

# **Research brief**

**Building Bridges: Strengthening Inclusion for  
Refugee Children Living with Disabilities in  
Poland**



# Research brief



**The Ukraine Crisis has created over six million refugees across Europe, with 1.5 million seeking temporary protection in Poland, mostly comprising women and children. Refugee women, many of whom are single heads of households, face challenges supporting themselves and their children. In particular, access to quality childcare is crucial for their integration into the workforce, and many require free or low-cost childcare services.**

In Ukraine and in refugee host countries, many refugees living with disabilities and their families have struggled to access the services they need. The Convention on the Rights of Persons with Disabilities defines people with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”<sup>1</sup> Globally, diverse children and youth living with disability are at a heightened risk of social exclusion, are more subject to poverty, discrimination, exploitation, and violence. While children and youth of all genders living with disabilities are prone to violence, girls living with disabilities experience heightened levels of inequity, exclusion, and violence due to their disability status and gender.<sup>2</sup>

As part of its response to the Ukrainian crisis in Poland and the region, Plan International Poland supports access to care and education services for children living with disabilities and special needs across Poland, collaborating with two partner organisations: Fundacja Rozwoju Dzieci (FRD) and Patchwork. In collaboration with Plan International Poland and these partners, this study was conducted by ITAR Consultants to gather insights into the needs and challenges faced by children living with disabilities or special needs as well as their caregivers. This study’s findings are based on consultations with caregivers of children under the age of six benefitting from FRD’s and Patchwork’s services, FRD educators and additional key informants with expertise in service provision.

<sup>1</sup> Full text available at [https://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf).

<sup>2</sup> Plan International (2024) Disability Inclusion Programme Guidance.

# Profiles and experiences of children living with disability

To better understand the profiles of children among FRD and Patchwork's project participants, educators and caregivers were asked to describe children's impairments or special needs on the basis of the Washington Group Short Set of Disability Questions.<sup>3</sup> Among study participants, young children have impairments and difficulties related to communication and cognition, pointing to a prevalence of intellectual disabilities, autism spectrum disorders and other special needs related to communication. While diagnoses differ, many children in the study sample face difficulties expressing themselves, with many who do not talk or have stopped talking since arriving in Poland. Some children experience difficulties with socialising and behaviours displaying aggression or issues with attention. Regardless of their specific diagnosis, children have been affected by the trauma of war and displacement as well as by the stress and trauma experienced by parents and within families. These negative impacts of war are essential to consider alongside impairments and special needs experienced by these children and their families in order to understand and effectively address the needs.

Children living with disabilities and their families face twofold stigma. On the one hand, behaviours associated with their condition can be perceived as difficult or problematic in certain situations, particularly in public spaces, and may require parents to repeatedly explain their child's diagnosis. On the other hand, many children and families face discrimination due to their refugee status, and many caregivers feel that high levels of discrimination against refugees further complicates their efforts to navigate their child's needs and care.



<sup>3</sup> The WGQ is a set of questions characterising possible difficulties faced by people living with disabilities for surveys, following the WHO's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

# Use of and access to existing specialised services



Caregivers who participated in this research have different perceptions of the support available in Poland versus what they accessed in Ukraine. Many caregivers accessed these services for the first time in Poland because their child's condition first started after displacement to Poland, or because their child was born in Poland. Regional differences in the availability of care within the two countries make it difficult to draw firm conclusions regarding differences between the two countries' systems. However, key elements include (1) different models preferring inclusion in Poland versus a preference for institutionalisation in Ukraine, (2) different approaches to diagnosing disabilities, resulting in different classifications in each country, and (3) different cultures and attitudes, with a seemingly stronger reluctance to openly discuss disabilities or psychological needs in Ukraine. It is essential to note that children living with disabilities and special needs in Poland face many of the same challenges as refugees, linked to high levels of bureaucracy and limited capacity within public healthcare and administrative services, which are linked to long waiting times for official decisions on disability status and essential specialist care.

Refugee children living with disabilities rely on a combination of public services provided by the Polish government and services provided by civil society organisations. To navigate administrative processes for accessing free healthcare and childcare, caregivers can utilise support provided by international organisations and local non-governmental organisations (NGOs). FRD's 'Spynka' programme provides early childhood education and care to all children under the age of six from Ukraine and Poland. Each centre, or Spynka, also facilitates access to specialist care for children as well as administrative support and psychological support for caregivers. Other organisations such as UNICEF, Caritas and the Red Cross also provide support following a similar model. Patchwork, an NGO focusing specifically on children living with disabilities or special needs, also follows a similar model, integrating services for the whole family and offering specific support to caregivers. Caregivers who have the financial means also rely on private healthcare and education.

Key barriers to accessing adequate services for refugees are language barriers and the lack of clear and complete information regarding the services available to them. In addition, an important barrier relevant to all families of children living with disabilities across Poland is the administrative process, characterised by long waiting times and incurring financial burdens.

# A focus on caregivers' needs



Caregivers receive financial support from the state and day-to-day support from civil society organisations. Financial support is available to all caregivers of children living with disabilities (refugees or not) following a lengthy administrative procedure and provided their child is in possession of an official Polish certificate confirming the diagnosis. Meanwhile, (I)NGOs offer psychosocial support, access to information, administrative support (for example, gathering and translating relevant documentation) as well as trainings on effective and holistic care for their child. (I)NGOs address caregivers' key needs by providing information on existing services and how to access them, as well as financial and administrative support to access state aid. The need to provide constant care for their children without a break can exert a negative impact on caregivers' wellbeing and financial independence.

Models such as FRD's Ssynka tackle caregivers' and children's needs in an effective manner by providing integrated services reaching both children and their caregivers, in an inclusive manner that provides tailored support to all children based on needs assessed in the centre. This approach helps to tackle barriers that can prevent families from accessing the care they need through providing support in translation, financial resources, information, and access to specialists. Even children who have not been diagnosed with a condition due to their refugee status may have special needs, such as psychological support or speech therapy, as some children stopped speaking when asked to interact in a Polish environment. The integrated services offered in the Ssynkas help ensure that they can receive this support despite potential stigma or reluctance to ask for mental health and psychosocial support.



# Highlighted findings



## #1 The main challenges for children with disabilities and their families are:

- 1** **language barriers** that make it challenging for refugees to be aware of services available to them and their eligibility, the need to translate official disability certifications which are necessary to access care, and make it difficult for families to benefit from effective specialist care that requires mutual understanding, and to provide a secure environment for a traumatised child living with a disability or special need;
- 2** **lack of clear and complete information** on public aid and services that children living with disabilities and their families may be eligible for, the required administrative procedures to access these services, and other services offered by international organisations and NGOs; and,
- 3** **lengthy administrative procedures** with long waiting times (at least six months) to obtain or translate official disability certifications and to access specialist care.

## #2 Key needs for children living with disabilities among refugees in Poland are:

- 1** **regular access to specialist care** adapted to their specific conditions and in their own language, which is challenging given the shortage of trained specialised staff who can speak Ukrainian/Russian; and,
- 2** **continued mental health and psychosocial support (MHPSS)** to ensure adequate care in line with their disability but also, and especially, to help them process the trauma linked to war and displacement, translating into further difficulties communicating and socialising.

### #3 Key needs among children's caregivers are:

- 1 **simple access to information**, related to support available for refugees and services for children living with disabilities;
- 2 **time for meaningful self-care**, gained through access to childcare so that caregivers have time to focus on self-care and job search to meet their financial needs;
- 3 **personalised support**, through either individual MHPSS sessions and/or community-based group sessions with other caregivers; and,
- 4 **training** on their children's needs, for example, effective ways of communicating with their children and responding to their child's emotions.

### #4 FRD's Ssynka programme successfully meets the needs of children living with disabilities and their families by:

- 1 combining childcare and access to specialist care (including speech therapy, psychological care, neurology, etc.) in the Ukrainian language, therefore filling a gap when public services cannot be accessed in a timely manner. Almost half of the caregivers consulted (seven out of 16) spontaneously mentioned that their child had displayed improvements since attending the Ssynka;
- 2 supporting parents through dedicated trainings, MHPSS and administrative support. For many families, the Ssynka is an accessible means of obtaining the immediate information and services they need in one space; and,
- 3 addressing the needs of all children regardless of disability or diagnosis, including providing care for children recovering from trauma due to war and displacement.

# Recommendations



As a crosscutting consideration, it is recommended that all actions that engage children living with disabilities and their families be underpinned by the human rights and empowerment approach, in which “inequalities are assessed on the basis of barriers and power and activities implemented under the human rights and empowerment approach focus on the removal of barriers and the balancing of power dynamics (including through the empowerment of persons with disabilities) to achieve greater equality.”<sup>4</sup> All actions should also recognise how disability status interacts with other identities and statuses (including gender identity, economic background, refugee status, age, etc.) and can compound exclusion.

## Immediate support:

- Access to information:

Create a centralised online platform centralising all available information in Ukrainian on general support for refugees, childcare and education, and support to parents and caregivers. This platform should ideally reach all refugee families, with information on special services for people living with disabilities integrated into each section. It should build on the website for UNICEF’s Spilno programme in Poland,<sup>5</sup> as well as tools already developed by other organisations (e.g. Patchwork’s guidelines for Ukrainian caregivers) and information on other services available to refugee women, including caregivers (e.g. related to protection, health and sexual and reproductive health and rights).

Centralise and share knowledge about organisations providing dedicated support to children living with disabilities and their families among all relevant partners. The list can be compiled based on FRD’s mapping provided in this report, which can provide a starting point to be maintained up to date.

<sup>4</sup> Plan International (2024) Disability Inclusion Programme Guidance.

<sup>5</sup> UNICEF’s Spilno hubs in Poland are based on a UNICEF programme in Ukraine (SPILNO. Social services for families in communities). These hubs provide integration, mental health, legal, protection and educational support to vulnerable children and their families who are refugees from Ukraine. As part of the programme, a website provides essential information on services and support available.



- Continued support and funding to organisations offering childcare services and support to caregivers following an integrated model such as FRD's Spynka programme.
- As part of Spynkas or separately, provide MHPSS for caregivers through individual sessions, ideally in person or on the phone.
- Training for caregivers on the psychosocial needs of their children and families, and on cultural differences between the Polish and Ukrainian systems to support their integration.
- Training for educators in schools to ensure they have essential knowledge on disabilities and special needs, and training for translators in key administrations (including hospitals), as well as continuous training for specialised staff in organisations providing childcare like FRD and Patchwork.

## Medium- and longer-term support:

- Set up and maintain a working group on inclusion with key stakeholders working in this thematic area, including organisations such as Plan International Poland and its partners, international and local NGOs, representatives of state organisation(s) such as the State Fund for the Rehabilitation of the Disabled (PFRON). This working group can be maintained through quarterly meetings discussing current services, discontinued services, funding needs, emerging needs etc.
- Consider training needs for caregivers from a longer-term perspective, towards an eventual return to the Ukrainian system. This would involve training caregivers and children on utilising special equipment (such as hearing aids, insulin pump, and other equipment) or practices that support their children to thrive being designed with durability in mind in the case of an eventual exit from Poland. For this, trainings should consider developing guidelines in Ukrainian or 'how to' videos.
- Advocate at the Polish national level for:

Increasing financial and human resources dedicated to providing accessible and inclusive education for all children with disabilities who are living in Poland;

Reinforcing social services' capacities to reduce waiting times and facilitate administrative procedures for: (1) refugees seeking to convert existing certifications, (2) all caregivers of children living with disabilities seeking to access benefits, and (3) all caregivers seeking to establish a diagnosis for their child; and,

Raising awareness on the needs of children living with disabilities and their caregivers, including through spotlighting the work carried by Polish NGOs who provide financial, administrative, and MHPSS support to caregivers.

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