres and collective accommodation as a federal minimum standard.

Expected Outcomes:

- Refugees and asylum seekers receive access to standard care from day one, including psychotherapeutic treatment.
- Untreated trauma less frequently escalates into severe chronic psychiatric illness.
- Costs for emergency care and psychiatric hospitalisations decrease.
- Undocumented families can access medical facilities without risking deportation.

Recommendation 3: Anchor interpreter services in SGB V

Context and Research Findings

Under current law, professional interpreter services for outpatient psychiatric care are not reimbursable under SGB V. In practice, this means that private psychotherapists cannot bill for interpreter costs and in many cases do not enter into treatment contracts with persons who do not have sufficient German language skills (BAfF, 2023). PSZ interpreter funding is also in many cases discontinued once a refugee transitions to standard care — precisely the point at which continuity of care is most critical.

The qualitative component of the project research indicates that language barriers are among the most frequently cited structural access barriers to health, education, and legal support services (Amaro Foro e.V., 2026). Some youth workers report that many young people found a first point of contact through Roma self-organisations — not because these provide professional psychosocial care, but because someone there spoke their language and understood their experiences. This pattern illustrates how urgently linguistically accessible professional services are needed within the

standard care system. Linguistic inaccessibility reinforces institutional mistrust, which, according to the project research findings, represents the central barrier to mental health service use (Amaro Foro e.V., 2026).

Recommendations:

1. SGB V: include professional medical interpreting as a standard reimbursable benefit within statutory health insurance for all insured persons.
2. Mandatory provision of interpreter services in child and adolescent psychiatry and at psychosocial counselling centres as a federal minimum standard.
3. Federal funding for a national network of accredited medical interpreters accessible to outpatient practices.
4. Extension of PSZ interpreter funding to standard care settings to avoid continuity breaks at the point of transition from psychosocial centres.

Expected outcomes:

- Psychotherapeutic care becomes genuinely accessible for non-German-speaking young people.
- The translation gap as a structural access barrier to outpatient mental healthcare is closed.
- Institutional mistrust decreases as young people receive support in their language.
- Continuity of care at the transition from PSZ to standard provision is secured.

Recommendation 4: Secure PSZs long-term

Context and Research Findings

The 51 psychosocial support centres (PSZs) of the BAfF network are the only specialised, trauma-sensitive, and multilingual treatment facilities for severely traumatised refugees and torture survivors in Germany. 93.6% of their operating costs are covered by short-term project grants; only 6.4% from direct billing to health or social systems (BAfF, 2023). In 2025, federal funding was cut by approximately 50%,

causing several PSZs to dismantle their specialised children and youth programmes (BAfF, 2023).

87% of refugees in Germany have experienced traumatic events; approximately 30% suffer from trauma-related disorders (BAfF, 2023). Traumatised refugees wait an average of 7.3 months for a PSZ therapy place; over 25% of centres report wait times of up to 24 months (BAfF, 2023). Between 7,000 and 10,000 severely distressed individuals are turned away annually due to lack of capacity (BAfF, 2023). Structural dependency on short-term project funding prevents long-term staffing planning and jeopardises programme continuity.

Recommendations:

1. Transition PSZ funding from short-term project grants to legally mandated, long-term federal budget lines with index adjustment, enabling long-term planning, staff retention, and waiting list reduction.
2. Recognise PSZs as approved providers under SGB V to enable direct statutory health insurance billing and reduce structural dependency on donated and project funds.
3. Introduce minimum capacity standards for PSZs: maximum waiting time, minimum staffing for children and youth, and nationwide geographic coverage.
4. Establish a ring-fenced budget line for PSZ children and youth programmes, securing their continuation independently of general budget fluctuations.

Expected Outcomes:

- PSZs can plan long-term, retain qualified staff, and reduce waiting lists.
- Specialised children and youth programmes are no longer threatened by budget fluctuations.
- SHI accreditation enables sustainable financing and reduces dependency on donated funds.
- Nationwide coverage standards ensure that young people in rural areas also have access to specialist care.

Recommendation 5: Structurally embedding social inclusion

Context and Research Findings

The regression analysis of the project research identifies social inclusion as a significant predictor of mental wellbeing ($\beta = 0.393$, $p < .001$; Amaro Foro e.V., 2026). This finding documents a measurable protective effect of inclusion experiences. It should not be interpreted as implying that discrimination does not cause independent harm; rather, it suggests that structural investment in lived belonging and participation constitutes an effective, complementary prevention strategy.

97% of young people surveyed experience some degree of societal marginalisation; yet 88% report moderate to high social connectedness (Amaro Foro e.V., 2026). This connectedness rests largely on informal networks, cultural identity, and community structures — resources that receive minimal institutional support. The German concept of Teilhabe is present in policy documents but frequently unrealised in practice: many young people identify the lack of safe spaces, peer mentoring, and culturally sensitive counselling as a central deficit (Amaro Foro e.V., 2026).

Recommendations:

1. Children and Youth Plan (KJP): establish a dedicated funding priority 'Social Inclusion and Mental Health' with multi-year financing for youth organisations led by Sinti and Roma, refugees, and migrants — transitioning from annual tender cycles to structural long-term funding.
2. SGB VIII reform: enshrine an explicit duty on youth welfare offices to ensure culturally sensitive and multilingual access to youth welfare services for Sinti and Roma, refugees, and migrants; recognise safe spaces, peer mentoring, and community-based programmes as eligible funded services.
3. Demokratie leben!: dedicated programme line for inclusion hubs — jointly used youth centres for young people facing systemic exclusion and their peers, in structural public sponsorship.
4. National Youth Advisory Council on Inclusion and Mental Health: parity-based advisory structure at federal level with reserved seats for Sinti and Roma,

refugee, and migrant youth — as structural participation, not a consultation format.

5. Promotion of arts-based methods (theatre, storytelling, creative media) as recognised, evidence-informed approaches for fostering belonging, emotional processing, and intercultural dialogue in schools and youth centres.

Expected outcomes:

- Organisations led by Sinti and Roma, refugees, and migrants receive long-term recognition and funding.
- Youth welfare offices are obliged to ensure culturally sensitive and multilingual service provision.
- Inclusion hubs become structurally anchored spaces of participation and intercultural exchange.
- Young people from affected groups actively shape policy processes.

Recommendation 6: Achieving educational equity

Context and Research Findings

Educational institutions are simultaneously the most frequently cited site of experienced discrimination and a central field of potential for inclusion. 62.9% of Sinti and Roma surveyed report active, direct discrimination during their school years, including biased grading, structural channelling into special education schools (Förderschulen), and exclusionary treatment by teachers (MIA, 2024). In the qualitative interviews of the project research, discrimination in schools is the most frequently cited site of institutional traumatisation (Amaro Foro e.V., 2026). Youth workers report that many children and young people receive no recognition in mainstream classes and that their abilities are measured solely by German language proficiency, leading to referral to remedial courses (Amaro Foro e.V., 2026).

In some German states, many children without secure residence status face significant barriers to school enrolment or are denied access entirely (Scherr & Sachs, 2023). Migrant children placed in preparatory classes in many cases lose access to mainstream instruction, entrenching long-term educational disadvantage (Braun &

Lex, 2016). At the same time, young people in the project research identify participation in sports, arts, and exchange programmes as a meaningful resource for wellbeing and belonging, indicating that schools can actively create inclusive spaces of experience (Amaro Foro e.V., 2026).

Recommendations:

1. National Action Plan for the Education of Sinti and Roma, refugee, and migrant youth: federal framework involving federal, state, and local actors, Sinti and Roma organisations, and refugee and migrant representative bodies; binding targets to reduce Förderschule overrepresentation of Sinti and Roma, and to improve educational access and continuity for refugee and migrant children.
2. Right to education for all children: federal statutory guarantee of school access for children with Duldung or unclear residence status across all German states — without exception.
3. Mandatory teacher training: antigypsyism awareness, knowledge of refugee experiences and migration biographies, trauma-informed pedagogy, and intercultural competence as binding components of initial and continuing training under KMK standards; co-developed with Sinti and Roma organisations and refugee and migrant representative bodies.
4. Curriculum reform: mandatory integration of Sinti and Roma history, culture, and contributions, and the history and experiences of migrant and refugee communities in Germany, into curricula across all German states.
5. School psychological baseline provision: federal standard for school psychologist and social worker staffing at schools with high proportions of students facing systemic exclusion.

Expected outcomes:

- Sinti and Roma children are less frequently channelled into Förderschulen.
- All children, regardless of residence status, have access to education.
- Teachers are better prepared for diversity, anti-discrimination, and trauma-sensitive practice.

- The history and culture of Sinti and Roma and migrant and refugee communities are part of the German education system.

Recommendation 7: Removing structural barriers to labour market integration

Context and Research Findings

The project research documents a significant gap between formal educational attainment and labour market access: many young people surveyed have completed school or vocational training but remain outside the formal labour market due to structural exclusion mechanisms (Amaro Foro e.V., 2026). The unemployment rate among young refugees is approximately 25%, among young Sinti and Roma approximately 30% — compared to a national youth unemployment rate of 7.2% (Dionisius, Matthes & Neises, 2018). Only 20% of young migrants and 15% of young Sinti and Roma participate in vocational training programmes (Dionisius, Matthes & Neises, 2018). Non-recognition of foreign qualifications is among the most frequently cited barriers; racial and ethnic discrimination in hiring processes and legal restrictions on work permit access for asylum seekers compound these obstacles.

The qualitative data indicate that the Jobcenter is perceived by many Sinti and Roma youth and refugees as a control institution rather than a support system (Sozialfabrik, Central Council of German Sinti and Roma & Documentation and Cultural Centre of German Sinti and Roma, 2019). Legal uncertainty around work permits causes chronic stress and prevents entry into training and employment relationships. Discrimination in the labour market affects Sinti and Roma regardless of educational level, compounding existing recognition barriers (Ruiz Torres, Mack & Gebhardt, 2019). For migrants and refugees, a similar dynamic is reinforced by racist attributions based on name, appearance, or origin (Amaro Foro e.V., 2026).

Recommendations:

1. Simplify and accelerate the recognition of foreign professional qualifications and educational credentials: expand advisory infrastructure, introduce binding processing deadlines, and enable equivalency assessments for Sinti and Roma, refugees, and migrants.

2. Develop targeted vocational training programmes and internship pathways for Sinti and Roma youth, refugees, and migrants: remove eligibility barriers, provide financial support during training, and introduce employer diversity incentives.
3. Robust enforcement of the AGG in employment: targeted auditing of job advertisements and recruitment processes for discriminatory practices; strengthen the role of the Federal Anti-Discrimination Agency in investigating racial discrimination in the labour market.
4. Simplify bureaucratic procedures around work permits for asylum seekers: extend the validity of work permits, reduce waiting periods, and abolish excessive documentation requirements, to reduce the stress factors associated with legal uncertainty.
5. Reform Jobcenter practice: introduce binding standards for culturally sensitive and multilingual counselling; train Jobcenter staff in anti-discrimination, antigypsyism, and the specific legal situations of Sinti and Roma, refugees, and migrants.
6. Financial and advisory support for Sinti and Roma, refugee, and migrant youth seeking self-employment or business creation, including microcredit programmes and entrepreneurial training.

Expected outcomes:

- The recognition rate of foreign qualifications increases; qualified migrants and refugees can work in their field.
- More Sinti and Roma youth, refugees, and migrants complete vocational training and gain access to stable employment.
- Discriminatory hiring practices are more frequently sanctioned; the AGG has a stronger protective effect in employment.
- Jobcentres are perceived as support systems, not control institutions.
- Legal uncertainty around work permits decreases, enabling training and employment planning.

IMPLEMENTATION AND MONITORING

Effective implementation of the present recommendations requires cross-ministerial coordination, public accountability, and long-term institutional commitment.

- Cross-ministerial steering group: led by BMFSFJ, with BMAS, BMG, BMI, and the Commissioner against Antigypsyism; annual public progress report.
- Participatory monitoring: structural involvement of Sinti and Roma, refugee, and migrant youth in the assessment of policy progress — with reserved seats, not as a consultation format.
- Disaggregated data: GDPR-compliant collection by migration background and voluntary Sinti and Roma self-identification; tracking of waiting times, school absenteeism, and perceived belonging.
- Transition to multi-year funding for organisations led by Sinti and Roma, refugees, and migrants; reduction of bureaucratic hurdles in funding applications.
- Independent evaluation: commissioning universities or research institutes to assess inclusion programmes using participatory methods.

CONCLUSION

Social inclusion is not a supplementary social policy measure — it is mental health infrastructure and a measure of democratic maturity. The six recommendations target concrete, changeable structures: the AGG, the AsylbLG, SGB V, PSZ funding, the Children and Youth Plan, and educational law. They are not idealistic — they respond to legislation currently under reform, to funding currently under negotiation, and to a political debate in which the voices of Sinti and Roma, refugees, and migrants are heard too rarely.

The research findings indicate that many Sinti and Roma youth, refugees, and migrants draw on considerable resilience resources. This resilience does not, however, justify state restraint in providing structural support. A functioning society ensures stability, legal certainty, and equitable access — rather than requiring young people to construct these conditions themselves.

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