Toolkit for service provision supporting war refugees with disabilities

Monika Nowicka, Alexandra Deliu, Magda Szarota, Bogdan Voicu
with the support of
Elena Trifan, Magdalena Tędziagolska

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1. INTRODUCTION

This toolkit is a companion to the report “The capacity of Polish and Romanian stakeholders to provide support to Ukrainian refugees with disabilities in the metropolitan areas of Warsaw and Bucharest” (Nowicka et al., 2024), which aims to depict the organizational effort to support refugees with disabilities from Ukraine to Warsaw and Bucharest. The toolkit collects a series of good practices and presents them back to service providers, as a way to boost rapid intervention during the misfortunate large-scale events that produce refugees, such as Russia’s repeated invasions of Ukraine. The audience for this toolkit is those organizations that have the potential to assist refugees with disabilities across the world, and the intention is to bring closer to them the experience of Poland and Romania when confronted with the sudden large flow of refugees from Ukraine following the Russian waves of aggression in 2022.

Let us note that the two countries had limited previous experience with refugees (Nowicka et al., 2024), and rather rudimentary welfare regimes (Aspalter, 2023), therefore the support for refugees was created almost completely from scratch when the refugees were arriving. The novelty was both at institutional and organizational level, and the service providers experienced huge organizational stress, with the sudden need to develop procedures, hire people, and provide services for tens of times more beneficiaries as compared to before the Russian attacks in March 2022.

Beyond the unfortunate event that served as the pretext for our endeavour, the topic is of high interest in today’s welfare systems, in which intersectionalities between migration-related vulnerabilities and disability-related ones are often coined as being worthwhile for dealing specifically with (Bešić et al., 2020; Crock & Ernst, 2017; King et al., 2016; Mirza, 2011; Peterson, 2013).

The percentage of people with disabilities in regular society are sizeable. The World Health Organization (2011) estimates a global figure of roughly 15%. Data from the European Union shows that 87 million out of its 448 million inhabitants (about 25%) live with some disability (European Commission, 2021).

This means that in any flow of refugees one should expect to find quite a number with disabilities. Therefore, we use this toolkit to provide ideas for intervention during events that generate refugee flows. We advise that interventions are inclusive and do not overlook the specific needs of refugees with disabilities.

The main idea is to describe the best practices developed by Polish and Romanian stakeholders while providing support to Ukrainian war refugees with disabilities (UWRwD). The proposed toolkit is limited to the experiences of the interviewees who took part in the project. However, given the activities and involvement of the respondents in the sample, we believe that it can be a good starting point for building the base of knowledge for helping refugees with disabilities (RwD) in countries confronted with refugee flows.

The toolkit is targeted at various stakeholders who are or will be involved in supporting RwD:

1. Public agencies and institutions, including state and local government ones.

2. Civic society organizations and groups that provide support for refugees: NGOs, community-based groups, volunteers of all sorts.

3. Advocacy groups: Individuals and organizations advocating for disability rights and refugee inclusion.

The research that fundaments our approach had two dimensions: on one hand, we carried out interviews in summer and autumn 2023 with stakeholders involved in support for UWRwD from Warsaw (21 interviewees) and Bucharest (20). Our interlocutors were mainly service providers within NGOs and public agencies, but also academics, decision makers, and advocacy providers. They were interviewed with a specific target of supporting RwD, and the findings are detailed in our extended report (Nowicka et al., 2024). We also carried out two group discussions (one in Bucharest, the other in Warsaw), in which we presented service providers with a set of four typical cases of RwD (slightly different in Warsaw and Bucharest) and asked them to develop solutions for intervention.

Based on the findings, we first developed a set of basic principles for intervention, which are explained in the first section of this report. The second part lists the solutions for the typical cases that we developed for the group discussions. The third one depicts the good practices derived from the interviews.

The reader may find in the general and specific principles a toolkit for preparing for misfortunate events that lead to refugee flows, and for intervening during

such times. This list of principles provides a brief and strong structure for setting up the organizational and institutional mechanisms for supporting RwD. The second and third parts go into detail by presenting specific cases and the solutions adopted by our interviewees.

As a rule, we strongly advise pre-emptive preparation for facing misfortunate events (be they natural disasters or human-induced ones), with a stress on participative, inclusive, and informed approaches. The reasons, benefits, and paths to be followed are depicted in the following sections.

2. PRINCIPLES TO BE FOLLOWED

2.1. GENERAL PRINCIPLES

1. **Preparedness**
   Develop procedures in times of no-stress, in the absence of any refugee flow. It is always good to have these ready. Nevertheless, this is a very general principle that applies to any type of beneficiary or potential beneficiary and guides reflection upon how your organization works. We provide more in this respect, with a focus on RwD, in the section on specific practices.

2. **Inclusive approach**
   Ensure that your organization adopts an inclusive approach that considers the unique needs and challenges faced by RwD. People with disabilities are not a homogeneous group, not only regarding a given impairment but also in terms of other intersecting characteristics such as age, gender, ethnicity, etc. They not only have personalized needs but also various capabilities, knowledge, unique lived experiences.

3. **Accessibility**
   Make sure that all services, facilities, and communication materials are accessible to people with disabilities. This includes physical accessibility (e.g., ramps, wide doorways), accessible formats (e.g., Braille, large print), and sign language interpretation as well as other types of accessibility that are specific for a given impairment and context.

4. **Awareness and training**
   Train staff and volunteers in disability awareness and sensitivity. This helps create a more supportive and understanding environment for RwD.

5. **Cooperation with other stakeholders**
   Try to cooperate and advocate for cooperation among stakeholders. Helping RwD should be based on cooperation among state institutions, local government institutions and non-governmental organizations, including those run by people with disabilities.

6. **Transnational connections**
   Making use of the experiences and lessons learned by stakeholders in other countries and other contexts could be helpful: complementing the current use of transnational connections for access to funding with their use for systematic knowledge gathering.

7. **Co-creation: involving the beneficiaries in the process**
   Being inclusive also resides on actively involving RwD in decision-making processes and programme design. Including RwD in both the design phase and in the intervention helps in various ways. On the one hand, it brings firsthand information on the difficulties, needs, and challenges that the potential beneficiaries face, and on the existing opportunities. On the other hand, RwD are likely to develop feelings of ownership over the process and, therefore, they have a higher likelihood of being involved in supporting others and following organizational rules, which eases the intervention process, reduces the costs, and increases the potential number of beneficiaries.

2.2. SPECIFIC PRINCIPLES

1. **Pre-emptively develop procedures**
   If you do not have any previous experience in helping RwD, do your best to introduce procedures for helping as soon as possible. If there are no procedures for helping, try to find possible solutions. The outbreak of war or any natural disaster causes a huge influx of people in a very short time towards areas considered to be more secure. Therefore, it is useful to have procedures in place that have been set up pre-emptively, irrespective of the potential of a refugee flow or not. Please note that nobody wishes to have wars and natural disasters. However, it is good to have such procedures that help in case they occur.
   The development of procedures also stimulates an organization to reflect on its own rules and boosts efficient structuring.

   Benefits:
   - Managing the process of helping is easier with procedures in place than in “the learning by doing” mode
   - Your organization becomes more efficient in its service provision efforts
   - Staff are less tired and do not burn out rapidly.

Examples of procedures you may need to help RwD:

- Evacuating RwD in an accessible way
- Receiving people with disabilities (how to organize and run a reception centre)
- Helping a refugee with a disability step by step.

2. Organization of help and assistance leading to independence

The aim of the assistance is to make refugees as independent as possible while ensuring a dignified standard of living. To achieve this aim, an organization needs to make it clear what the process of helping looks like, what the stages of help look like, and who is responsible for dealing with each stage. One of the NGOs interviewed in the research shared its good practice for organizing the helping process:

- The first step is to recognize the needs of the refugee and what steps have already been taken to improve their situation
- The refugee is also asked what they want to work with, so that they are actively involved in the process
- Based on this, a support plan is jointly established, detailing the tasks of the supporting organization and the supported person
- The refugee is given clear information on when the assistance provided by an organization ends
- The refugee needs to be appreciated for what this person has already accomplished in the process of becoming independent.

Benefits:

- The refugee is aware of the scope of help and assistance available
- It is easier to manage the helping process and monitor progress
- Help is tailored to the needs of the refugee and therefore is more effective
- Service provision becomes less expensive over time and benefits from the potential involvement of the RwD themselves
- The time spent by refugees being dependent on help decreases, and therefore the total number of beneficiaries increases while using the same resources.

3. Personal assistants

For a newcomer, it is difficult to establish a new life in a receiving country. A refugee does not know either the language or the administration procedures which need to be completed. A solution to this problem is providing a refugee with the support of a personal assistant who can help fill out documents, and can translate during visits to public institutions and at medical appointments.

Benefits:

- The refugee feels more confident when in contact with the public institutions of the receiving society
- The refugee is less exposed to discrimination

- The refugee learns the system of the receiving country more quickly
- The refugee can make more informed decisions while navigating the new system
- Reduced opportunity costs for both the service provider and the refugee.

When introducing a personal assistant as a solution for a refugee, one must bear in mind that the refugee can become easily dependent on the assistant. To prevent this you can apply any of the following solutions:

- It must be clear to the refugee the scope of help they might expect
- The refugee needs to apply to an organization for assistance each time it is required so that the assistant is different each time
- The refugee can be provided with a digital translator, a device that can be taken to medical appointments
- The refugee can be given a ready-made guide (e.g., how to get a disability certificate), which includes step-by-step instructions, a list of documents, the offices responsible and a checklist.

4. Avoid ghettoizing support

Help should be directed to all the clients who need it no matter where they come from. If you organize respite stays, do it for all in need: include the receiving country and refugee families, and try to include people with and without disabilities.

Benefits:

- Refugees and locals have the opportunity to get to know each other
- It is an opportunity to share experiences and knowledge
- Refugees have the opportunity to learn good practices from locals on how to deal with the system
- Refugees have the opportunity to learn the language
- It avoids stigmatization, and also reduces the propensity that an organization is targeted by intolerant or delinquent groups.

5. Employing people/volunteers with refugee experience

Whenever possible, employ RwD in your organization; no one understands better the position of RwD.

Benefits:

- Refugees will see that it is possible to become independent and have a job
- Refugees who work in the organization may become role models for those in need
- Your organization gets additional support
- They can translate cultural differences about disability to other refugees and encourage them to use support on the offer
- Costs are likely to decrease.

6. Building a support network for RwD

Map organizations that help RwD, find out the scope of the help they offer, and make contact. Remember to maintain this contact, even if you do not need help at the time, call and ask what is going on, as this will help strengthen the relationship.

Benefits:

- The ability to act quickly and flexibly, as the scope of the help is complementary
- Possibility of implementing activities on the basis of synergy: for example, duplication of grants can be avoided
- Cooperation with refugee organizations adds credibility to activities and also gives the opportunity to plan support for people returning to their country
- Reduces the organizations' frustration because they can learn from each other and see what each of them can/cannot cope with. They exchange methods and directions of action, which calms down and expands the scope of the support
- Substantive working groups – a broader understanding of working with refugees, not only those with disabilities. Refugees also have disabilities resulting from, for example, trauma.
  - In Poland such groups include, for example, Migration Consortium (Konsorcjum Migracyjne), Polish Forum of People with Disabilities.
  - In Romania, we advise considering membership of large coalitions such as the Coalition for the Rights of Refugees and Immigrants (CDMIR), the Federation of NGOs providing Social Services (FONSS), the National Council of Disability (CNDR), etc.
  - Similar groups should be targeted all around the world.
  - We encourage organizations to assist/attend events organized by people involved in both the sector that focuses on helping migrants, and in the sector focused on disabled.

7. Intercultural assistants in schools

Cooperate with schools for children with disabilities and persuade them to have intercultural assistants for refugee children with disabilities. These are people who are the link between teachers, students and their families. It is very important as some of the Ukrainian children with a disability have not attended schools in Ukraine.

Benefits:

- They can help refugees understand the local education system
- They can help refugees get used to the local approach to disability
- They explain the differences between the approaches to rehabilitation in the host society as opposed to the country of origin
- They support children at school
- They are a support for teachers.

UNICEF opened a special school in Cracow, attended by 80% of the children cared for by one NGO. The school operates full-time in the Polish system, under the aegis of another school. According to the NGO representative, this is an example of effective cooperation between a large international organization (UNICEF) and public structures in response to an emerging need. After the outbreak of the war, many children with disabilities came to Cracow in Poland, but it turned out that there were no places in the existing schools.

8. Open catalogue of support activities in grant application calls

Organizations supporting refugees need to apply for grants to support their beneficiaries. Usually, a grant call defines what kind of support is eligible. It can happen that the scope of activities defined in a call does not respond to the actual needs of the beneficiaries. Therefore, our interviews suggest that calls for applications should be based on an open catalogue of activities.

For instance, in Poland, in the PFRON (State Fund for the Rehabilitation of the Disabled) programme, in module II of the programme addressed to powiats, there was no closed catalogue of support activities which meant the applicants could tailor applications to the needs of the beneficiaries.

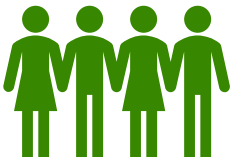
Benefits:

- Support can be adapted to real, emerging needs, for example, food, housing, transport assistance
- Funds are used in a more effective way.

9. Provide psychological support for your employees

Your employees need psychological support, especially at the first stage of providing help, when the influx of refugees is sudden and in high numbers. Helpers must also be taken care of, in order to be able to help effectively.

2.3. OVERVIEW



General principles	Specific principles
Preparedness	Pre-emptively develop procedures
Inclusive approach	Independence of beneficiaries as a targeted outcome
Accessibility	Personal assistants
Awareness and training	Avoid ghettoization
Cooperation with other stakeholders	Employ people with refugee experience
Transnational connections	Build a support network for refugees with disabilities
Co-creation	Intercultural assistants in schools
	Open catalogue of support activites
	Provide psychological support for your employees

3. INTERVENTION IN TYPICAL CASES

In this section, we provide eight fictitious cases of refugees. The cases are based on information gathered from the interviews. Each case introduces a portrait of a refugee, including a few words on the refugee situation and pictures for Romanian cases. Details cover the date of arriving in Warsaw/Bucharest, age, education, occupational status, disability, marital and familial/kinship status, housing situation in the host society (refugee centre, rental, own house, etc.). In none of the cases are all these details given. Wealth was suggested mainly through the pictures.

None of the people presented below is real, the pictures are stock images, and the names are pure inventions. We have used them only as a stimulus for discussion, with the aim to confront participants with “real” situations, and to ask them for action. In such a way, we set the scene for a familiar situation and could observe how the strategy to support RwD is constructed in open debate.

The participants in the two workshops (service providers, decision makers, academics) already had long previous experience in helping refugees, people with disabilities, and, more recently, with UWRwD. Therefore, the construction of the supporting strategies is based on specific and real-life information and confrontation with situations similar to the ones that we proposed. Consequently, the resulting solutions are expected to be good examples that can be followed in similar interventions across the world.

Participants in the workshops were provided with a brief description of a case and asked to develop a proper intervention. Four specific questions were asked at the very beginning, with the aim of directing the discussions: “What services can be accessed?”, “Who can advise?”, “What are the main obstacles?”, “How can the obstacles be overcome?”. A moderator ensured that the conversation did not deviate too much from the subject and helped by reminding the participants of the questions when this was the case.

The two workshops were carried out in November and December 2023, one in Bucharest and one in Warsaw, respectively. Each workshop included four case studies. In the following section, we introduce the case studies and the solutions suggested by the participants.

3.1. WARSAW

The Polish workshop was held in Warsaw. In the Polish workshop, there were four case studies proposed to ten participants. The cases were elaborated by the UNRF project's Polish team (Monika Nowicka and Magda Szarota) and were designed to cover various forms of disabilities (including physical and mental ones), age, gender, education, and if a person was alone or with a member of their family).

The group of experts present in the extended group interview consisted of representatives of non-governmental organizations (7), state-level actors (2), and local government institutions (1). They were divided into four groups and each group worked on one case study. Each group was asked to define the needs of each case, propose the forms of support that were available in Poland at the time, and the barriers and challenges for UWRwD.

Each case was then discussed in a common forum so that each participant could add their ideas.

The experts were informed that the case studies are based on information collected during interviews, but none is a representation of an actual person.

3.1.1. Larysa

Case depiction

Larysa (35) has been blind since birth. She lost her right arm as a result of the war. She is Russian-speaking, but her knowledge of Ukrainian and English is poor. Before the war, she was fluent in Braille (reading and writing) but the loss of one hand resulted in the loss of this fluency. She lives in Lublin.

Professional situation

- Larysa works as a staff member with experience in working for NGOs in Ukraine.
- She learns quickly.
- The obstacles to starting work in Poland are language and communication issues, as well as employers' prejudices against Russian-speaking people.

Language and communication

- The lack of knowledge of Ukrainian and English and the lack of ability to use Braille fluently cause significant difficulties both in everyday functioning in Lublin and in contact with organizations dealing with blind people.

Access to information

- Most of the information and hotlines that could help Larysa find her way (both professionally, life-wise and health-wise) in the new reality are available mainly in Ukrainian, less often in English.
- Larysa relies on the help of friends from the Orthodox Church, who are themselves war refugees but know Ukrainian.

Social relations

- Larysa experiences significant exclusion from Polish society due to communication and cultural barriers.
- Her small circle of friends consists mainly of able-bodied people with no experience of disability.
- The feeling of isolation is deepened by a recently acquired disability and the lack of medical and therapeutic support following the traumatic experiences associated with both the event leading to the amputation and the amputation of the arm itself.

Needs, according to the participants in the workshop:

- First, obtain a PESEL number
- The next step is to obtain a disability certificate
- The next step is to support her in translating from Russian and trying to learn Polish
- Computer support for blind people
- Contacts with NGOs for refugees and the blind
- Rehabilitation
- Psychological support
- Living and social support
- Help in finding employment
- The need to create a trusted profile to be able to apply for funding from PFRON programmes.

What can she currently access?

- Support from the blind community – a strong and dynamic environment
- National Health Fund, medical care, provision of a prosthesis/reimbursement, rehabilitation
- NGO: living, social, psychological and advisory support
- Governmental living and social support
- PFRON programmes (you can find out about them on the websites of organizations dealing with this topic and disabled people (e.g., Polish Association of the Blind, PEFRON website)
- Offering of the Polish Association of Blind People
- Additional information: For PFRON, medical transport is a challenge – for bedridden people and people in wheelchairs, PFRON does not have the resources to support such people.

3.1.2. Darya and Dima

Case depiction

Darya (75) has progressive Alzheimer's disease and is Dima's grandmother and sole caregiver.
Dima (12) is a boy on the Autism spectrum. He is currently not attending school due to his grandmother's difficulty in enrolling him.

Language and communication

- Darya and Dima speak Ukrainian and Polish fluently (they come from Lviv).
- Darya's disease causes a gradual deterioration of her cognitive abilities, memory, decision-making ability and overall functionality. It makes everyday life difficult for both of them and their ability to take care of themselves.
- Dima functions well (communicatively, educationally and socially) when Darya is present. However, in situations when she is not there, Dima withdraws and it is difficult to establish contact with him.

Access to information

- The complexity of Darya and Dima's family and health situation means that they do not have access to comprehensive information regarding the health, social and financial care services they are entitled to.

- Darya's progressive illness makes it difficult for her to understand administrative procedures and maintain regular doctor visits as well as contact with a potential school.

Social relations

- Due to their knowledge of the Polish language and culture, cultural isolation is not the biggest problem. Darya is currently experiencing uncertainty about the future due to her progressive health condition and the constant need to care for her grandson. She feels lonely. Developing a long-term care plan for Dima has become a priority. For Dima, the lack of contact with his peers may mean a deterioration in his mental condition.

Needs, according to the participants in the workshop:

- First, provide an assistant who will understand their needs and situation. It will help with school enrolment, providing therapy, and support in caring for the grandmother with Alzheimer's disease.
- It is important to think about the future care requirements for the boy when his grandmother is unable to care for him, and who will take over the care. This process should start at this point and be smooth.
- Daria: medical assistance.
- Dima: access to education that takes into account the boy's needs, medical assistance, comprehensive specialist assistance.

What can they currently access?

- A social worker – who will define the areas in which they need support. It is very important to have an accurate definition of the problem
- Directing the boy to a foster family cooperating with biological families
- NGOs dealing with autism and Alzheimer's
- Comment: This cannot end with just obtaining a disability certificate, you need to indicate directions on how to act!
- Counselling: child therapy, but the consent of the boy's grandmother is required
- Searching for remaining family in Ukraine.

Challenges:

- To what extent is a social worker prepared to conduct community interviews in such cases?
- Who should talk to the grandmother? How to protect the child's interests in the future? It is worth looking for extended family living in Ukraine and including them in this process.
- What can't Dima access, but needs?
- If Dima goes to school, he can benefit from the support of a psychological and pedagogical counselling centre.

3.1.3. Ludmiła and Tanya

Case depiction

Ludmiła (38) came to Warsaw from Kiev three months ago. A deaf person, she wants to stay in Poland and find a job. Ludmilla's 13-year-old daughter Tanya should be admitted to school. Lack of knowledge of the Polish language may constitute a barrier to the educational process, for both mother and daughter.

Employment

- Lack of employment is a challenge for Lyudmila. Her hearing disability may make it difficult to access the labour market, and her lack of knowledge of sign language prevents effective communication when looking for employment.

Language and communication

- Ludmiła is deaf and uses Ukrainian Sign Language. Lack of knowledge of Polish sign language and lack of the ability to read Polish make communication with local institutions and the community difficult.

Access to information

- Ludmiła, not knowing the sign language used in Poland, may encounter difficulties in accessing basic information, such as procedures related to obtaining social assistance, education or healthcare.

Social relations

- Lack of access to linguistic and cultural communication can lead to social isolation for both Ludmiła and her daughter. The local community may not be aware of the specific needs of deaf people from another country.

Needs, according to the participants in the workshop:

- The language and communication barriers prevent Ludmiła from establishing contacts.
  Ludmiła needs:
  - Polish language lessons for her daughter
  - Polish sign language lessons for herself
  - To find employment
  - To find a place for her daughter's education.

What can she currently access?

- First step: contact the Polish Association of the Deaf – it assists such people via a hotline
- Explore the possibilities of learning Polish – eliminating barriers to communication
- PFRON (Polish Fund for Rehabilitation of People with Disabilities) – assistance in eliminating communication barriers
- Help for children starting school from companies and institutions
- Take advantage of additional hours of Polish language learning at school
- An ad hoc assistant or translator who would mediate contact – the question is whether the Ministry of Health still has a translation application. This was how it operated at the beginning of the war
- Professional support programme for people with disabilities – for example, working at a cash register, scanning, large retail chains: Auchan, Carrefour
- Migawka Foundation – provides translation in sign languages.

What can't she access but needs?

- She will not start working until she learns the language
- Cannot use health services – would require the support of an assistant or a sign language interpreter
- Problems with the availability of places in schools

3.1.4. Marek

Case depiction

Marek (13) came from Ukraine with his grandmother, who was Marek's only breadwinner since the tragic death of his parents. The grandmother does not have formal custody of the boy, which is the first challenge for the support process. Formalities related to obtaining social benefits or access to education become more complicated.

Health

- Marek does not have a wheelchair (he could not bring it from Ukraine). He needs access to specialist healthcare, physiotherapy and regular check-ups. The lack of a disability certificate makes it difficult to access appropriate medical services and benefits that can improve the quality of his life.

Apartment

- Marek lives in a long-term collective residence that is not adapted to the needs of wheelchair users (no lift, stairs). It is necessary to provide Marek with access to housing adapted to the needs of people with disabilities.

Access to information

- Due to his cerebral palsy, Marek may encounter communication difficulties.

Education

- The boy does not attend school, which creates a barrier to his educational development.

Social relations

- Marek says he does not need psychosocial support but isolation from his peers. A lack of social participation can lead to emotional and psychological problems.

Needs:

- Formalizing Marek's care
- A disability certificate
- A certificate for special education
- A wheelchair
- An apartment which can be adapted to the needs of the person with disability
- Healthcare – access to specialists
- Psychosocial care
- Funds for living
- Assistant support.

What can he currently access?

- Obtaining an apartment, which can be adapted/renovated according to his needs – PFRON
- Legal aid – in court to establish custody
- Municipal team for assessing disability (MZON)
- NGO support path
- Specialist clinics
- National Health Fund – medical order for a wheelchair
- Support clubs – providing Marek with contact with his peers
- Equipment rentals, operating from 2023. For example Caritas rental system.

Barriers to accessing support:

- Long waiting period for obtaining a decision and funding
- The challenge is to reach Marek with information

- A lot of formalities
- Applications at PFRON are accepted from February to June – what about people who arrive in July? They then cannot apply for a wheelchair and have to organize it differently
- Very long waiting times for respite care.

3.2. BUCHAREST

In the Romanian workshop, four case studies were proposed to seven participants, whose discussion occurred in the premises of the Research Institute for Quality of Life (Romanian Academy) and was mediated by Elena Trifan.

The four case studies were proposed by the UNRF project's Romanian team (Alexandra Deliu and Bogdan Voicu) and combined seven traits of refugees: the type of disability (auditive, visual, locomotive, and mental), gender (in proportion given by the structure of the refugee flow), age, education, marital status, type of refuge (alone, in a group, living in a centre, rental, or buying accommodation), when they arrived in Romania.

The group of experts present in the extended workshop included academics (2 from a research institute), public administration (2 service providers and 1 decision maker), NGOs providing services to refugees (3, one of them was also a decision maker). After debating one case, the participants were shown another one, then a third, and then a fourth one.

The group was presented with the four case studies depicted in the following section, with the instructions:

- We offer you some portraits of Ukrainian refugees in Bucharest.
- Their features are briefly sketched.
- For each one, please discuss their situation in extenso.

They were asked to answer the following key questions:

- What services could they access?
- Who will guide them?
- What are the main obstacles?
- How can the obstacles be overcome?

The experts were also warned that "The following photos are taken from the internet and have nothing to do with the hypothetical cases presented". All portraits were shown on a single screen and no other specifications were offered.

3.2.1. Igor

Igor's portrait, as presented to participants, is depicted in the figure that can be found in this section. The words describe him as an accountant, a high school graduate, with a hearing impairment, who arrived in Bucharest by car in August 2023 with his wife.

- 55 years old, married, 2 adult children, economic highschool graduate
- He does not hear well, Ukrainian certificate
- He arrived to Bucharest driving own car, along with his wife, in August 2023
- They rent a studio in Drumul Taberei, only him and his wife

*Drumul Taberei is a mid-range neighbourhood in Bucharest.

Two adult children are mentioned, but there is no reference to their status or location. There was also no description of his wife's educational or occupational status. It is indicated that they rented a studio apartment in a mid-range neighbourhood in Bucharest. In the image, his clothes are clean, but rather modest in condition. The background suggests a public space, with some paintings on the wall, but a sort of lower-quality drape on the right-hand-side of the image.

Opinions of the participants in the workshop:

The participants discussed legal and health services, emphasizing the difficulties in accessing government programmes and obtaining Romanian disability certification. They explored the integration challenges, the role of NGOs, and the complexities of the support system, highlighting the need for collaborative efforts to enhance assistance for refugees like Igor in Romania.

Various challenges were highlighted:

- Difficulties in accessing specific government programmes tailored for disabled individuals.
- The need for a disability certificate in Romania, which Igor struggles to obtain due to bureaucratic hurdles.
- Language barriers that exacerbate his difficulties in accessing services and integrating into Romanian society.

If Igor secures a spot on a family doctor's list in Romania, this can open doors to additional benefits. He can access legal assistance to navigate his refugee status and disability certification processes, specialized health services for his hearing impairment, and language support to overcome barriers to service access and social integration. These services are integral to his successful adaptation to Romanian society. The participants emphasize the importance of tailored services to address the unique challenges faced by RwD. There is a consensus among the participants regarding the support for Igor. While there might be differing views on the specifics of the services and the approach to providing them, all participants agree on the necessity of assisting refugees like Igor, particularly in navigating legal, health, and social challenges. This consensus underscores the collaborative spirit needed to effectively support RwD.

The differing views in the discussion about Igor's case mainly revolve around the best approach to providing services and navigating bureaucratic processes. Some participants emphasize the need for more personalized assistance, while others focus on the broader systemic changes required to better support RwD. These differing perspectives highlight the complexity of addressing the multifaceted challenges faced by refugees like Igor. The discussion about Igor, a Ukrainian refugee with a hearing impairment, reveals several challenges, including accessing government programmes for disabled individuals, obtaining disability certification in Romania, and language barriers. Services accessible to Igor include legal assistance, healthcare, and language support. Participants agree on the necessity of aiding refugees like Igor, yet they differ in opinions on service specifics and approaches. The main obstacles are bureaucratic challenges, language barriers, and healthcare access. The proposed solutions include streamlined legal support, enhanced communication aids, and accessible healthcare, underscoring the need for collaborative and tailored support for RwD.

3.2.2. Tatiana

Tatiana is depicted as a 41-year-old mother of three, arriving in Bucharest in a group of refugees along with her children. She has already been living in a refugee centre for 8 months, willing to work, but not doing so yet. The picture portrays her in a homey décor, with a light curtain in the background, white Thermopane window frames, at night, wearing a red pullover, a small golden pendant and earrings, while her hair has recently been brushed.

- 41 years old, married, 3 minor children (Girl – 4 y.o. , Girl – 8 & Boy – 13 y.o.) Highshool graduate
- Locomotory problems, wheelchair
- She arrived to Bucharest with a larger group of refugees, along with her children, in March 2023
- She lives in a refugee center
- She does not work, but she wants to

Opinions of the participants in the discussion:

Tatiana can access healthcare services, disability support, and employment assistance in Romania. The refugee centre staff can provide personalized support, help her navigate local systems, and offer emotional and social support.

Additionally, disability support services, employment agencies, and healthcare professionals are key resources for her. The main challenge identified is finding suitable employment. Strategies include job placement services and navigational support. There is a consensus about the need for tailored healthcare and employment opportunities, but opinions differ on the best approaches to assist her.

The participants in the discussion about Tatiana's case generally agree on the necessity of the proposed support measures. They recognize the importance of tailored healthcare, suitable employment opportunities, and navigational support to address her specific challenges as a refugee with a disability in Romania. The consensus reflects an understanding of the multifaceted nature of the support needed for successful integration.

There were some differences in the opinions of participants regarding the best approach to assist her. These differences might be in the specifics of the employment opportunities most suitable for her condition, the extent and type of healthcare services needed, and the most effective ways to provide navigational and language support. These varying perspectives underscore the complexity of providing comprehensive aid to refugees with unique needs and backgrounds.

3.2.3. Alyna

Alyna is portrayed as younger than the other cases, the 27-year-old being a law graduate from Kharkov, with her husband being part of the regular army and currently fighting on the frontline. The text mentions she has a child, but gives no indication of the child's age. ADHD, autism and OCD were certified in her case by a private clinic in Bucharest, that is known to have a general practitioner that supports refugees.

The clothes, posture, and everything in the picture and the text depict her as wealthier and better educated than other refugees. The picture shows her caring for her child, on a street, but the focus is narrow, with the low aperture blurring the background in such a way that one cannot tell whether the picture was taken during her flight, in normal times, in Ukraine, in Bucharest, or elsewhere. Only the clothes suggest cold weather.

She is said to have come to Bucharest with her mother and two aunts, where they bought an apartment in which she lives with her mother and one aunt, while the other aunt flew to Spain to be with her children. There is no reference to the child's age, gender, or presence, but the picture and Alyna's age suggest the child is a toddler. Alyna is said to work as a translator, but no reference is made to the occupational status or professions of her mother and aunt.

- 27-year-old, one child, law-graduate (Kharkov), husband in the frontline, career officer
- ADHD, OCD, autism, certified in Bucharest by a Regina Maria doctor
- She arrived at Bucharest in March 2022, along with her mother and two aunts
- She lives with the mother and one aunt in an apartment in Bucharest that they have bought with a mortgage. One aunt left for Spain, to her children
- She works as translator

*Regina Maria (Queen Mary) is a network of private clinics and hospitals.

Opinions of the participants in the discussion:

For Alyna, a young Ukrainian refugee with ADHD, OCD, and autism, the following services can be accessed in Romania's specialized healthcare: tailored support for

her mental health conditions, including therapy and counselling. The experts were unaware of specific services designed for older adults with mental health diagnoses.

The experts were unsure about how to guide Alyna, a young refugee with special needs. They see her situation as a more positive one, as her husband can support her, her mother can help her with the baby, and she already has a job.

The participants also discussed the broader challenges of integrating Ukrainian refugees into Romanian society.

The general consensus was that Alyna, as young Ukrainian refugee with special needs, faces obstacles in accessing specialized healthcare and finding tailored medical and therapeutic support, particularly therapy and psychological consultation in Ukrainian. To overcome Alyna's obstacles, a three-step approach can be followed:

1. Collaboration with specialized healthcare providers: Establish partnerships with healthcare professionals experienced in ADHD, OCD, and autism to provide targeted medical and therapeutic care.

2. Recognition of the certificate of practice for Ukrainian therapists by the College of Psychologists of Romania.

3. Improvement of overall mental health services and access to them.

These steps are crucial in creating a supportive environment for Alyna's growth and well-being. In the discussion about Alyna's case, the specialists have differing views, primarily in the specifics of her care and support. This includes varying opinions on the best therapeutic approaches for her conditions, the most suitable educational settings for her child and the proper methods to acquire knowledge of the Romanian language, adapted to her learning needs, and the most effective strategies for her social integration. These differences reflect the diverse expertise and experiences of the specialists, highlighting the complex nature of providing comprehensive care for a person with multiple special needs.

4. Simona and Valeria

The mature mother-daughter duo is depicted briefly as low educated, with a picture taken in a large hallway that suggests a railway or large bus station. The daughter (33) looks older than her age, carries a water bottle, and has purple nails. Both have common low-quality but clean clothes. The mother (57) has large wrinkles on her face and wears a pair of cheap glasses on her head.

The daughter (Valeria) is said to be sight-impaired, while the mother (Simona) is said to have colon cancer. Both names were chosen as they are common to both the Ukrainian and Romanian languages. The skin was intentionally chosen to be darker.

The two are said to have been living in a refugee centre since May 2023 (roughly 6 months before the workshop), and that the mother intends to become the formal carer (personal assistant) for her disabled daughter.

- Valeria = 33-year-old, no formal schooling
  Simona = 57-year-old, graduated 8 classes
- Seeing impairments
- She comes with her mother, Simona, who has colon cancer
- They live in a refugee center, since May 2023
- Mother wants to become an official caretaker for Valeria

Opinions of the participants in the discussion:

The experts had a grim outlook on the mother's situation. They believed the mother is unlikely to get the necessary support to assist her daughter unless the daughter's disability is severe, particularly in terms of vision. For her own cancer, the mother's support is limited to medication. To be able to stay at the centre and get food, she must work. While some centres might make informal exceptions, securing such an arrangement is uncertain, and it could still leave them struggling to find enough food.

The centre has emerged as a crucial support hub for Ukrainian refugees like Simona and Valeria, who were fortunate to arrive early in the war when legislation was more favourable. These refugees face complex challenges in Romania, including navigating the legal system, accessing healthcare and education, and integrating into a new culture. Particularly for those with specific needs or disabilities, coordinated support from various organizations and government entities is vital.

Ukrainian refugees in Romania can access various forms of assistance, including legal aid for immigration and asylum procedures, healthcare services, educational opportunities, and social integration support. This could involve language classes, job placement assistance, and counselling services.

To overcome the challenges faced by Ukrainian refugees like Simona and Valeria in Romania, a comprehensive approach is needed. This includes:

- Legal support for immigration and asylum processes
- Access to healthcare, including mental health services
- Educational opportunities, including language classes
- Social integration programmes to help adapt to Romanian culture
- Employment assistance for job placement and economic stability
- Collaboration between government agencies, NGOs, and local communities is crucial in addressing these challenges effectively.

4. GOOD PRACTICES DEPICTED DURING THE INTERVIEWS

During the 41 interviews within the project, various intervention ideas were mentioned by the interviewees. We depict the most relevant ones in this section. They are grouped by the type of barrier that they address and, in most instances, reflect punctual solutions.

While it is not easy to overcome all potential barriers, the following list reflects a good range of solutions that came from the interviewees. We enumerate them in the following section, with excerpts from the interviews in the text. For each one we keep the anonymization, but indicate the country, the interview number, the gender of the interviewee, and why they were interviewed.

We prefer to provide longer and many excerpts to better illustrate the challenges that are faced by the intervention, and the type of (sometimes innovative) solutions that our interviewees suggested. These solutions are valuable and an infinite source for learning.

However, for people who want to spend less time reading the text, at the end of the sections, we have added our own additional reflections that summarize the findings on how systems could be improved and expanded, and who will benefit from such developments. One such thought ends this brief introduction to the chapter.

> Above anything else, the general message that arises out of the interviews is that the quality of services directed to vulnerable individuals needs to be improved.

The Polish and Romanian systems should be recalibrated as to offer more to their own citizens in need. This creates the premises of a better service for refugees as well, and refers to all the factors involved: institutions, professional skills, experience and expertise, efficiency, physical resources, benevolent attitudes, etc.

4.1. PHYSICAL BARRIERS

Nevertheless, some barriers are extremely simple, and overcoming them depends on merely the design of office buildings:

> Yes, we have rooms in which our offices are located. They allow wheelchair users, people, for example, with guide dogs, to reach us. We have two entrances, even more from what I remember, to the building, and one entrance allows wheelchair access to the ground floor and to us via an elevator. So, there is no problem for people with wheelchairs to move around.
>
> (PL03, F, NGO focused on issues other than refugees or people with disabilities)

> Is your institution accessible to people with disabilities, and how?
>
> Accessible. Absolutely accessible.
>
> So, are there any physical barriers, for example?
>
> There are no physical barriers. Everything has been adapted so that a person in a wheelchair can come and enter without problems and move around the office without problems.
>
> (PL08, F, NGO focused on people with disabilities)

Some are only partial, allowing only limited access:

> Is your office in Bucharest accessible somehow to people with disabilities?
>
> Yes, the ground floor is, but only the ground floor. Unfortunately, the [upper] floor is not. Because the advantage is, it has two entrances, and one of the entrances allows access for people with locomotory disabilities.
>
> Yes, I understand that this was not necessarily a problem because those people who had had disabilities of this type had not necessarily severe disabilities or as you said.
>
> Yes, yes, yes, yes, plus a good part during the spring-summer-autumn, a good part, a part of the activities take place in the yard because we have our own yard, which is a huge advantage.
>
> (RO16, M, NGO focused on issues other than refugees or people with disabilities)

Mobilization of donors also helps, in particular for providing transportation means to those in need:

> We collaborated with the Uber campaign and received free codes from Uber for a certain amount... for a certain number of rides, yes. And it was specifically for mothers who have children with disabilities or for families with older family members with disabilities who live in Warsaw and need to travel for rehabilitation or even to school somewhere. So, in this way, we helped by providing these codes, and it was purposeful. First, there was an interview about needing such support, and now I can say that one hundred percent these vouchers were given to those families who needed them. It was very nice support. And... because it was in winter and it was very difficult to travel somewhere for rehabilitation with a sick child. And with children, every Saturday we have a psychologist who works with children. Honestly, I'll say that anyone can come. We don't differentiate whether it's a disability or not. But, with disabilities, they don't come to us.
>
> (PL12, F, NGO focused on issues other than refugees or people with disabilities)

It was easy to observe that initial enthusiasm in the first days of the war brought the potential to access resources provided by various individual and corporate donors. Physical barriers are the most tangible and easy to understand bottlenecks, and can be alleviated through the efforts of such donors, coordinated by service providers.

4.2. LANGUAGE

Hiring staff who speak Ukrainian or Russian was another solution that many organizations followed. They were recruited from Ukrainian immigrants in case of Poland, or from Moldavians, in case of Romania:

> The most crucial competencies that we require and use for the person coordinating are someone from Ukraine, not necessarily a war migrant, who has been in Poland before, but knowledge of the Ukrainian language and understanding the needs or certain cultural differences is a significant element.
>
> (PL09, F, NGO focused on people with disabilities)

> I am the only one who understands in all languages and doesn't use a translator. Yes, I understand them, and they understand me, and they also understand a bit of Romanian because they take Romanian courses. Yes. When we don't understand each other, we don't understand each other; [...] if the translator is not in the centre, we generally talk serious matters with the translator. Otherwise, if it's like, you're thirsty, you're fine, I manage on my own. Or we turn to Iulia, who knows Romanian, or someone else who knows Romanian.
>
> (RO09, F, public administration agency)

> Yes, yes. As I mentioned, in this smaller group, bilingual individuals are still in demand. Personally, I didn't think before starting to work here that bilingualism would be so useful. I planned to live in Poland, knew Polish was essential, and didn't realize the importance of knowing Ukrainian until later.
>
> (PL02, F, NGO focused on immigrants)

> So, the medical team struggles to enrol more. Requests are very many. We make referrals to the medical team every day; we practically help them through the external referral processes and also what we do inside the centre is also a referral process. Yes, we send them to activities, to psychologists, as we have psychologists who speak...
>
> Russian.
>
> ...Russian, yes, and we practically have counselling sessions. We don't do therapy, going back to the disability topic. Many children have come with... not necessarily diagnosed with autism, with... from the autistic spectrum, so to speak, because some brought medical documents, others didn't, or they were examined right here in Romania, at the hospital, at Obregia, many children with such problems.
>
> Autism, ADHD, OCD.
>
> Autism, ADHD, exactly, exactly, many, but who we referred to the Estuar Foundation, for example, to Autism Voice. As many as they could take, they took cases because we have psychologists; we can't, we don't have specialists.
>
> (RO12, F, NGO focused on issues other than refugees or people with disabilities)

Searching for volunteers among university students provides another solution:

> As I talked to other people and friends from university, if someone knew both Polish and Ukrainian, or at least Russian, it was really helpful. Many people also report that language was their biggest problem.
>
> (PL02, F, NGO focused on immigrants)

> We used volunteers – it may not sound too nice, but there were volunteers. Not all of them could speak Ukrainian, some spoke a bit of Russian, but even the presence of Polish-speaking volunteers, who went with them to the doctor, and translated... And earlier, for example, they talked to the on-duty staff and made a note of what was really going on. And they were just there, as if someone from our centre went with that family or that person to that doctor, to that office. And that person felt more taken care of, that it would be sorted out. The PESEL will be there, and so on. So, I think it's mega important not to let these people go, unless they want to, unless they know the language, and so on. Not to let these people go with the idea of, here, hop on bus number seven, go to that stop, there will be an office, and good luck.
>
> (PL07, F, NGO focused on people with disabilities)

Google Translate is reported to be, in many cases, a kind of necessary friend:

> The cases are okay. They come, if they are mobile, they receive an appointment with the date and time to present themselves to the complex assessment service, to the commission composed of a doctor and a psychologist... a doctor and psychologist here. Yes, some of them speak English, and we manage if they are our colleagues. Speaking of documents that attest when the disability started, if they don't have them, they can make a statement; if they have them, we have already issued two certificates. Oh, and if they don't understand, if they speak as much English as they know, as much as we know, we get by. If not, there are our Ukrainian colleagues, not Ukrainians, who speak Ukrainian. And if not, Google Translate; it seems that the application has developed very well in this direction. Our colleagues, when they go into the field for the social inquiry, manage extraordinarily well with Google Translate. They even told me that they are very satisfied.
>
> (RO13, F, public administration agency)

Nevertheless, having an interpreter adds to a complex toolbox:

> There was no translator there yet, but usually in such cases now, when there are commissions, there is a person who translates here directly on Andersa 5 [an address], from what I know, a person who translates, so they inform that there may not be a translator, letters come before this Committee, where a specific date is appointed and it is written there that there will be a person who will be a translator. It's not always the case, but usually it is.
>
> In these commissions, it is important that there is still a language barrier, and from practice, I have already been to such commissions.
>
> As if it is known that they are not interested in giving this person certificate.
>
> This disability, more like you have to prove that your condition is actually as it is, so you have difficulties and so on.
>
> (PL01, F, NGO focused on immigrants)

Service providers support time and personal costs to assist refugees who are in reception centres and need to access medical care:

> Every visit to the doctor involves translation. Sometimes we manage to find a volunteer translator. If we can't find a volunteer, someone from our team goes to translate. If, for example, we can't do it at that specific time, we arrange it over the phone.
>
> (PL01, F, NGO focused on immigrants)

Sometimes, they put in place complex solutions, that combine all of those above:

> Clarification. In the sense that if there are children who need support, and we know that there are no psychologists using Ukrainian sign language. So, if there is a Polish psychologist, for example, who doesn't sign at all, but there is a translator who will translate this Polish psychologist into Ukrainian sign language, is such a form of support effective? Yes? Because conversations with psychologists, it seems to me, are nuanced, right?

No. No. No. No. Because I work on [Anonymized], and sometimes I help a person who goes to [Anonymized] Street, to that psychologist. I have a psychology degree. I translate between Ukrainian and Polish sign language. And it's very difficult if the person is very, well, under the influence of emotions. They know... that the psychologist knows Polish sign language. Because we collaborate kind of as a pair, right? And a deaf Ukrainian student comes to us. And she signs with such a huge amount of emotion. It's really hard for me to understand, and I know Ukrainian sign language, right?

Mm-hmm.

Because she gives signs. Everything is very emotional. And here, I also try to do it in a way that I just allow this person to release these emotions. I arrange it somehow in my head. Because I don't want to stop her either. And then I translate everything again, read and briefly explain to the psychologist. And it looks the same in the other direction.

Mm-hmm.

Simply, if it were just a person translating, no.

Not.

No. No. The... First of all, the psychologist must know, that's a basic thing. Must know Polish sign language. Because they will be able to determine the emotions of the person, right?

I understand.

Is it anger? Is it, I don't know, any other emotions? So that they can, can separate what is emotion and what is just part of sign language.

I understand.

And then the translator, who is able to just translate the content without those emotions. Then it makes sense. But otherwise, no.

(PL11, F, NGO focused on people with disabilities)

> Can you describe a challenging case of providing assistance? How did it unfold? Why was it difficult, and can such situations be avoided?
>
> Currently, one challenging case was not mine but a colleague's. A woman came here from Ukraine with her adult son, who was disabled and used a wheelchair. There was a significant language barrier, primarily to provide support. Additionally, the family did not live in collective accommodation but in an apartment provided within the programme for 40 PLN. Someone had accepted the family and charged 40 PLN for it. However, there was an issue because the person who provided the apartment did not fully fulfil the obligation, such as ensuring adequate food. So, support for this family was necessary, involving food packages. Fortunately, we had support through the Operational Food Aid Programme, so we could provide food assistance. However, there was a considerable need for accompanying and assisting this family during various visits to offices to handle matters like applying for housing from the city's resources. The whole situation ended positively because the family obtained housing from the city's resources and recently moved into it. The family did not require financial support but needed assistance in terms of companionship, translation, understanding Polish legal regulations, organizing documents, and navigating the complex system. The outcome was positive.
>
> (PL14, F, public administration agency)

Specialization and training in sign language is also useful as part of a human resources strategy:

> What else? Sign language courses, Polish sign language. And Polish language courses in writing. They don't have to be exam-preparatory, but ones that would allow people to simply navigate in Poland. I have many friends in Germany, and I ask about the conditions there. There is an obligation to attend a German sign language course. But they also teach writing in German, and they have 900 hours. 900 hours.
>
> That's a lot, yhm.

And in Poland, I have one group learning Polish sign language (PJM), and it's 60 hours.

Yhm.

There's a bit of a difference, right?

Yhm.

There they really calmly, slowly teach, right? So that people integrate. You don't need to know German at a level to write poetry, right? But if you know German sign language and written German, then life is completely different.

Yhm.

Of course, it's difficult because spoken or written language and sign language are completely different languages. So, people are actually learning two languages simultaneously. But, well, it's a necessity, right? You have to learn both, right? Sign language and written Polish. Because without that, deaf people cannot integrate into society. They couldn't live independently. They couldn't find a job. Here, it's also the opposite of Germany. In Germany, to get a job, a person from Ukraine has to finish courses first. They have to speak German first. Then they get a job. Here, it's the other way around. First, they get a job, and then they start learning Polish somewhere. So, it would be nice to have a clear programme, a clear policy. Somehow clearly defined step by step, what needs to be done. What can you get? So that when people come, they simply know what they can have, what they can... What they can get, right? And for seven years, I learned this. I came... I didn't know what I could have. I had to find everything myself, what I could have, what I could get, what I could arrange.

Yhm.

So, the certificate... In my opinion, it's completely senseless, right? Even deaf Poles write Polish poorly. And what? They wouldn't pass the state exam either; I really doubt they would. And for... and for deaf Ukrainians, not only do they have to learn PJM, but they also have to learn Polish to pass the exam.

> And they also have to take care of, I don't know, children, just survive here. I think it's really enough to provide a Polish sign language course so that they can learn PJM, and then they can use everything that deaf Poles can use.
>
> Yhm.
>
> And when it comes to handling matters, it depends on what the person needs. Either a hearing PJM translator or, if they need Ukrainian, then two people, right? One translating between Polish and Polish sign language, and the other between Polish sign language and Ukrainian sign language.
>
> Ukrainian sign language.
>
> And the rest... it would be nice to have more translators who translate between Polish and Ukrainian sign language. I think it can be developed if the state is interested; I think you can find such people here and train them. More courses are needed for the deaf so that they know PJM, so they can use PJM translators. Because there are PJM translators; there are a lot, right? And then if there's a difficult situation or at the beginning, then with... with a person who translates between PJM and Ukrainian sign language. So, I think the first priority is just PJM so that you can simply say what you want. So that there is communication. Because it's just a massacre that there is no communication, that you can't agree.
>
> (PL11, F, NGO focused on people with disabilities)

Having a hotline in the Ukrainian language is reported as a successful endeavour:

> The Centre for Women's Rights has a hotline in the Ukrainian language. We have a case manager who takes these calls and conducts the initial contact. From what I can say, women with disabilities call us, and more women call who have children with disabilities. From our side, from the beginning of the war, we provided information about various types of financial support because, initially, it was essential for women. Just like they cannot take up work as quickly as other women who do not have disabilities themselves or children with disabilities or someone in the family.

> Therefore, we inform them about financial support. For now, we provide information about housing assistance and inform them about the Mudita Foundation, which deals with this. Similarly, information about the Life Full of Possibilities Foundation, which helps with rehabilitation equipment. From our side, we only provide consultations because women with disabilities who have experienced any kind of violence, for example, have not contacted us. But they do contact us for informational assistance and assistance in clarifying their rights and how they can confirm their disability in Poland and what documents are needed to apply for assistance from the Social Welfare Centre. We provide consultations over the phone, and it counts as social counselling.
>
> (PL12, F, NGO focused on issues other than refugees or people with disabilities)

Financial provision through legislation was suggested as solution by one of the interviewees:

> Unfortunately, at present, the state helps, but there is also, I understand, a lack of human resources for this assistance to reach people with disabilities effectively. The financial problem is, of course, evident. To confirm disability in Poland, a considerable amount of money is needed for translations, no one hides that truth, unfortunately. Also, money is required for private doctors to quickly obtain the necessary documents, as waiting for a doctor through public funding can take three to four months, further delaying the process. I know this problem exists not only among Ukrainian refugees but also with Polish citizens.
>
> (PL12, F, NGO focused on issues other than refugees or people with disabilities)

In time, the language barrier fades away. With the refugee flow increasing in size and refugees staying for a longer period in the host society, they start speaking the language and providing support to newcomers:

> What are the most significant barriers and obstacles in providing assistance? How do you handle them in your organization? Do you see any possible solutions to the problems we discussed? And who should address them?

I mean, the conclusion that comes to mind is that there is a language barrier. However, most people have been here in Poland for over a year and a half. So various organizations provided Polish language courses. So, some people have already, so to speak, increased their... their knowledge of the Polish language. However, I, and I think my colleagues who work here with me, can say that these people often need such support, more of a cultural assistant than a family assistant. That is, someone who would also accompany and, I don't know, help with various official matters. Because sometimes... and in filling out various documents. And we, as a centre, do not have so many employees who could individually just go with the client. Go to every office or to the doctor.

(PL14, F, public administration agency)

> There are three interaction components. First, there are those Ukrainian beneficiaries who speak English, so things are easier. We started to have Ukrainian beneficiaries who started to speak Romanian, and then things already change significantly because we have adolescents who, after half a year, 1 year, still don't know how to write or read. But in terms of speaking, around 80% understand and can express themselves. So, in these contexts, having a common language of interaction, things go normally. The second component is given by those activities where language is no longer a barrier. Here we tried to identify these kinds of workshops or activities, to give some concrete examples. The arts and crafts component, from crocheting to painting, etc., does not require much verbal explanation as much as simply showing how it happens, and here we had locals who came to show, but also Ukrainians, and then things went quite easily. Another example could be cooking workshops, where again, the language barrier is not necessarily a real barrier, this part, and the third component we do whenever it is needed or when we can, is with translators. One of the girls from... from us either translates directly into Romanian, if necessary, or if not, among the Ukrainian employees, because they all speak English, translates at the same time into English for the Romanians who would participate, but here comes that linguistic barrier from the Romanians, young people or adolescents who cannot express themselves or cannot understand English. These are things that we need to gradually improve.
>
> (RO16, M, NGO focused on issues other than refugees or people with disabilities)

Finally, note that forcing refugees to learn the local language might be not a good idea, despite some of the interviewees claiming that there is a need for more courses in this respect:

> They imagine that they will return home in the coming months. They don't manage to place it in time, but for them, in the near future. Therefore, they do not make enough effort to think about their integration here.
>
> One of the efforts is attending the Romanian language courses offered to them. But there is resistance here, in learning the Romanian language, even though so much time has passed, and they encounter the same barriers everywhere, in all reports, we still end up realizing the language barrier, the language barrier. Okay, good. How do we get them to learn the Romanian language because that would facilitate their easier navigation in the system? Because laws exist, procedures exist, but everything is delayed by not knowing the Romanian language. I don't know if it's a big effort, a smaller effort. But one solution could be this intensified support or a more sustained campaign to get them to learn Romanian.
>
> (RO20, F, NGO focused on immigrants)

> And what is terribly lacking, courses in Polish, it lacks for all groups, for people from Ukraine the same.
>
> (PL20, F, NGO focused on immigrants)

Making use of immigrants to the host societies seems a good idea. We encountered Ukrainians, Estonians, Moldovans, and Indians, to give just a few examples. Beyond mastering a language that refugees can also use for daily communication, they also have the advantage of being in the host societies at the same time as the refugees, and being part of it, many having been settled for a long while in Warsaw or Bucharest, and some being married to local people. Their position creates bonds with the refugees and eases communication.

4.3. COMMUNICATION

Ukrainian refugees tend to use Telegram as communication medium, so many service providers use it as well, along with other Ukrainian-based media and social media:

> Hmm, for example, at the beginning, it was difficult, yes, I understand what channels Ukrainian refugees use to search for information, and we came to the conclusion that the most effective is to search for people through various social groups on Facebook, that most Ukrainian families use social groups on Facebook to search for information, where there are people from Ukraine and other people from Ukraine.
>
> Yes.
>
> For example, we thought it would be worth writing an article in Ukrainian in a newspaper that is available in Ukrainian and is free, which can be taken, for example, on a bus or somewhere in a store, which is available to everyone, but it turns out that unfortunately, they report to us that they rarely use newspapers. That's why it was an important goal at the beginning of the project to find ways to reach the target group. Social networks work well, and now it works, and it is possible, for example, that families who have already participated in the project, pass on information to their friends, families.
>
> (PL03, F, NGO focused on issues other than refugees or people with disabilities)

> Eventually, she found a way, as there was a Telegram group where they communicated and shared news about what was happening. I don't think it was among friends; it was a group on Telegram for people who wanted to enter the country and stay there. She showed me messages like, "Here, near my house, a building was hit", and at some point, she managed to talk to someone who had maintained contact at the border, overseeing a humanitarian convoy. They coordinated a meeting where he would use his passport to exchange money, and that's how things were resolved because she couldn't access her bank account.
>
> (RO04, F, volunteer)

Clear communication about service provision avoids confusion and smooths the implementation of programmes:

> The major advantage was that from the beginning, we set one condition, not to work only with the refugee community but also with the host community. We asked for these things, imagine in mid-March, the conflict starting at the end of February, all the other NGOs in Romania were not thinking about this, just humanitarian aid, cash assistance, materials, nothing else. From here, things diverge a bit between what we do and how we do it and how it happens with the humanitarian component in the country. We did not distribute any kind of aid in any of the locations, neither cash assistance nor products of any kind because the respective spaces had to treat young people fairly, regardless of their origin. And in the short term, in the first six, seven months, this was a... let's say, quite a difficult hurdle to overcome because you can imagine that all refugees who came, the first question was, "What are you giving us? What do we get?"
>
> Things gradually changed as aid diminished, and we created a base of beneficiaries in such a way that people know very well that at the youth centres in the country, including the one in Bucharest, no aid is received, but it is a safe space where activities take place, and where people, teenagers, and young people can request any kind of support, except for products or cash assistance. The only products, if you can call them that, that we piloted in Bucharest and are planning to expand, hopefully, if the streamline is ensured, are products from the area of sexual education and hygiene. In the sense that they were available, pregnancy tests, condoms, tampons, and so on, with free access for beneficiaries, something that hasn't happened before. These are the only things, but they are freely accessible for everyone.
>
> (RO16, M, NGO focused on issues other than refugees or people with disabilities)

For communication to be effective, it must use channels that are commonly used by the target group. Service providers must remember that the communication channels commonly used in the receiving countries are not always the ones used by the beneficiaries. Another thing is that service providers must be clear about the scope of the help they offer and the conditions under how they do it. This will allow misunderstandings to be avoided.

4.4. COUNSELLING

Counselling and emotional support are reported to work properly, as one could easily anticipate:

> Storytelling, for example, in meetings with her, and then the debrief we do in the association, their meetings, what they do, and, for example, and even now she comes and tells me what their focus is or what their emotional needs are regarding the current situation, what their fears are. It's a continuous consultation, and it's about our activities and the way we have provided for their shared emotional needs. I think it was very important because I remember that Isaura came to me the other day and told me that, from the last debrief, their fear was that they would be moved out of the centre and lose their connections. They were afraid, had many negative emotions, fears; they couldn't afford to go to their apartments, and we were thinking about how to help them with a debrief, in other words, personalized psychological assistance for their situations, to help them get through this period. Just as the fear after the war was that their loved ones back there would die, and they had nowhere to return to. Their emotional needs were in a constant dynamic, just like all the needs from the beginning of the war.
>
> (RO02, F, NGO focused on issues other than refugees or people with disabilities)

> Psychologically, in this, and there was also a psychological helpline we had last year. People turned to us, adults who couldn't cope with emotions, stress. Everything was new to them, having just moved to Poland. One moment they were evacuating, the next they were dealing with things like getting a PESEL, handling all the documents, medical issues, and so on.
>
> They needed support, and it was a kind of path that we tried to follow, helping and fixing things.
>
> (PL06, F, NGO focused on people with disabilities)

Explaining the principles of caring for people with disabilities is needed in many instances:

> I think there are very different groups. Among the people we have met, especially those we have helped, a care-oriented system of assistance dominated. This reflects the continuous theme in our conversation of a lack of independence or activation for people with disabilities. We have also heard comments about our work, mentioning that in Poland, for example, children with autism spectrum disorder are independent, attend regular schools if they have the space, and are active. We've heard comments that this happens much less often in Ukraine. However, we are aware that this depends on the region, the size of the city or town, and many other factors. We don't generalize, but certainly, among the people we have reached, there is much less independence, and the idea of assistance tends to revolve around handling various matters for the person with a disability. This is reflected in the fact that rarely do individuals with disabilities come to us directly for help. In 90 per cent, if not more, of cases, it is family members who assist people with disabilities, handling various matters on their behalf. In situations where we have a more independent person, they contact us directly, and the person in their immediate surroundings receives the material aid, so this is something that is very noticeable for us. However, I'm not sure if we can say that it applies to the entire Ukrainian society.
>
> (PL09, F, NGO focused on people with disabilities)

Addressing the emotional needs of refugees requires professional workers in all units that deliver services to those fleeing from war atrocities. Psychologists and social workers are the most qualified in this respect. The allocation of volunteers should also consider their background and empathetic potential.

4.5. HEALTHCARE AND MENTAL CARE

It is quite clear that, beyond access to treatment itself, knowing how to deal with bureaucratic requirements is key in easing such access:

> Now, if they are in the records of a treating doctor, yes, to get a medical report, it shouldn't take too long. Yes, go to the doctor, make an appointment, get the medical report, yes, the rest of the documents, residence permit, that certificate with the domicile... you see, they can submit an application, and the documentation can be completed along the way. They don't need to have all the documents at the beginning. They shouldn't, if the documentation is complete, we shouldn't... We need to meet our 60-day deadline, which is our term, but it can be issued very quickly if everything is okay. Only the time it takes for the evaluation, for the social inquiry, and then the certificate is forwarded to the commission. The commission, in turn, has 15 days. But it's not 15 days; usually, our commission starts working immediately, and the certificate is issued in a few days.
>
> (RO13, F, public administration agency)

Sometimes, recognizing the incapacity to deal with a special case is more helpful than trying to provide lower-quality substitutes:

> F: Most often, we simply picked up the countries to which we organized free transportation. Usually, these were Scandinavian countries, Finland, except Sweden. Finland, Norway, Denmark, and also the Netherlands at some point, but the Netherlands dropped out because they simply asked us not to bring more people because they are, let's say, overwhelmed and can't handle it.
>
> So, you chose these countries,
> the criterion was that they could provide care to these people?
>
> M: Medical care, primarily, yes.
>
> I understand that Poland was not that country.
>
> F: No, Poland was not that country because in Poland, there is no system, nor really places that would willingly accept them. Except for one, a tiny place called [Anonymized], which could take care of them for a short time, like for about ten days. So, if a person couldn't cope on their own, wasn't independent, we would

transfer them not to the hostels we had or some shelters, but sent them to Mudita for a few days, just to wait for their free transport to other countries. So, coming back to whether I remember someone or who stayed in Poland, yes, now I remember because I started talking about [Anonymized]. There was a lady named Tatiana with her aunt, who was a caregiver, a carer who changed several centres because she really couldn't stay anywhere. For example, there was no ramp in one of the centres, so she was trapped on the second floor in her room and couldn't go for a walk. She was also lying down, and the wheelchair was a specific type, in a prone position, long, almost like a bed, on wheels. So, it took two big men to lift it up the stairs for two floors, and I drove her with a friend and took her. So, we brought her, and then after a few days, when she said she couldn't stay there because it was just horrific, she felt like she was in a cell. The room was three by four, and she couldn't see anything more, so she asked us to take her back to Mudita, where she had some contact, could go for a walk, could chat with someone because in that centre, it was a centre of the Chmielewska Foundation for homeless women, generally, but unfortunately, they could only provide medical care, food, and accommodation without a time limit. Nothing more could be found in Poland.

(PL10, F+M, volunteers)

Again, finding specialists with a Ukrainian or post-Soviet background is a potential solution:

> Yes, they did training for us and our volunteers, and for partners, collaborators, and others, they participated from all three locations, from Bistrița, Cluj, and Bucharest. Psychological first aid, and very well put together, to help people understand how to approach the problem, how to work with children, how to work with families in situations of risk and trauma, etc. We specifically didn't work directly with disabilities. We had more physical disabilities. We also helped from the centre because that's how we reached everyone; if we weren't there, you wouldn't know, wouldn't see, wouldn't have contact. We offered medical services as much as possible. We made glasses; I don't even know how many pairs of glasses we made for children with vision problems and grandparents with vision problems.

> On mental health, we had and still have therapy in Bucharest and Cluj, therapy offered by... we tried to reach psychologists who know [...] who know, yes, one of them, the one from, Natalia from Cluj, is Ukrainian, so she knows Russian, Ukrainian, and Romanian, she also knows English, she's super. And there they also have a support group for mothers, and... For Bucharest, we had a lady from Moldova, a psychologist, who has been in Romania for some years and offered therapy to adolescents and mothers, both from Bucharest and... At some point, she went to Constanta to a centre and offered therapy.
>
> I think a total of 15–20 people, a certain set of, a number of I don't know, I think 5 or 10 therapies depending on how long people were in the country. Here that was the problem because even here, there is another centre right here at [Anonymized].
>
> (RO17, F, NGO focused on issues other than refugees or people with disabilities)

As already documented when depicting barriers, healthcare difficulties can be overcome by using voluntary work by doctors and therapists, or by the involvement of private clinics and hospitals to help refugees.

The professionalization of service providers becomes a salient need in this respect. Trained social workers should be the best for such jobs.

4.6. PATIENCE AND TIME

Time is sometimes a healer if the service provision is done correctly. Sometimes carers and people with disabilities are reluctant to define their condition as such and to accept help. However, after being exposed to receiving help, they change:

> But as they get to know what they have to do and what they have to do to go through this process, they relax, and, I told you, things get back to normal, and a beautiful relationship is maintained afterwards because a connection is kept with that family, the case manager monitoring the child's situation every six months and inquiring about their progress, about the therapies they have been included in if they have been included in therapy,

the fact that, as a result of being classified as disabled, parents can access certain financial rights, if they have accessed those rights, if they have encountered difficulties in accessing those respective rights, and so on. So, a connection, a relationship with the case manager is somehow maintained. When parents encounter difficulties related to certain aspects regarding the child's disability classification, they call, ask, inquire...

(RO19, F, public administration agency)

The same applies to understanding and adjusting legislation:

> Well, at the initial stage, it was not adapted, not adapted to such a wave of people, to such... Polish law was not adapted yet, where there were no various principles, concerning documents. Various complicated matters were different, concerning crossing the border, how to treat it, what to do in this or that case, and so on. But then it entered the normal order because everyone adapted to the new realities, to refugees, to such a wave of refugees.

(PL08, F, NGO focused on people with disabilities)

> Later, we were at the beginning of this relationship with people from Ukraine, things clarified regarding residence because that somehow remained the biggest problem for which the classification or recognition of a child's classification certificate could not be done, the re-evaluation of a child already classified as disabled in Ukraine to be re-evaluated here, in Romania. The problem with residence was the biggest. Somehow, the other two cases that were referred to us, also during the period when things were not regulated from this point of view, they were referred to us, and then we explained to them that we cannot help them because they cannot prove residence.
>
> Yes, yes, yes. And it was complicated to obtain...

Yes, they could not do it, so they couldn't do it, how could they help those people prove residence. They could not issue, I mean, they could not request identity documents for those people. And the residence permits they had in Romania did not mention residence. That was a problem that, I told you, the authorities regulated in September. Yes, exactly. They regulated it quite late.

In September this year? [2023]

Yes.

(RO19, F, public administration agency)

Time is on the side of refugees and service providers. Both parties need to recognize and define a new situation in which they are, and then they can adjust and look for solutions. Refugees also need time to get better from traumatic experiences.

4.7. LEGISLATION AND FUNDING PUBLIC AGENCIES

Temporary exceptions were reported to act as patches that fill legislative gaps in the case of Romania. They actually apply to all refugees and sometimes to Romanian citizens as well, not just to Ukrainians, stressing the fact that legislation is lacking provision in general, not only with respect to Ukrainians:

> So, in the situation we are in now and based on the regulations we have now, yes, because somehow one of the situations in which we can accept a request from a Ukrainian citizen is the so-called notarized declaration, legalized and translated. This notarized, legalized, and translated declaration can also be made by the parent in Ukraine, so eventually, but the parent who accompanies, the single parent who accompanies the child now and who knows absolutely nothing about the other parent, has no idea anymore, can make a notarized declaration here in Romania, about their own responsibility, affirming these things and assuming them. So, in these conditions, we can proceed further with the evaluation of the child, with the payment of the financial rights related to the level in which they will be classified, and so on.

....

Yes, they could not do it, so they couldn't do it, how could they help those people prove residence. They could not issue, I mean, they could not request identity documents for those people. And the residence permits they had in Romania did not mention residence. That was a problem that, I told you, the authorities regulated in September. Yes, exactly. They regulated it quite late.

In September this year?

Yes, we received this circular in September this year. Because until then, there were discussions... We didn't have many requests at the level of Sector 6, and for us, it wasn't a very serious problem from this point of view, but there were many counties at the border of Romania with the Republic of Moldova and respectively with Ukraine, which faced quite serious problems in this regard because they received many requests for children's disability classifications, re-evaluation of children for issuing a certificate, and to receive the related rights. And they had bigger problems. We still have discussions on the common groups we have with colleagues from the country, and they had big problems with this topic, and following their complaints, this circular and these conclusions were sent to us in September, based on which we could now accept a request from a parent of a Ukrainian child for evaluation for disability classification.

In principle, we have had and still have situations where the parents of children, who have requested their classification as disabled, are Romanian citizens but live, for example, in the Republic of Moldova. However, these children were admitted here in Bucharest, in one of the hospitals in Bucharest, and the parents either had a residence visa with a relative here in Sector 6, and in this way... So, the classification as disabled and the possibility of classification as disabled have always been tied to domicile because, according to current legislation, it is necessary to prove domicile, and that proof of domicile declared by the parent needs to be verified through a social inquiry carried out at home.

(RO19, F, public administration agency)

Facing under-financing and low legislative provision in this respect, some public agencies also patch their facilities in unorthodox ways:

> ...The fact that they are in buildings that the department should not rightly cover the repair costs, replacement costs, and so on, even if you tell them. Well, change a showerhead, that's okay, but who can afford to change a toilet? Some have no jobs, others have 20 million per month and have a child to support. Can you tell that person, change your toilet?
>
> Not really, yes... And how are these cases managed, actually? Because I'm sure things have broken...
>
> Well, with the help of the department. We went where they had changed toilets before, and we took the toilet and brought it there. Yes, we brought some things from home. Like that. At other centres, we asked them to send a handyman to fix a tile, a tile, a broken wall. That building is unsanitary!
>
> ...
>
> Mostly, we raised money for repairs. We searched cellars here in the Directorate, WCs, toilet seats, because you cannot leave it this way... you can't leave them there as such.
>
> And did this happen from the beginning or from when there was not much funding?
>
> From when there was not much funding.
>
> And approximately from when was there not much funding?
>
> Funding, what do you mean by funding? No one gives you funding. The Directorate cannot give, for example, funds to buy a toilet. It cannot buy...
>
> And even at the beginning, it couldn't buy?
>
> No, we begged various organizations and foundations, or...

And have these disappeared, well, have they run out of funds as well?

Completely! They are also left out of money as well. So, no one is willing to buy a toilet seat or a toilet bowl, or a shower, or fix the tiles that were already damaged and deteriorated, and now as these are being used all the time the walls broke, the plaster fell away. Luckily, we found at a centre in Odăi some people who work, companies that work through the Directorate, and we asked for a bag of cement or something so they could plaster the wall. You can't let the walls deteriorate. Yes. No one thinks about these things. The Directorate cannot take on expenses that it cannot justify. And that seems fair to me.

(RO10, F, public administration agency)

The Polish and – to a lesser extent – the Romanian welfare provision for people with disabilities is reported to be superior to that in Ukraine. Interviewees also referred to Western European societies as being better off in this respect. A learning process would be useful, including training for service providers by people with proven positive experience in helping refugees. Such a process helps faster growth of the capacity and skills for helping refugees in general, and those with disabilities in particular. The resulting human resources could be used for transferring the knowledge and intervention to postwar Ukraine, or to other war/postwar zones.

4.8. LONG-TERM VISION

In both countries, the institutional system is adjusted every few months to provide an adequate response to the dynamics of the refugee flow. While constant adjustments are natural, since no one can accurately predict the evolution of the war, a long-term vision is needed as a general stance towards the faith of those seeking protection. As one of the interviewees puts it, the current situation is simply increasing anxiety and uncertainty among the refugees:

> What do you do after nine months, let's say, in which you haven't registered, haven't found a job, what happens to them? Do they have to leave Romania, come, end up in whose care? Because we are approaching the expiration, let's say, of the number of months they foresaw. Yes, no, I took what I had, health, disabilities, I had education and access to... Many of them, because we don't have developed social services, have been taken over by NGOs, but even there the funding has been, maybe still is, but in terms of immediate perspectives, I know it's shrinking, I mean NGOs no longer receive funding, sensitivity is not as great, interest has shifted to other areas of the world where concentration is needed, humanitarian aid.
>
> (RO20, F, NGO focused on immigrants)

Receiving countries must elaborate long-term legislative solutions and policies, so that any kind of refugees can make their life strategies in the long-term perspective. Living in temporariness is neither good for the refugees nor for the receiving society.

4.9. EXPERTISE

The more one deals with cases of refugees, the more one understands how to deal with the welfare support system, and can quicken the process:

> Yes, I'll tell you about what we already have in the UNICEF project and the problems that families report to our family consultants. Such a problem arises, for example, that a family reports that a child has a disability, but, for example, they do not have knowledge, they do not know how to do this step by step in Poland, how to confirm it and obtain a medical certificate in Poland. The family consultants have already worked on many different steps and paths, how to do it, and they guide the family along this path. They help and explain to families what steps the family must take in order to obtain this disability in Poland. That is, they report, for example, that children have a disability, but only Ukrainian, and then they begin the process of submitting documents and obtaining a certificate in Poland.
>
> (PL03, F, NGO focused on issues other than refugees or people with disabilities)

Such expertise is typically said to be acquired by other immigrants:

> For family consultants and support leaders, it was also a new challenge because, as I mentioned, they are Ukrainian speakers, and the majority of them arrived in Poland during the war. Therefore, it was a challenge for them to go through these steps, get to know the system, understand how the Social Insurance Institution (ZUS) and Family Support Centres (MOPS) work, and how to submit various applications.
>
> (PL03, F, NGO focused on issues other than refugees or people with disabilities)

Aside from bureaucratic expertise, additional expert needs are related to the professionalization of the helpers, in terms of competencies in social work and counselling.

4.10. NGO FLEXIBILITY

Quick reactions are often reported to benefit from NGO flexibility, both in terms of intervention and budgeting, in contrast to public agencies:

> Because we know that there were simply no procedures then, everything was spontaneous, improvised. So, that was a difficulty because there was a sense of helplessness. At some point, it became symptomatic when we directed our financial support to non-governmental organizations, and we received a request from one of the voivodeship offices asking if we could pay for translations of medical documentation for individuals applying for a disability assessment. So, it showed a bit the position we were in.
>
> (PL15, F, NGO focused on people with disabilities)

> So, indeed, right at the beginning, it was particularly noticeable that this burden fell on non-governmental organizations. And going back a bit to the ombudsman, after the 24th of February, new responsibilities fell on us because we knew that, let's say, up to that point, especially my department, we were dealing specifically with the Polish-Belarusian border, but here we are also dealing with a new situation, that many people with various sensitivities are crossing the border. And more people from the office, actually the whole office, and in a sense, every team, got involved in working towards ensuring that if there were any violations of the rights of these individuals, it would be clarified and that such violations would not occur in the future.
>
> (PL17, F, NGO focused on immigrants)

The flexibility of the NGOs made immediate help possible. However, the price NGO workers paid was high. The humanitarian aid system cannot be based only on NGOs.

4.11. EDUCATION

In Warsaw, to increase school attendance, a Ukrainian school was created:

> We have a school. The school, [Anonymized] School. It was actually created quite quickly as a response to ensure that children who came after the escalation of the war could at least finish the school year in the Ukrainian system. And by this time, now we are preparing for the next school year, but... And it was created very quickly, and it has been following the Ukrainian curriculum until now. And it's also interesting that all teachers and all school staff are also refugees.
>
> Yhm.

> They are also refugees, and children are also, so here we also have, separately, like, the school has a bit of a separate life from the foundation, but we also operate with the whole programme... For youth. And [Anonymized], for example, was quite popular among children and young people here. There are now also Ukrainian dances for children, so here we have, like, as it is a meeting centre, there are also events for adults, but also events for young people, sometimes there were even, there were some fairy tales made here with us, but besides that, for years now, the Ukrainian House has the Saturday Ukrainian School. Yes. Where migrant children often could take advantage of the fact that in addition to the Polish education system, where they are, to maintain their traditions, culture, and history, they also use the Saturday Ukrainian School. And, by the way, Centrum [Anonymized] and children, situations of teenagers without guardians are also formally very difficult, formally very difficult, and we don't always, if you will, can really take it on here, we will always look for where the older person responsible for these children is, but on the other hand, looking at 17-year-olds who could already travel on their own, sometimes, it is also a very individual issue, because sometimes, if their independence and the desire for independence are often even scary for us, but we also see that, oh, you can probably cope with life at this time, haha, and it really happened, but... The topic of education right now, and it's the second year repeating, July, August, well, a very hot topic.
>
> (PL02, F, NGO focused on immigrants)

In Bucharest, NGOs provided non-school educational services to children. Similar practices are to be found in Warsaw, and the interviewees suggested that creating bonds with the beneficiaries helps in promoting such actions:

> How did you manage to convince parents to enrol their children in the club?
>
> They were enrolled, but no one came, because I have, as if, haha, my own, that I know they were, there was a lot of trauma, as I observed them, and I also know that, for example, this place opened up, in general, the centre opened in July. And I also heard from the kids that before they found this place, they were in many places...

Other places before...?

Other places. And it was such that what I said at the beginning, that surprise, that: Are you here? Yes? And today too? And what, will you be here tomorrow? And they kept coming back, and from this communication, I heard that all the time: Oh, so many people came to us, said something, and then disappeared, and it wasn't like that, we talked about it, what is it called in Polish, this contact? Establishing?

Relationships? Bonds?

Bonds, yes. Those bonds. It was just what needs to be there for a kid, it just was, and for adults too, I think, because the systems were just broken for everyone, broken. And we just kept talking that yes, we're here, giving each other signs. I also wondered a bit if I could, for example, come because I know where the kid lives, can I go and knock there, for example, and say: Hey, I'm here, you can come, so maybe you need some help, play, we're doing something today, like drawing something or making some decorations for the holidays, come join. And just after some time, it remained, when I no longer had to go there to call someone, they already saw that we are here.

(PL18, F, NGO focused on immigrants)

The education of Ukrainian child refugees is one of the most pressing problems in receiving countries. Some children have been outside the educational system for a long time. Some children with disabilities have never attended school. If schools are to accept all Ukrainian children, they need further support from the states. Another issue is children who in Ukraine are adults, but according to the receiving country's law are underaged, their situation requires special consideration.

4.12. JOB SEARCHING

Non-disabled refugees also find it difficult to find employment, and dedicated assistance proved to be necessary, and may act as a long-term solution for integration, that can be also applied to people with disabilities:

> But I don't know why. Yes, they understand Romanian and speak it, but most of them don't seem to be from rural areas; they seem to be from urban areas. Yes, I mean, it shows in their appearance, their looks.
>
> Their clothing?
>
> Their clothing, yes, and the fact that they are very clean, well-groomed. No, for us, it's not... I mean, for us, this is not a criterion for helping them or not because, practically, if the war came and caught him in a good financial situation, and he had everything at home, when he left, he probably left with the Louis Vuitton bag he had at home, I mean... but many of them can't do what they used to do back home. There are a few people who said, "Look, I can still manage online, and I try to do various online things or try to manage doing nails," but they don't have a stable income. I mean, they don't necessarily have the guarantee that they have the same amount of money every month. Some people have declared, "I am here alone, my husband doesn't help me with anything, he manages as he can. He stayed there, manages as he can, and I am alone with the children." I think most people are like that, mothers who came with their children, he stayed in Ukraine, he may or may not send money, depending if he can. These are their statements, or yes, he is away, he stayed but works on a ship, sends money from time to time. Some people declare, "Yes, he helps me from time to time, but the money is not enough because I work, I have small children, there's rent to pay here, the cost of living, money for the children's food," so generally, that's their story. There are young children; they can't work because they have to stay home together. With those from Jobs for Ukraine,we have an ongoing project, not ongoing, it's in implementation, trying to get it off the ground, through which we manage and try to help them find jobs in Romania. For those with young children, we support them with daycare for those with young children or with after school if they already have the child in kindergarten or yes... So, there are all kinds of...
>
> (RO12, F, NGO focused on issues other than refugees or people with disabilities)

Finding a job is one of the basic aspects of the integration process. It is important for non-disabled people and people with disabilities if they can work. Even if a person was affluent back home, it does not mean that they can keep their financial status in a receiving country. Assisting in this area is crucial for making refugees independent.

4.13. POST-INTEGRATION HELP

Available service provision in the host society might be a problem in the long run and assistance in finding proper medical providers is sometimes required:

> Interviewer: You mentioned that you increasingly have to send refugees to doctors, and doctors don't have much time, they've occupied their spots, they don't have much time. Do you think that now when the flow is smaller compared to when the flow was larger, there are more requests to send refugees to the doctor?
>
> Yes, because the flow was large of Ukrainians coming to Romania, but they didn't necessarily stay in Romania.
>
> Among those who stayed in Romania, they realized that they also need medical services; it's natural to have more. Because they stayed and said... we stay for a month, two, and they realized they need material support, food, and shelter. Later, they realized that you can't stay and... I mean, you need a doctor, right? You need medical care, you need... and then obviously they began to realize, hey, what am I doing, staying in Romania? Okay, then I have to get a job, I have to register with a family doctor to see what to do with the child, send him to school or not? And I think that's why, because most of them realized that they will stay in Romania for a while, maybe not necessarily permanently, forever, until the end of their lives.
>
> But I don't know, 1 year, 2 years, and then they began to... and they need, I mean, there are cases where no, they want to register with a family doctor, but there are also medical problems, most of them have medical problems, yes, unfortunately, we don't work much in this area of the elderly,

> as an organization, that doesn't mean we refused them. When they came, we listened to their story, and we tried to support them. We had elderly people for whom we wrote to the family doctor and tried to help them. But yes, there are sick people, unfortunately, among the Ukrainians, and I told you, and this area of psychiatric disabilities exists, it exists, and even now I'm working with my colleagues on the map of services we can have for Ukrainians in Bucharest, and this part of... I even thought, look, this gentleman comes with disabilities, it's like it's targeted. I got this area of disabilities to deal with, and I can't find it, I'm, I'm in total collapse, I can't find...
>
> (RO12, F, NGO focused on issues other than refugees or people with disabilities)

The same applies to various other services, showing the need for long-term assistance:

> But despite everything, well, it is difficult, firstly, to rent an apartment. I also noticed, it's a bit of a case with Nadarzyn [a reception centre], but also a case with other accommodation points, that these individuals often have no one to turn to for help, like going to the doctor, handling formalities.
>
> (PL17, F, NGO focused on immigrants)

Refugees with disabilities need long-time and stable forms of support which go beyond integration of migrants.

5. REFERENCES

Aspalter, C. (2023). *Ten worlds of welfare capitalism: A global data analysis*. Springer Nature.

Bešić, E., Paleczek, L., & Gasteiger-Klicpera, B. (2020). Don't forget about us: Attitudes towards the inclusion of refugee children with (out) disabilities. *International Journal of Inclusive Education*, *24*(2), 202–217.

Crock, M., & Ernst, C. (2017). Where disability and displacement intersect: Asylum seekers and refugees with disabilities. In: Crock, M (eds.) *Refugees and Rights* (pp. 349–378). Routledge.

European Commission. (2021). *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030*. Publications Office of the European Union.

King, J., Edwards, N., Correa-Velez, I., Hair, S., & Fordyce, M. (2016). Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia. *Disability and the Global South (DGS)*, *3*(1), 843–864.

Mirza, M. (2011). Disability and humanitarianism in refugee camps: the case for a travelling supranational disability praxis. *Third World Quarterly*, *32*(8), 1527–1536.

Nowicka, M., Deliu, A., Szarota, M., & Voicu, B. (2024). *The capacity of Polish and Romanian stakeholders to provide support to Ukrainian refugees with disabilities in the metropolitan areas of Warsaw and Bucharest*. Warsaw: Collegium Civitas. DOI 10.6084/m9.figshare.26590963

Peterson, V. (2013). Understanding disability under the Convention on the Rights of Persons with Disabilities and its impact on international refugee and asylum law. *Georgia Journal of International & Comparative Law*, *42*, 687.

World Health Organization [and] the World Bank. (2011) *World Disability Report 2011*.

6. APPENDIX: LIST OF SUPPORT PROVIDERS IN BUCHAREST

Name	Website	Address	Email	Phone number	Scope
CNRR – Consiliul Național Român pentru Refugiați	https://www.cnrr.ro/index.php/en/	Strada Viesparilor, nr. 19, etaj 2, sector 2, București, România	office@cnrr.ro	+4 021 312 62 10 +4 031 405 02 75	Provides services to refugees
AIDRom – Asociația Ecumenică a Bisericilor din România	https://www.aidrom.ro/?page_id=67&lang=en	Strada Ilarie Chendi, Nr. 14, Sector 2 București	aidrom@gmail.com	021 212 4868	Provides services to refugees
Terre des hommes	https://www.tdh.ro/en	Strada Corbeni Nr. 6, Sector 2, Cod postal 020783, București, România	rou.office@tdh.org olga.mititelu@tdh.org	0756 772 239	Provides services to refugees and migrants (children affected by migration)
ARCA – Romanian Forum for Refugees and Migrants	https://www.arca.org.ro/	Strada Austrului, nr. 23, Sector 2, Bucuresti	office@arca.org.ro	+40 212527357	Provides services to refugees

Name	Website	Address	Email	Phone number	Scope
JRS – Jesuit Refugee Service	https://jrs.net/en/home/	Maior Ilie Opriş street, sector 4, Bucharest, Romania, Postal code 041378	jrsromania@gmail.com	Ukrainian language 0040744405657 English/Romanian language 0040732129238	Provides services to refugees
Salvați Copiii	https://www.salvaticopiii.ro/	Intr. Ștefan Furtună nr. 3, sector 1, 010899, București, România	secretariat@salvaticopiii.ro	+40 21 316 61 76	Extends services to refugees
World Vision Romania	https://worldvision.ro/	Str. Rotașului, Nr. 7, Sector 1, București, 012167	General: comunicare_ro@wvi.org For Ukrainian refugees: SupportUCR@wvi.org	General: +40 731 444 013 For Ukrainian refugees: +40754600244	Extends services to refugees
FONPC – Federația Organizațiilor Neguvernamentale pentru Copii	https://fonpc.ro/ https://fonpc.ro/membri-fonpc/		office@fonpc.ro	0753 012 866 / 0753 012 896	Federation of NGOs providing social services to those in vulnerable situations. Extends services to refugees through some of its members.
Youth Centre – FNT	https://rotineret.ro/ https://www.facebook.com/centruldetineretfnt/	Căderea Bastiliei 11 Bucureşti Sectorul 1, Romania, 010611	office@rotineret.ro	+40 763 661 036	NGO focused on services for youth, extending their services to young Ukrainian refugees.
ICAR Foundation	https://www.icarfoundation.ro/en/	Bd. Unirii 70, Bloc J5, Sector 3, București, Cod postal: 030836	icar@icarfoundation.ro	+40 21 321 22 21	Provides services to refugees
Fundația Iocenți (Romanian Children's Relief)	https://inocenti.ro/	str. Gh. Tattarescu 4, Bl. P1, Ap. 57, Sector 3	office.bucuresti@inocenti.ro	+40 075 124 2282	Provides services for children with health problems, extends services to Ukrainian refugees.

7. APPENDIX: LIST OF SUPPORT PROVIDERS IN WARSAW

Name	Website	Address	Email	Phone number	Scope
Biuro Rzecznika Praw Obywatelskich	https://bip.brpo.gov.pl/pl/content/zlozenie-wniosku-do-rzecznika-praw-obywatelskich	Al. Solidarności 77, 00-090 Warszawa, Woj Mazowieckie	biurorzecznika@brpo.gov.pl	22 551 77 00; Infolinia: 800 676 676	Deals with violation of civil rights
CARITAS POLSKA	https://caritas.pl/	Caritas Polska ul. Okopowa 55 01-043 Warszawa	caritaspolska@caritas.pl	+48 22 3348500, +48 22 3348585	Social support to various groups
Centrum Pomocy Uchodźcom Z Niepełnos-prawnościami	https://www.fundac-jaavalon.pl/programy/centrum-pomocy-ucho-dzcom-z-niepelnos-prawnosciami/	Domaniewska 50A, 02-672 Warszawa	pomoc@fundacjaavalon.pl; kontakt@fundacjaavalon.pl	534 452 357	Support for people with disabilities
Chcemy całego życia	https://chcemycalegozycia.pl/	n/a	inicjatywa@chcemycalegozycia.pl	n/a	Support for people with disabilities
CPK Warszawa	https://cpk.org.pl/	ul. Wilcza 60 lok. 19 00-679 Warszawa	sekretariat@cpk.org.pl	800 10 7777	Support for women

Name	Website	Address	Email	Phone number	Scope
Fundacja „Nasz Wybór” (Ukraiński Dom w Warszawie)	https://naszwybor.org.pl/projekty/ukrainski-dom/	ul. Zamenhofa 1 00-153 Warszawa	48 727 805 764	biuro@naszwybor.org.pl	Support for migrants
Fundacja Aktywnej Rehabiliotacji “FAR”	https://far.org.pl/	Łowicka 19, 02-574 Warszawa, Woj Mazowieckie	22 651 88 03	info@far.org.pl	Support for people with disabilities
Fundacja Avalon	https://www.fundacjaavalon.pl/	ul. Domaniewska 50A 02-672 Warszawa	534 452 357	kontakt@fundacjaavalon.pl	Support for people with disabilities
Fundacja Kulawa Warszawa	https://www.kulawawarszawa.pl/	n/a	+48 796 866 601	fundacja@kulawawarszawa.pl	Support for people with disabilities
Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych (PFRON)	https://www.pfron.org.pl/	al. Jana Pawła II 13, 00-828 Warszawa	22 581 84 10	programy@pfron.org.pl	Support for people with disabilities
Polski Głuchych Związek Zarząd Główny	https://www.pzg.org.pl/	ul. Białostocka 4 03-741 Warszawa	+48 22 831 40 71	biuro@pzg.org.pl	Support for people with disabilities
Polskie Forum Migracyjne	https://forummigracyjne.org/	ul. Górczewska 137, 3 piętro 01-109 Warszawa	+48 692-913-993	info@forummigracyjne.org	Support for migrants
Polskie Forum Osób z Niepełnosprawnościami	https://pfon.org/	ul. Białostocka 4 lok. 2, 03-741 Warszawa	(+48) 22 299 18 62	biuro@pfon.org	Support for people with disabilities
Stowarzyszenie Mudita	https://stowarzyszeniemudita.pl/	ul. Jaracza 24/31, 31-216, Kraków	kontakt@stowarzyszeniemudita.pl	+48539866471	Support for people with disabilities
Warszawskie Centrum Pomocy Rodzinie	https://wcpr.pl/ https://wcpr.pl/kontakt/warszawskie-centrum-pomocy-rodzinie-targowa	ul. Targowa 81 03-408 Warszawa	sekretariat.targowa@wcpr.pl	22 270 30 22	Warsaw social service agency