

Building Bridges

**Towards Inclusion for Refugee
Children living with Disabilities in
Poland**



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Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
CLWD	Child living with a Disability
EU	European Union
FDDS	Fundacja Dajemy Dzieciom Siłę
FGD	Focus Group Discussion
FRD	Fundacja Rozwoju Dzieci
INGO	International Non-Governmental Organisations
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
NFZ	Narodowy Fundusz Zdrowia – National Health Fund
NGO	Non-Governmental Organisations
PESEL	Polish National Identification Number
PESEL UKR	Polish National Identification Number for refugees from Ukraine
PSS	Psychosocial Support
PFRON	Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych – State Fund for the Rehabilitation of the Disabled
SEN	Special Educational Needs
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics
WHO	World Health Organisation

Report overview

Plan International Poland commissioned ITAR Consultants to conduct a study on disability inclusiveness as part of the project **Safe and Sound – Ensuring child protection and uninterrupted education to alleviate the suffering of refugees from Ukraine and vulnerable host communities**. This document constitutes the final report for this study. It is structured as follows:

- **Executive summary**;
- **Introduction**, presenting the study objectives, methodology and limitations;
- **Context analysis**, providing a review of the national context in which the study takes place, based mainly on the desk review;
- **Study findings**, presenting the principal study results;
- **Conclusion and recommendations**, highlighting key findings and resulting recommendations to improve the inclusion of children living with disabilities among refugee communities;
- **Annex**, including a list of relevant organisations providing services for children living with disabilities and their families across Poland.

Executive Summary

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. Approximately 5% of refugees from Ukraine in Poland are estimated to be living with some form of disability.¹ Refugee women, many of which are single heads of households, face challenges supporting themselves and their children. 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, internally displaced persons and refugees living with disabilities have struggled to access the services they need. It is important to note that all Polish residents with disabilities also face challenges in accessing state provided services and discriminatory social norms. The Convention on the Rights of Persons with Disability defines people with disability 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.”² Globally, diverse children and youth living with disability are at a heightened risk of social exclusion and are 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.³

As part of its activities for the Ukrainian response in Poland, Plan International Poland supports access to care and education services for children living with disabilities and special needs across Poland with two partner organisations: Fundacja Rozwoju Dzieci (FRD) and Patchwork.

In collaboration with 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. Through desk research as well as consultations with caregivers of children under the age of six benefitting from FRD or Patchwork services (16), FRD educators (7), additional key informants (7), as well as an

¹ UNHCR (2024). Ukraine Situation Regional Refugee Response Plan (January-December 2024)

² Full text available at https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf.

³ Plan International (2024). Disability Inclusion Programme Guidance.

from FRD or Patchwork services (16), FRD educators (7), additional key informants (7), as well as an online survey distributed among FRD and Patchwork staff (15), data was collected and analysed to identify programmatic recommendations in this sector.

Understanding the profiles and experience of children living with disabilities among refugees from Ukraine

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.⁴

Overall, among the 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, most children in the study sample face difficulties expressing themselves, with many who do not talk or have stopped talking since arriving in Poland. Also recurrent are difficulties in socialising and behaviours displaying aggression or issues with attention. Importantly, regardless of their specific diagnosis, the children have been affected by the trauma of war and displacement as well as by the stress and trauma experienced by their parents. These negative impacts of war are essential to consider alongside impairments and special needs experienced by these children's families in order to understand and effectively address their 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, children and families face discrimination due to their refugee status: many caregivers feel that high levels of discrimination against refugees further complicate their efforts to navigate their child's needs and care.

Use of and access to existing services for children with disabilities in Poland

Caregivers who participated in this research have different perceptions of the support available in Poland compared to the situation in Ukraine. Many caregivers accessed these services for the first time in Poland because their child's condition first became apparent 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 around comparison of the two systems. However, key elements include (1) different models, with a system based on 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

⁴ 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.

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. Local and international non-governmental organisations (NGOs) also support caregivers to navigate the administrative processes for accessing free healthcare and childcare.

FRD's Spynka programme provides early childhood education and care to children under the age of six from Ukraine and Poland. Each centre, or Spynka, also provides access to specialist care for children who need it as well as administrative support and psychological support for caregivers. Other organisations such as UNICEF, Caritas and the Red Cross provide support following a similar model. Patchwork, while focusing specifically on children living with disabilities or special needs, also follows a similar model, integrating services for the whole family and specific support to caregivers. Caregivers across Poland who can afford it 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 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 has an official Polish certificate confirming the diagnosis. Meanwhile, (I)NGOs offer psychosocial support, access to information, administrative support (e.g. gathering and translating relevant documentation) as well as some trainings on effective 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 Spynka tackle needs effectively by providing integrated services targeting both children and their caregivers, in an inclusive manner that provides tailored support to all children based on needs assessed in the centre. This helps mitigate 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 required to interact in a Polish environment. The integrated services offered in the Spynka help ensure that they can receive this despite potential stigma and/or unwillingness 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 refugees from Ukraine living with disabilities in Poland are:

- 1** **regular access to specialist care** adapted to their specific conditions and in their own language, which is not always possible given the shortage of trained specialised staff who can speak Ukrainian/Russian; and,
- 2** **continued mental health and psychosocial support (MHPSS)** in order 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 are able to focus on selfcare and job search to meet their financial needs;
- 3** **personalised support**, through either individual MHPSS sessions and/or structured group PSS sessions with other caregivers; and,
- 4** **training** on their children's needs including, 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 (such as speech therapists, psychologists, and neurologists) 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; 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



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.”⁵ 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 gathering all available information in Ukrainian on general support for refugees, childcare and education, and support to parents and caregivers. This platform should ideally target all refugee families, with information on special services for people living with disabilities integrated into each section. This should build on the website for UNICEF’s Spilno programme in Poland⁶ 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 mapping exercise conducted by FRD can provide a starting point for a list of service providers.

⁵ Plan International (2024). Disability Inclusion Programme Guidance.

⁶ 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, training for translators in key administrations (including hospitals), and continuous training for specialised staff in organisations providing childcare like FRD and Patchwork.

Medium and longer term:

- Set up and maintain a working group on inclusion with key stakeholders working in this thematic area. The working group might include organisations such as Plan International Poland and its partners, international organisations and NGOs such as Caritas and the Red Cross, UNICEF, and representatives of state organisation(s) such as the State Fund for the Rehabilitation of the Disabled (PFRON). This working group could convene quarterly meetings to share information about best practices and discuss 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 means that training on utilising special equipment (e.g. hearing aids, insulin pump) or practices that support their children to thrive should be designed with sustainability in mind, anticipating that there will be an eventual exit from Poland. For this, trainings should consider developing guidelines in Ukrainian or 'how to' videos that would remain accessible in the long-term.
- Advocate at the national level in Poland 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 highlighting the work carried by existing local NGOs who provide financial, administrative, MHPSS support to caregivers.

1. Introduction

Research objectives

The aim of the study was to **understand the specific needs and barriers faced by girls and boys living with disabilities to inform Plan International Poland’s future programming and policy for vulnerable communities in Poland**. Given the nature of Plan International’s activities in Poland, the study focused primarily on refugees from Ukraine, with a focus on children under the age of six, in line with the primary participants of the Safe and Sound project.

The table below summarises the research questions that this study sought to answer, along with the data collection methods.

Research topic	Research questions	Methods for data collection
Target community	Who are the young children living with disabilities in our target communities?	Desk review FGD & KIIs
	What are the disabilities they are living with?	Desk review FGD & KIIs Survey with childcare providers
	What are their opinions, experiences and situations, and how do these differ among boys and girls living with disabilities?	FGD & KIIs
	What stigma have they faced and what can help with this?	FGD & KIIs
Context analysis	What are the local understandings and attitudes about disability?	Desk review FGD & KIIs
Services	What disability organisations, relevant services and individualised support exist outside the school systems?	Desk review FGD & KIIs Survey with childcare providers
	What is the current situation in terms of use and access to these services by children with disabilities?	Desk review FGD & KIIs Survey with childcare providers

Barriers and challenges	What barriers prevent children living with disabilities from accessing programs services and participating fully in their communities (including legal barriers)?	Desk review FGD & KIIs Survey with childcare providers
Caregivers	What support have caregivers received and did they face any challenge in accessing it? What further support is needed?	Desk review FGD & KIIs Survey with childcare providers

Table 1: Research questions and associated methods for data collection

Methodology

The research team relied on an approach composed of three phases:

1. **Inception phase**, with a desk review and meetings to build the methodology in collaboration with Plan International Poland and its partners, ensuring it is adapted to the reality on the ground;
2. **Data collection phase**, during which the team consulted with caregivers of children living with disabilities or special needs attending the Spynka centres funded by Plan International Poland, educators at these centres and other key informants, including practitioners in other organisations; and,
3. **Analysis and reporting**, culminating in this final report and a roundtable discussing the study's results.

The desk review and the preliminary meeting with FRD conducted during the inception phase allowed the research team to gain a better understanding of the Safe and Sound project, its beneficiaries and the policy and programmatic contexts in which it operates. These preliminary findings led the team to adapt the methodology based on their understanding on the operational reality of the project's implementation.

Overall, the study findings relied on a combination of the following activities:

- Desk review (for an overview of documents analysed, please refer to the Bibliography at the end of this report);
- Consultations with caregivers whose children are enrolled in childcare centres supported by Plan International Poland, through Focus Group Discussion (FGD) and individual Key Informant Interviews (KIIs); KIIs with educators working at FRD childcare centres (Spynkas);
- KIIs with additional informants, namely practitioners (NGO staff, MHPSS specialists, school director); and
- Online survey distributed among childcare centres.

Table 2 below provides a summary of data collection methods used. A goal mapping was also shared with Plan International Poland during the inception phase, including guidelines and questions for each tool with an overview of how each question asked helps to answer the study's research questions.

Topic	Stakeholder	Target	Language
FGD & KIIs	Caregivers of Children with Disabilities (CLWD) enrolled in FRD and Patchwork centres	<p>5 FGDs, with 4-8 participants in Katowice, Wrocław, Łódź, Lublin and Krosno were initially planned. Due to difficulties in identifying caregivers willing to take part in FGDs and some centre closures, FGDs at FRD centres were replaced by:</p> <ul style="list-style-type: none"> • 8 individual KIIs at FRD centres in Wrocław, Łódź and Lublin • an FGD with 8 participants at Patchwork centre in Kraków 	Ukrainian
	FRD educators	<p>2-3 educators per centre in the following locations: Katowice, Wrocław, Łódź, Lublin and Krosno were originally planned.</p> <p>Due to centre closures and the need to switch to individual KIIs with caregivers, a total of 8 KIIs were conducted with FRD educators in Wrocław, Łódź and Lublin.</p>	Ukrainian
Survey	Practitioners	Of the initial 5 practitioners initially envisaged from other local organisations or international organisations active in Poland, only 3 could be consulted, they included Patchwork's CEO, a director of a school for CLWD and a board member of an NGO for children with diabetes. In addition, the team consulted 5 MHPSS specialists.	English, Polish and Ukrainian
	Policymakers	Despite multiple rounds of outreach, no policymaker could be consulted for this study.	Polish or English
	Educators from childcare providers	<p>A short survey was shared online with all FRD centres through FRD's coordinator and with Patchwork.</p> <p>A total of 15 respondents completed the survey.</p>	English and Polish

Table 2: Summary of data collection tools

The table below provides further details into profiles of stakeholders consulted through FGD and KIIs. Stakeholders were in majority female: 15 out of 16 caregivers, all seven FRD educators, and six out of eight practitioners from other organisations.

Type of stakeholders	Number	Gender	Language	Organisation/Location
Caregivers	3	Female	Ukrainian	FRD / Lublin
	1	Male	Ukrainian	FRD / Lublin
	2	Female	Ukrainian	FRD / Wrocław
	2	Female	Ukrainian	FRD / Łódź
	8	Female	Ukrainian	Patchwork / Kraków
Educators	2	Female	Ukrainian	FRD / Lublin
	2	Female	Ukrainian	FRD / Wrocław
	3	Female	Ukrainian	FRD / Łódź
Practitioners	1	Female	English	Patchwork
	1	Female	English	Anonymous
	1	Male	Polish	Zespół Szkół Specjalnych nr 11
	1	Female	Ukrainian	Polskie Forum Migracyjne (PFM) – Polish Migration Forum
	1	Female	Polish	Polskie Forum Migracyjne (PFM) – Polish Migration Forum
	1	Male	Polish	Polskie Forum Migracyjne (PFM) – Polish Migration Forum
	2	Female	Ukrainian	Fundacja Dajemy Dzieciom Siłę (FDDS) – Empowering Children Foundation

Table 3: Profiles of stakeholders consulted

Sampling decisions to consider when interpreting the findings

Sampling considerations, including challenges faced during data collection and mitigation measures, are listed below and should be taken into account when interpreting the findings.

- **Outreach to key informants focused on Mental Health and Psychosocial Support (MHPSS) specialists among Plan International Poland’s partners:** the study team faced difficulties reaching out to key informants for KIIs, namely Polish policymakers at national and municipality levels as well as practitioners from local and international organisations. This might be linked to high workloads of administrations and organisations at the time, as well as a lack of direct contact providing an introduction of the researchers to key informants. To mitigate this, the team extended the period for KIIs from two to three weeks and reached out to over 20 different stakeholders multiple times and offered to conduct interviews both in English and in Polish. Unfortunately, among stakeholders who did reply, few were available during the timeframe of data collection. As an additional mitigation measure, and with approval from Plan International Poland, the team was able to add a couple of key questions to planned KIIs with MHPSS specialists in the context of another study. These MHPSS specialists were from organisations working with Plan International Poland, namely the Polish Migration Forum (PFM) and the Empowering Children Foundation (FDDS), as detailed in the overview of profiles consulted in Table 3 above. These KIIs helped inform study results.
- **Feedback from MHPSS specialists was completed through a survey with childcare providers:** the survey distributed among childcare providers reached 15 respondents. Survey results discussed throughout this study can therefore not be considered as statistically representative of all childcare providers across Poland, especially as respondents were mainly staff from FRD and Patchwork. Nevertheless, they provide an illustrative overview of challenges and success of existing institutions.
- **Caregivers’ experiences and opinions were prioritised:** Given the relatively short timeframe for the study, priority was given to consulting with caregivers in order to ensure their point of view could be reflected in the results. It is therefore important to consider these findings and conclusions as illustrative and informative of their point of view rather than as a systematic review of the sector.

Study participants

Defining the term ‘disability’ is challenging as it risks misrepresenting the varied experience of those living with a disability. The Convention on the Rights of Persons with Disability defines people living with a disability 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.”⁷ Globally, diverse children and youth living with disability are at a heightened risk of social

⁷ Full text of the Convention can be found at https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf.

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. The line between disabilities and conditions such as depression, asthma, obesity or diabetes is not always easy to delineate – especially, as the WHO notes, that disabilities reinforce the risk of developing such conditions.

Special needs, on the other hand, do not have a commonly agreed definition. The term is usually employed in the context of Special Educational Needs (SEN) to designate children who require dedicated assistance or arrangements to fully benefit from education.⁸

Looking at the Polish educational system, children and youth with SEN are considered to include those living with various impairments or disabilities as well as children and youth with other needs:⁹

- Children/youth living with the following impairments:
 - deaf or hearing impaired;
 - blind or visually impaired;
 - motor disability (including aphasia);
 - mild, moderate, or severe intellectual disability;
 - autism spectrum disorders, including Asperger’s syndrome; and,
 - multiple disabilities (i.e., at least two of the above-mentioned disabilities/ impairments).
- Children/youth described as being at a “social disadvantage or at risk of social disadvantage,” referring to children who have difficulties in adapting to social norms, or living with behavioural or emotional disorders. This also includes children with verbal or communication difficulties as well as children who have experienced traumatic situations, who might have specific adaptation needs after living in a different country or have experienced neglect.

In the context of this study and in alignment with the target groups of Plan International Poland’s partners FRD and Patchwork, we refer to children living with a disability or special need to include all of the above.

In addition, it should be noted that the study focused as much as possible on children living with a disability or special need under the age of six. However, while caregivers consulted were all responsible for children within this age group, educators and practitioners occasionally also referred to their experiences with children and youth who were older. Therefore, the findings presented under Section 3 “Study findings” refer to children aged zero to six unless stated otherwise.

⁸ European Commission (2018). Access to quality education for children with special educational needs (produced for the European Platform for Investing in Children).

⁹ Eurydice (2024). Poland. Educational support and guidance. Available at : <https://eurydice.eacea.ec.europa.eu/national-education-systems/poland/special-education-needs-provision-within-mainstream-education>

2. Context analysis

Policy context

The Ukraine crisis has led numerous children to be displaced from Ukraine, facing heightened education, protection and assistance needs

Since the war escalated in Ukraine, over six million refugees have sought temporary protection across Europe, with 1.5 million in Poland, mostly comprising women with children. Notably, 94% of people registered for temporary protection in Poland are women and children.¹⁰

Of these, approximately 5% are estimated to live with some form of disability.¹¹ Considering the official estimate that people with disabilities make up 6% of Ukraine's total population, it could be estimated that at least 336,000 people living with disabilities have left the country.¹² However, the lack of precise statistics on arrivals and settlements of people living with disabilities poses challenges in tailoring support. A needs assessment showed that 8% of Poland's refugee population is at risk of disability (mainly older adults) with 26% requiring access to healthcare.¹³

The crisis is in essence a protection emergency, affecting 5.7 million school-aged children, with 3.6 million facing educational disruptions.¹⁴ Over 490,000 school-age refugee children from Ukraine have registered for protection, along with 189,580 children in the Polish school system and 122,795 children aged 0-4 years.¹⁵

Data from the Ministry of Education and Science of Ukraine reveals that currently, over 3,428 educational facilities in Ukraine were damaged, including 365 destroyed, and 3,798 are repurposed for humanitarian use.¹⁶ Mental trauma is pervasive, especially among children, impacting their well-being and development.

¹⁰ UNHCR (2023). Ukraine Situation Regional Refugee Response Plan (January-December 2023)

¹¹ UNHCR (2024). Ukraine Situation Regional Refugee Response Plan (January-December 2024)

¹² EDF (2022). Update on Ukraine programme

¹³ UNHCR (2023). Ukraine Situation Regional Refugee Response Plan (January-December 2023)

¹⁴ Plan International (2023). ToR, Disability, Inclusiveness in Poland – Study for the Letter One project

¹⁵ Plan International (2023). ToR, Disability, Inclusiveness in Poland – Study for the Letter One project

¹⁶ Plan International (2023). Ukraine humanitarian Crisis Response Strategy.

Refugee women, many of whom are single heads of households, face challenges supporting themselves and their children. Access to quality childcare is crucial for their integration into the workforce, necessitating free or low-cost childcare services. The EU multi-country response strategy across East and Central Europe aims to optimise organisational agility and avoid duplication in addressing the crisis.¹⁷

Ukrainian government records indicate that 1,719,257 Ukrainian citizens reside legally in Poland under refugee status related to the war, with 35.8% being minors. According to data released by the Ministry of Education and Science, 183,461 students from Ukraine have arrived in Poland since the onset of the full-scale Russian invasion and are classified as refugees. The statistics provided by the Ministry highlight distinctions between these two groups. For instance, nearly 39,000 students who came to Poland before the conflict are enrolled in secondary schools, while approximately 32,000 attend primary schools. Among the refugee population, over 11,000 students are pursuing higher education, with nearly 113,000 enrolled in primary schools. Furthermore, there are approximately 42,500 Ukrainian children attending kindergartens, with around 28,000 of them holding refugee status.¹⁸ In total, around 300,000 students from Ukraine are currently enrolled in Polish educational institutions.¹⁹ This leaves 39,172 children from Ukraine not attending Polish schools. Among them are children living with disabilities whose certificates have not been recognised in Poland, leading to delays in accessing special education.²⁰

Unaccompanied and separated children have heightened protection needs, along with those out of school, women at risk of trafficking, survivors of gender-based violence, people of diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), and ethnic minorities such as the Roma population. Vulnerable individuals, including people living with disabilities, often rely on social protection assistance (from multiple sources, including the state and civil society organisations) and stay in collective shelters for extended periods. The limited opportunities for meaningful inclusion and employment contribute to the risk of marginalisation within these groups. These challenges have led to some individuals deciding to return to Ukraine, even when the conditions there may not be ideal or safe.²¹

It is important to note that the integration of refugees is a complex, dynamic, and multifaceted process where both refugee children and families, and host communities, adjust to address the complexity of newcomers' needs. Integration efforts aim to help refugee families develop a sense of belonging while maintaining cultural ties to their homeland.

The Polish education system aims to provide for children with disabilities through inclusive education

Children living with disabilities in general face unique challenges in accessing education and basic services in Poland, particularly those arriving from Ukraine.

¹⁷ Plan International, 2023, Ukraine humanitarian Crisis Response Strategy

¹⁸ Poland's Rzeczpospolita, citing data from Ukraine's Ministry of Education and Science (MES)

¹⁹ Poland's Rzeczpospolita, citing data from Ukraine's Ministry of Education and Science (MES)

²⁰ Anna Krawczak – Empowering Children Foundation, 2022, "Situation of Ukrainian children in Poland"

²¹ UNHCR, 2023, Ukraine Situation Regional Refugee Response Plan (January-December 2023)

Children living with disabilities in general face unique challenges in accessing education and basic services in Poland, particularly those arriving from Ukraine.

The 1997 Constitution of the Republic of Poland guarantees the right to education for all, ensuring free access to education in public schools and higher education institutions until the age of 18. The Polish state provides financial and organisational support for universal and equal access.²²

National legislation in Poland does not explicitly define SEN, but it broadly encompasses individual needs such as disabilities, learning difficulties, social disadvantage, behavioural or emotional disorders, illness, trauma, or special talents. Psychological and educational support, including classes, therapy, and individualised learning paths, is provided to learners with SEN.²³ Determining eligibility for special education (via a SE certificate) is done by counselling and guidance centres, covering the following groups of learners:²⁴

- Children/youth living with disabilities:
 - deaf or hearing impaired;
 - blind or visually impaired;
 - motor disability (including aphasia);
 - mild, moderate, or severe intellectual disability;
 - autism spectrum disorders, including Asperger’s syndrome; and,
 - multiple disabilities (i.e. at least two of the above-mentioned impairments)
- Children/youth described as being at a “social disadvantage or at risk of social disadvantage” referring to children who have difficulties in adapting to social norms, behavioural or emotional disorders. This also includes children with verbal or communication difficulties as well as children who have experienced crisis or traumatic situations, who might have specific adaptation needs after living in a different country or have experienced neglect.

In Poland, inclusive education is defined by the Ministry of Education and Science as an approach aiming to increase educational opportunities for all learners by providing conditions for developing individual potential, facilitating full personal development, and social inclusion.²⁵ From early childhood education and care to high school, the system relies on three tiers: (1) mainstream schools, providing inclusive education, (2) integration classes within mainstream schools or integration schools with an adapted curriculum, and (3) special schools and residential institutions for whom dedicated arrangements are needed due to severe disabilities.²⁶ The Ministry of National Education, with support from the European Union (EU), is working on improving inclusive education through

²² European Agency for Special Needs (2024). “Country information for Poland - Legislation and policy”

²³ European Agency for Special Needs (2024). “Country information for Poland - Systems of support and specialist provision”

²⁴ Eurydice (2024). Poland. Educational support and guidance; European Agency for Special Needs, 2024, “Country information for Poland - Systems of support and specialist provision”.

²⁵ Podgórska-Jachnik, D. (2022). Polski system oświaty a edukacja włączająca – bilans otwarcia 2020 w świetle raportu badawczego Ośrodka Rozwoju Edukacji. Aktualne Problemy Opieki i Wychowania, 5, 5–16. DOI: 10.5604/01.3001.0015.8625

²⁶ European Agency for Special Needs, n.d. “Children with special educational needs in Polish education system”.

legislation and programming, as well as integrated activities, with the goal is to enhance the quality of education for all learners in Poland.²⁷ In particular, two initiatives were co-funded by the European Social Fund (ESF), both contributing to inclusive education and support for individuals with special educational needs:

- The first initiative introduces a novel non-teaching position, the “Assistant for a Pupil with Special Educational Needs,” on a pilot basis in nursery schools, primary and secondary schools. With 640 trained assistants, the project, co-funded by the State budget and the ESF, aims to provide support to pupils with special educational needs. The ongoing pilot is anticipated to yield findings that will form the foundation for systemic solutions in the realm of special education. The project is implemented within the frameworks of the Regulation of the Minister of Social Policy of 22 September 2005 on Specialised Care Services (Rozporządzenie Ministra Polityki Społecznej z dnia 22 września 2005 r. w sprawie specjalistycznych usług opiekuńczych) and Article 50, Welfare Act of 12 March 2004 (as subsequently amended / Ustawa z dnia 12 marca 2004 r. o pomocy społecznej).²⁸
- The second initiative, named “Accessible School” and conducted in the Warsaw and Rzeszów regions, focuses on developing standards for accessible schools. Encompassing aspects like the physical environment, education, social participation, organisation, and procedures, the model developed under these projects is being tested in 97 primary schools. Co-funded by both the state budget and the European Social Fund, these initiatives aim to ensure that educational institutions, including nursery schools and schools, are accessible to everyone, including those with disabilities. The particular legislation that sets out requirements concerning the premises for alternative preschool education settings include Act of 19 July 2019 on the Access for People with Special Needs / ustawa z dnia 19 lipca 2019 r. o zapewnianiu dostępności osobom ze szczególnymi potrzebami); and Regulation of the Minister of National Education of 28 August 2017 on the types of alternative preschool education settings, conditions for the establishment and organisation of such settings and their organisational arrangements / Rozporządzenie Ministra Edukacji Narodowej z dnia 28 sierpnia 2017 r. w sprawie rodzajów innych form wychowania przedszkolnego, warunków tworzenia i organizowania tych form oraz sposobu ich działania.²⁹

It is important to note that the commitment to inclusive education is not necessarily met everywhere with the appropriate resources. In mainstream schools, resources reportedly do not allow for the provision of consistent inclusive education, in particular due to low number of specialists (speech therapists, psychologists pedagogues, educational therapists and special educators) and a lack of clear guidelines or support to educators.³⁰ For instance, a recent evaluation by the Supreme Audit Office highlighted shortcomings in meeting the educational needs of pupils with hearing impairments, indicating ongoing challenges in the implementation of inclusive practices. Recent changes to increase the number of specialists in mainstream schools aim to address this issue.³¹ Similarly, a KII

²⁷ European Agency for Special Needs (2024). “Country information for Poland - Legislation and policy”

²⁸ Eurydice (2023). Special Education Needs Provision within Mainstream Education in Poland

²⁹ European Agency for Special Needs (2024). “Country information for Poland - Legislation and policy”

³⁰ British Council (2023). Inclusive education needs assessment and collection of inspiring practices

³¹ European Commission (2023). Education and Training Monitor 2023: Country Report Poland. Retrieved from <https://op.europa.eu/webpub/eac/education-and-training-monitor-2023/en/country-reports/poland.html>

with the director of a special school for non-verbal students highlighted the need to train educators and other relevant stakeholders on disability assistive technologies.

While the scope of this study did not allow a further delve into this question, key informants interviewed confirmed important challenges related to consistently realising inclusive education. These include the lack of general training of school staff on disabilities and special needs in mainstream schools and the lack of specialist staff and/or limited capacity to provide enough attention to children with special needs. In addition, they also mention important regional disparities, in particular between cities and the countryside, limiting available options for children living with disabilities or special needs. For instance, a mother noted an overall positive experience for her child attending a public inclusive school, with fellow children learning to understand and support those with disabilities or special needs in the classroom. However, it was highlighted that experiences differ widely across regions and individual institutions.³²

These challenges can lead to difficulties for caregivers in finding appropriate childcare or education, as well as create negative experiences for children who might suffer from bullying or feel left behind. One informant mentioned that her child attends a private school where staff have received training on the child's specific disability. This has allowed her to continue working confident in the knowledge that her child's needs are adequately met at the school.³³ The challenge of finding appropriate care and education apply to all children living with disabilities in Poland, and also extend to other public services beyond education (in particular healthcare).

In this context, children living with disabilities and special needs from Ukraine face particular challenges to access adequate support

Important contrasts between the Polish and Ukrainian care systems create challenges around responding to the needs of children living with disabilities or special needs from Ukraine in Poland. The institutionalisation of children living with disabilities is the norm in Ukraine, while Poland – as other EU countries – has undergone a process of de-institutionalisation in the past years. In Ukraine, 45,000 children lived in institutions before the war, with 90% of them having at least one living parent. The majority of institutionalised children had disabilities, and 80% were in residential special schools. While over 30,000 were safely reunited with family following the invasion, as of late 2022 it was estimated that 10,000-15,000 were not yet able to reunite safely and may require evacuation.³⁴

The situation of evacuating children from institutions in Ukraine due to the ongoing war is evolving. In the early stages, evacuation was ad hoc. The Ukrainian government, with the support of the European Union, has been planning a more systematic evacuation, prioritising children with the greatest support needs.³⁵ Risks for children in institutions include sexual and other forms of exploitation, gender-based violence, harm, trafficking, unsupervised adoption, unsuitable environments, identity loss, and other forms of

³² KIIs with practitioners

³³ KIIs with practitioners

³⁴ European Disability Forum (2022). Recommended response to children from institutions in Ukraine.

³⁵ European Disability Forum (2022). Recommended response to children from institutions in Ukraine.

trauma. The violation of legal requirements regarding the rights of children living with disabilities is emphasised, urging adherence to international conventions.³⁶

Ukrainian children living with disabilities or special needs who arrive in Poland encounter obstacles accessing the services they are entitled to under Polish law, including language barriers and inadequate information on how they can access services and under what conditions. To address some of these institutional differences, Poland has introduced a temporary guardian system so they can remain with their caregivers. However, this system faces flaws in verification and monitoring, alongside issues with disability recognition and support.³⁷ A 2017 UNICEF report further identified key access barriers as a lack of data on learning needs and the requirement that certification of children from Ukraine must go through a translation process and reevaluation by a Polish physician to access disability support services.³⁸

The legal, regulatory, and policy context in Poland for the integration of children with disabilities, especially those under the age of six, involves provisions for special education and support. However, challenges persist for Ukrainian children, including issues with disability certificate recognition, time-consuming evaluation processes, and the need for temporary guardianship.

Key challenges for children living with disabilities from Ukraine identified through the desk review are summarised in the table below:

Category	Challenge/ barrier	Explanation
Legal	Institutional care disparities	The differences in institutional care systems between Poland and Ukraine pose challenges during the evacuation of facilities, including institutions for CWLD. The majority of arriving children are accompanied by non-legal guardians, leading to the introduction of temporary guardianship. ³⁹ This system, while addressing legal concerns, has flaws in identity verification and care monitoring, presenting risks for the well-being of children.
	Violation of legal requirements	The implementation of continued institutionalisation of children in the EU, as requested by the Ukrainian government, is deemed a violation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the UN Convention on the Rights of the Child (UNCRC), and the EU Charter of Fundamental Rights. ⁴⁰ These violations include

³⁶ ICMPD (2022). Temporary protection in Poland: what solutions for vulnerable groups?

³⁷ ICMPD (2022). Temporary protection in Poland: what solutions for vulnerable groups?

³⁸ Plan International (2024). Poland Concept Note

³⁹ ICMPD (2022). Temporary protection in Poland: what solutions for vulnerable groups?

⁴⁰ European Network on Independent Living, Disability Rights International and the Validity Foundation (2022). Open Letter to the European Commission regarding children with disabilities from Ukraine

		discrimination against CLWD, failure to provide family and community-based care, and neglect of the best interests of the child.
Administrative	Ukrainian certificate of living with a disability	<p>Upon arrival in Poland, Ukrainian CLWD face specific and individualised needs in education, rehabilitation and treatment. The admission to special schools or remedial classes requires a certificate of need issued by psychological and pedagogical counselling centres in Poland, with Ukrainian certificates often disregarded. The process to obtain such a certificate in Poland involves extensive and costly evaluations and translations, adding to the burden on parents or caregivers.⁴¹</p> <p>Article 26a of the Special Law mandates disability assessment by District Disability Assessment Boards, presenting problems for both refugees and administrations. The sudden escape from conflict zones hindered the ability of many individuals to carry the medical records needed to obtain certification documents.⁴²</p>
	Refugee status confirmation	<p>Refugees require a Polish National Identification Number (PESEL) with the status UKR to gain rights to the Polish health care system, education, and financial support.</p> <p>However, administrative delays and long queues for obtaining this PESEL present difficulties. The lack of mutual recognition agreements for disability documents adds complexity to the process.⁴³</p>
Service resources	Language barrier	<p>In general, people living with chronic diseases and/or disabilities are especially impacted by language barriers and long wait times to access services and specialist care. Language and cultural barriers are compounded by issues such as a lack of accessible information for those with visual, hearing or mental impairments, limited mobility, and dependence on accompanying persons.⁴⁴</p> <p>CLWD from Ukraine may face additional challenges in obtaining information and services</p>

⁴¹ ICMPD (2022). Temporary protection in Poland: what solutions for vulnerable groups?

⁴² Migration Consortium (2023). Monitoring of accommodation provision for Ukrainian refugees in Poland

⁴³ Public Information Bulletin of the Commissioner for Human Rights, Poland (2022). “How to support refugees from Ukraine with disabilities.”

⁴⁴ EDF (2022). Update on Ukraine programme

due to a lack of accessibility, especially if language differences are not addressed.

Specialist resources

The heightened risk of mental health challenges persists among people fleeing the war in Ukraine, including refugees in Poland. People living with disabilities and their families may be at a increased risk of adverse mental health symptoms due to the additional stresses of living with a disability. While not everyone affected by war and displacement will develop a mental health disorder, there is more generally a need for additional mental health care capacity, both clinical and community-based. Despite entitlement to free psychological assistance for persons with Temporary Protection status in Poland, a significant issue is noted — there is a shortage of specialists, particularly in child psychiatry.⁴⁵

The lack of specialists is also partly resulting from the legal disparities: the legislation lacks clarity on whether the disability certificates required for exemptions must be based on Polish regulations, creating uncertainty about the validity of documents issued in Ukraine. The absence of an agreement between Poland and Ukraine on mutual recognition of disability documents further complicates this issue. The legal disparities have increased the demand for specialist doctors, (particularly Ukrainian-speaking professionals), hardship exemptions and disability evaluations. However, the limited number of Ukrainian-speaking specialists in Poland, especially in smaller towns, poses a significant challenge in fulfilling these requirements.⁴⁶

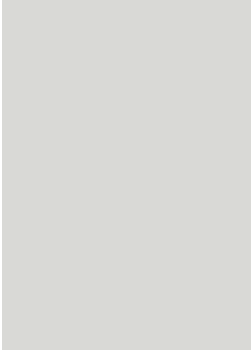
Protection

Heighten risk for protection issues, including stigma and isolation

CLWD are stand at greater risk of protection issues such as physical and psychological abuse, stigmatisation, and deprivation of rights due to the fact that they may be seen as less powerful and many lack the knowledge and/or means to seek help and report issues. Girls living with a disability are especially at risk of Sexual and GBV, including sexual exploitation, rape, and psychological abuse. Despite the availability of benefits and legal access

⁴⁵ ICMPD (2022). Temporary protection in Poland: what solutions for vulnerable groups?

⁴⁶ Migration Consortium (2023). Monitoring of accommodation provision for Ukrainian refugees in Poland



to services, individuals living with disabilities or serious medical conditions often encounter difficulties in accessing social assistance and health care services. Children and youth with limited mobility face a heightened risk of isolation. Thus, practical challenges prevent some CLWD from fully benefiting from available services and integrating into a local community, leading to social isolation.⁴⁷

Table 4: Profiles of stakeholders consulted

While Poland has established provisions for special education and support services, challenges persist for Ukrainian children living with disabilities to meaningfully access these services in a timely manner. Legal and policy gaps, coupled with institutional care disparities and gaps in service provision hinder seamless integration.

Study findings from primary data collection among caregivers and educators confirm these barriers and provide further details into administrative, psychological, and resource-related challenges. They are detailed under Section 3 “Use of and access to existing services” and highlight the need for a holistic approach, including policy changes, streamlined certification processes, and increased support for inclusive education and basic services.

Programmatic context

The Safe and Sound project aims to support education and protection services for refugee children with special needs under six

The Safe and Sound project, implemented by Plan International Poland and FRD, addresses the urgent needs of refugees seeking temporary protection in Poland. The overarching goal of the project is to support integrated education and child protection services to alleviate suffering and enhance the well-being of refugees from Ukraine, particularly young children living with disabilities and their caregivers. The project activities are implemented in FRD Spynkas: these are full-day care centres offering educational programming for all refugee children under the age of six, with Ukrainian-speaking educators. In addition to care services, Spynkas also provide informational, administrative, and psychological support to caregivers. The Safe and Sound project funded by Plan International Poland operates in 13 Spynka centres across Poland (Katowice, Bytom, Lublin, Świdnik, Łódź (2), Łowicz, Rzeszów, Krosno, Warsaw (2), Poznań, Wrocław).⁴⁸

⁴⁷ UNHCR (2023). Ukraine Situation Regional Refugee Response Plan (January-December 2023)

⁴⁸ FRD (2023). Narrative report, submitted to Plan International Poland

As part of the project, 400 children were screened for developmental delays and 200 children took part in educational and child protection activities, of which 30 living with disabilities. Around 100 parents and 200 childcare educators also took part in the project. The initiative recognises the critical importance of child protection in the context of the Ukraine Crisis and focuses on the first 1000 days of a child's life (from conception to 2 years old) to mitigate the impact of negative external factors on children's development. Among implementation challenges, the complex task of identifying children who require additional help, especially considering the emotional challenges they experience due to the ongoing conflict, was reported by FRD. Key efforts of the project have focused on hiring Ukrainian-speaking specialists, conducting training programmes for educators and for parents, and adapting the infrastructure for children with disabilities.

Multiple national and local organisations have been mapped as providing support to children with special needs in Poland

FRD conducted a mapping of organisations and services in order to be able to refer children and their caregivers to the appropriate support when the Ssynka centres were unable to meet their needs. Building on this mapping, and based on further identification of relevant organisations, the research team produced a list of relevant organisations which is Annexed to this report.

These organisations vary significantly in terms of coverage: some operate in specific voivodeships (administrative divisions), while others have a broader, nationwide coverage. While the mapping is not necessarily exhaustive, it provides interesting information in terms of regional service coverage.

The mapping suggests notable concentrations of services for children living with disabilities in central and western Poland and a potential gap in the northeast.

The image below provides an illustration of the regional coverage of relevant organisations based on this mapping. On the map, the highest number of organisations present in one region is marked by a darker blue colour, medium density is blue and the lowest density is reflected by the light blue. Numbers range from 1 to 20. The total number of organisations mapped is 71.

The Mazowieckie voivodeship (including Warsaw) has 20 organisations, reflecting a concentration of services in the capital. Małopolskie voivodeships has 10 organisations operating in the area and Wielkopolskie and Podkarpackie have six organisations, suggesting a decent level of support for individuals living with disabilities in the southern and western parts of Poland.

Małopolskie specifically appears to be a region with targeted services for children, youth, and adults, highlighting a localised approach to community needs in the southern part of the country. Lubuskie and Pomorskie voivodeships both host five organisations. Services reach in other parts of the country are limited, ranging from only one to three organisations, suggesting there are potential gaps in service coverage across vast areas of the country.

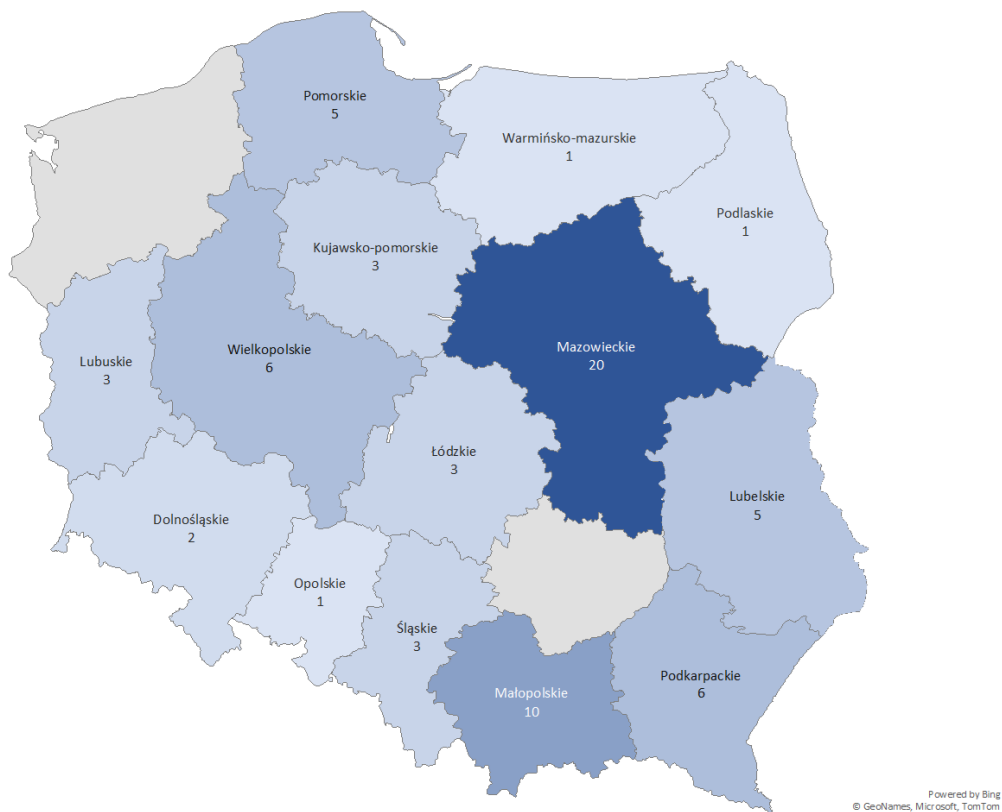


Figure 1: Regional coverage of organisations supporting CLWD in Poland

However, some organisations do operate in multiple voivodeships, contributing to diverse regional coverage. In particular, at least 16 organisations appear to have a nationwide presence, potentially helping to address some of the regional gaps.

Mapped organisations deliver varied services, focused mainly on assistance, education and mental health.

The organisations mapped provide a diverse range of services aimed at supporting individuals with disabilities, their families, and groups that are subject to social marginalisation. The main types of services covered include:

- Cross-sector assistance and individual support;
- Rehabilitation and education services;
- Mental health promotion and interdisciplinary support, focusing on children and young people; and,
- Social support and inclusion programmes encompassing a wide array of services for different marginalised groups.

Some organisations specialise in specific issues such as mental health (Sempre a Frente Foundation), autism (SYNAPSIS Foundation, Autism Help Foundation), and cerebral palsy (Support for People with Cerebral Palsy).

Several organisations work towards social inclusion, advocating for equal opportunities, fighting discrimination, and providing support for people with disabilities, for example, the Polish Forum of Persons with Disabilities. Several also extend humanitarian assistance, job placement support, and educational initiatives for marginalised groups. These organisations collectively contribute to a wide spectrum of services, addressing the diverse needs of individuals with disabilities, marginalised groups, and the broader community. Nevertheless, as evidenced by study findings presented in the next Section, it appears that multiple needs remain unmet.

3. Study findings

Understanding the experience of children living with disabilities and special needs

All types of difficulties are represented among children attending FRD and Patchwork centres, with a prevalence of difficulties related to communication and cognition

Educators and caregivers consulted were asked to describe children's impairments or special needs based on the Washington Group Short Set of Disability Questions (WGQ).⁴⁹ Overall, the profiles of children whose caregivers were consulted for this study appear to match educators' perception of difficulties most represented among refugee children.

When asked to describe their child's specific needs or difficulties, caregivers refer principally to difficulties with communication, including some children who cannot speak or have stopped speaking since arriving in Poland. In addition, many children among the study sample also have difficulties with cognition and self-care. It is worth noting that difficulties with self-care mentioned by caregivers may be related to children's age, all under six, rather than a specific condition.

Types of difficulties displayed by children according to their caregivers

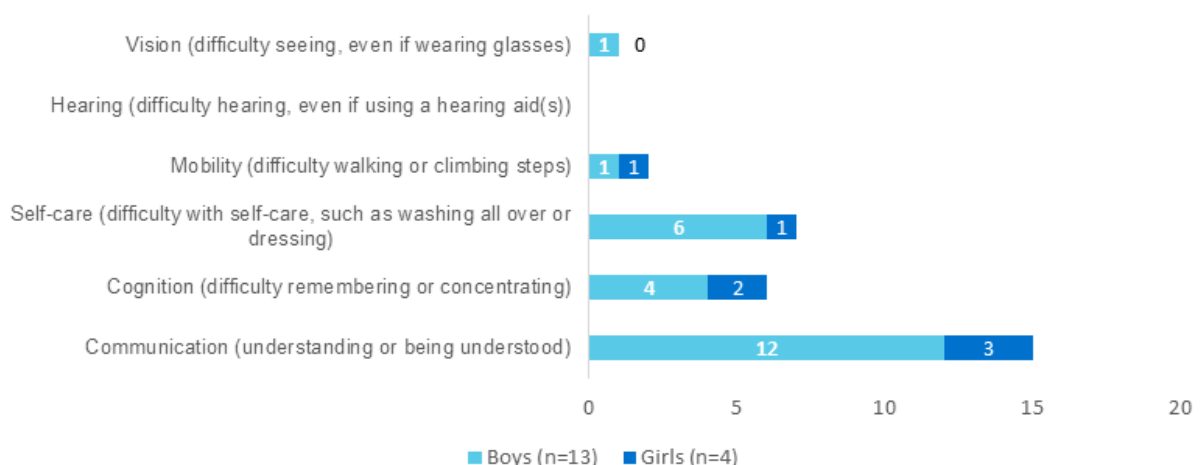


Figure 2: Analysis of caregivers' description of their child(ren)'s difficulties during KIIs or FGD (n=17, with 16 caregivers including one with two children)

⁴⁹ 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

Further details provided by caregivers point to a high prevalence of autism spectrum disorders (especially among FGD participants in Kraków), as shown in the figure below. Interestingly, when describing difficulties more specifically, several caregivers also highlight behaviours displaying aggression, difficulties socialising or attention deficit hyperactivity disorder (ADHD). As noted in the introductory section (see Section 1 “Study participants”), these conditions tend to be more present among people living with disabilities. As further detailed below, they can also be linked to traumatic experiences related to the experience of war and displacement. Given their young age, it can be difficult to differentiate between behavioural conditions, mental health issues and disabilities: indeed, for a two-year old, autism and trauma might manifest through similar symptoms, such as a speech delay.

Disabilities and conditions among children as described by caregivers

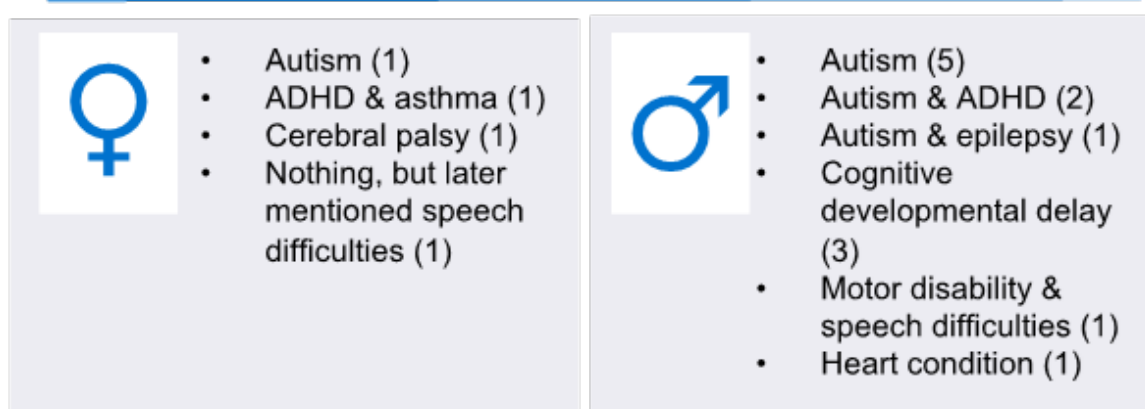


Figure 3: Disabilities and conditions among children under 6 attending the centres as described by the research participants (their caregivers)

Consultations with educators, through the survey (as illustrated in figure 4 below) as well as through individual KIIs, suggest that these profiles are common among other children living with disabilities or special needs attending the centres. Communication difficulties are the most common.

Types of difficulties among children attending FRD centres according to educators

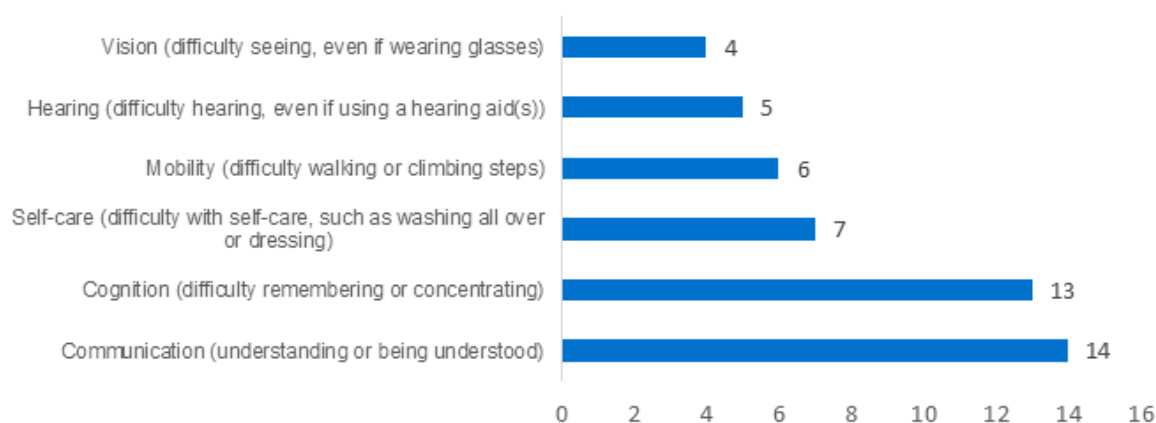


Figure 4: Survey results among educators from childcare providers to the question “what types of needs or difficulties do children in your centre have?” (n=:15)

Further analysis of consultations with FRD educators provide a more detailed picture of the diverse profiles of children living with disabilities or special needs who attend the Ssynkas. Among children with a specific diagnosis, children with autism spectrum disorders appear to be the most prevalent. Other intellectual impairments include down syndrome and cerebral palsy. Educators further mention children with other cognitive impairments that may not yet be diagnosed. In addition, educators report that children with mobility and hearing impairments also attend some of the Ssynkas. Finally, educators also refer to key difficulties of children with an official diagnosis and children not yet officially diagnosed. These include speech delays or difficulties, which are observed among many of the children attending the Ssynkas, as well as ADHD and behaviours displaying aggression or socialising difficulties. Educators also mentioned a child with asthma (as appears also on figure 3 above). While this is not considered a disability, in the context of a child already living with special needs, this can lead to difficult situations in dealing with emotional reactions.

Overall, specific diagnoses may differ, but the most common difficulties relate to communication and cognition, as opposed to mobility challenges. One hypothesis as to their prevalence, advanced by the CEO of Patchwork, is that they might represent children who were able to move and leave Ukraine with the least difficulties. Challenges in evacuating institutions for children living with severe disabilities in Ukraine mentioned under the “Policy context” section could partially explain this.

Children’s experience of war and displacement further complicates existing difficulties

Crucially and 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 their parents. Several caregivers shared that their child’s difficulties increased following the move to Poland. Examples might include heightened aggression or further social withdrawal. This was also confirmed by FRD educators and specialists who have observed nervous reactions among children to loud noises, fear of being separated from their parents or obsession with returning to Ukraine if some family members are still there. According to an educator in Łódź, war trauma can manifest through withdrawal, continuous silence, aggression, stuttering, and building boundaries among refugee children.

“ He was very much affected by the move, the war. We did not live in very suitable conditions. We came here and he hardly ate anything nor slept. He lost three kilograms in two months. ”

Caregiver (F), Kraków

While the negative impacts of war affect all children who have experienced displacement from Ukraine, it can amplify and worsen existing difficulties and challenges among

children living with disabilities. It is worth noting that such trauma could also be the root cause for new difficulties: in both Patchwork and FRD centres, children who are refugees from Ukraine display behavioural or psychological difficulties that may have been triggered by their experience. Therefore, displaced children in general might face similar needs.

Children living with disabilities face compounded stigma linked to their refugee status and their disability

Refugee children living with a disability or special needs and their families experience a twofold stigma. On the one hand, behaviours associated to their condition can be perceived as difficult or problematic in certain situations. For instance, caregivers from Kraków discussed situations in public spaces where passers-by might try to intervene due to a child's perceived outburst. One caregiver mentioned an occasion during which a worker from the public childcare service called social services to investigate her family, believing that child's behaviour could indicate domestic abuse. In such events, caregivers explain that providing a proof of a disability certificate or explaining typical behaviours linked to their child's condition (e.g. autism) helps them cope with the situation. However, this is a potential source of stress and isolation for children living with a disability or special need and for their families.

In addition, children themselves are likely to have issues with self-esteem due to a recognition of their limited access to certain activities. The more they become aware of their how society treats them differently, the more difficult it can be to adapt and socialise with others. According to MHPSS specialists interviewed, this creates a long-standing stigma, leaving children feeling isolated.

On the other hand, their status as refugees from Ukraine in Poland can also lead to further stigmatisation. Many caregivers perceive high levels of discrimination against refugees as an added layer of difficulties to navigate their child's needs and care. These perceptions can partly be explained by the language barrier. For instance, a doctor who cannot speak Ukrainian might refuse a consultation to establish a diagnosis for a Ukrainian child even if they are accompanied by a translator. This is because they would not be able to distinguish specific speech patterns in a language they do not understand themselves. Yet, there appears to be a strong perception of discrimination in healthcare:

“ In Poland, there is discrimination against Ukrainians, including inappropriate behaviour of staff in polyclinics. ”

Caregiver (F), Wrocław

Some have faced outward discrimination linked to their refugee status. For instance, an MHPSS specialist recalled a situation experienced by one of his patients, an adolescent girl who is in a wheelchair:

“ She was recently aggressively approached by strangers at the library for speaking Ukrainian. She and her parents were told to go back to Ukraine and to stop stealing their jobs. The girl has been very anxious since. ”

MHPSS Specialist (F), FDDS

This correlates with insights shared by 50% of the caregivers consulted, with one asserting that discrimination against refugees is increasing as the war persists. Overall, children living with disabilities or special needs and their families face a double stigma that adds on to existing needs linked to their disabilities and war trauma.

Use of and access to existing services

Children living with disabilities and their caregivers rely on a combination of public services and services provided by civil society organisations

Consultations with caregivers, practitioners and educators show that, overall, children living with disabilities among participants to the research can access state-provided services. These include free healthcare through the Narodowy Fundusz Zdrowia (NFZ), the National Health Fund, and access to childcare, including specialised childcare depending on the disability, and financial support for caregivers. The figure below illustrates available public services and corresponding requirements, with the main common denominator being a valid national identification number for refugees, the PESEL UKR:

Public services & legal requirements


	<ul style="list-style-type: none"> Free health care, including family doctor and emergency care 	<ul style="list-style-type: none"> PESEL UKR
	<ul style="list-style-type: none"> Specialised care / rehabilitation 	<ul style="list-style-type: none"> PESEL UKR + Disability certificate
	<ul style="list-style-type: none"> Free childcare, including inclusive childcare, integration childcare (small size) or special childcare for most severe disabilities 	
	<ul style="list-style-type: none"> Child benefit (800 PLN) 	<ul style="list-style-type: none"> PESEL UKR
	<ul style="list-style-type: none"> CLWD caregiver benefit (620 PLN) 	<ul style="list-style-type: none"> Legal status

Figure 5 : Public services available to children living with a disability or special need and their families

However, multiple barriers limit knowledge of and access to these services. Civil society organisations fill the gap by providing additional services. As detailed under the “Programmatic context” section, multiple dedicated foundations and NGOs offer services for people living with disabilities and their caregivers. A list of relevant organisations is available in an Annex to this report. In addition to national and local organisations, international organisations also provide services for children living with disabilities or special needs integrated into their programming to support children and/or refugees in Poland. This includes notably UNICEF, Caritas and the Red Cross.

In fact, most caregivers and educators who took part in this study referred to at least one of these international organisations as providing similar services to the Spynka or the Patchwork centre. In Kraków, multiple informants referred to UNICEF childcare services combined with legal, administrative and psychosocial support for caregivers.⁵⁰ In Lublin, caregivers recalled similar services provided by Caritas and the Red Cross in the past. Interestingly, many of them used the term “Spynka” to refer to the services provided by other organisations than FRD. This type of integrated services, following the same model as the FRD Spynka, stands out as meeting the needs of children living with disabilities or special needs and their caregivers to fill a gap when they are not able to access public services:

“ Attending the Spynka has a good effect on him. Until we can go to a special integration kindergarten, it is a very big plus for us: it is vital for his further development. ”

Caregiver (F), Lublin

In addition, children living with disabilities or special needs also access occasional services and activities provided by local organisations. Several caregivers mentioned occasional specialist support and participation in activities such as sports or art classes. However, there were not able to remember the name of these organisations. It is possible that they referred to activities and support organised by FRD or Patchwork in partnership with other organisations. Educators were able to provide additional information and refer to specific organisations, which have all been included in the organisation mapping provided in the Annex.

Finally, it is also worth noting that those who can afford it also rely on private education and healthcare as do other caregivers in Poland (see “Policy context” section on inclusive education). In fact, in Łódź, all educators consulted reported that many caregivers would be willing to pay for the Spynka if it could ensure a continuity of services.

⁵⁰ Several referred to UNICEF Spilno based on UNICEF hubs in Ukraine (SPILNO. Social services for families in communities) that have been replicated in Poland, providing community-based integrated services for children and caregivers.

Barriers to access services include language, lack of information and burdensome administrative processes

For children living with a disability or special needs who are refugees from Ukraine, the main barriers relate to understanding, accessing and adapting to a foreign system in a foreign language, combined with financial difficulties. As illustrated in the figure below, financial challenges are most often cited by caregivers as a barrier preventing their child from accessing relevant services.

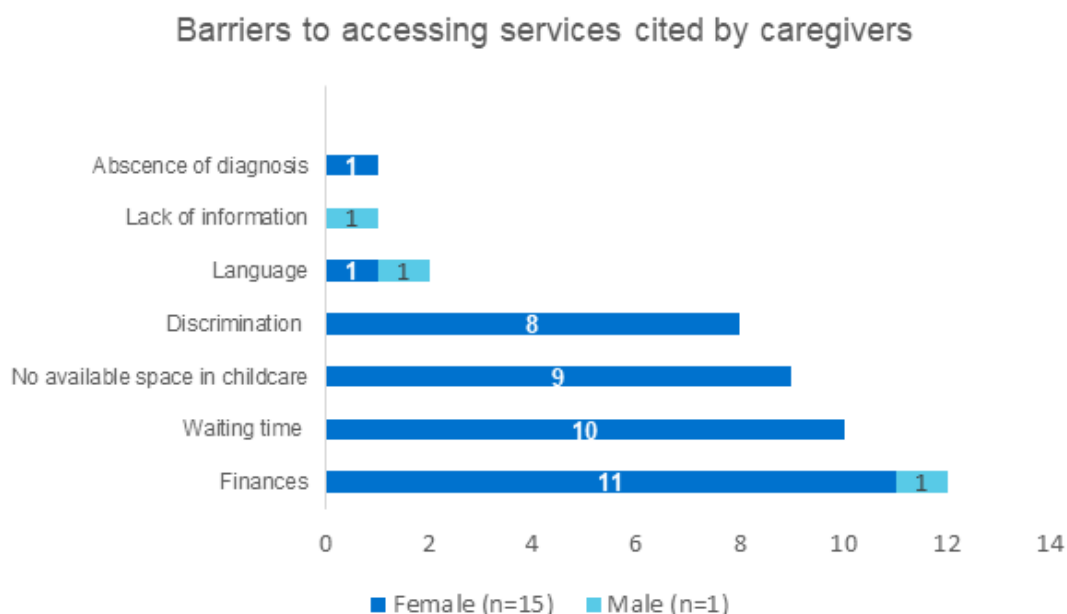


Figure 6: Analysis of caregivers’ answers to the open question “What are the barriers preventing your child from accessing relevant services?” during KIIs or FGD (n=16, 15 female and 1 male)

When further investigating the reason behind difficulties related to caregivers’ financial situation, it appears that part of the challenge relates specifically to the difficulty in finding appropriate work due to the attention required by their child, and the inability to take any time off. Moreover, financial barriers also refer to caregivers’ inability to afford fee-based services, such as specialised healthcare from private clinics or access to a local swimming pool.

Some of these barriers could be somewhat alleviated through public services mentioned previously, especially caregiver benefits. However, other barriers prevent access to these public services, namely: the language barrier, lack of information on available support, and the long administrative processes.

- The **language barrier** impacts access to services in different ways. For children, it adds a new layer of difficulties, making certain services inaccessible to them. Several caregivers reported removing their child from public childcare as they had stopped talking as a reaction to being surrounded with an exclusively Polish environment. In addition, language represents a barrier to accessing appropriate healthcare, especially when it comes to specialists. Specialists themselves might not be able to provide appropriate care. Meanwhile, for caregivers of young children who might only start learning about their disability and its implications, adding a language barrier can lead to further stress.

- The **lack of information on available support** is repeatedly mentioned by all caregivers. They are grateful about support received from FRD or Patchwork centres in navigating the system but do not have an overview of what is available nor what differs from Ukraine. For instance, the CEO of Patchwork mentioned that almost no caregiver of children living with disabilities from Ukraine is aware of the special benefits they are eligible for under Polish law. And indeed, it was not mentioned by any of the research participants when asked about public services they knew of.
- The **long and burdensome administrative processes** concern all people in Poland and not only refugees from Ukraine. They are important to highlight as one of the main barriers to accessing services. Caregivers repeatedly mention this as a key obstacle, which was also confirmed by all educators consulted. Organisations such as FRD or Patchwork provide access to specialists privately in order to mitigate against long waiting times to obtain appointments with NFZ doctors. Similarly, some children living with a disability or special need attend the Spynka while waiting for availability in public childcare. The bureaucracy and waiting times associated with public administration in Poland hinders access to essential services for all children living with disabilities. Building on the example mentioned above: according to the CEO of Patchwork, when learning about available benefits for CLWD caregivers, many chose to ignore them due to the difficulties in proving their status legally and long waiting times.

These barriers interact with and reinforce each other. The process for obtaining a disability certificate provides a clear illustration of this challenge. For a child already diagnosed in Ukraine, this means translating and receiving official validation of the certificate in Polish, which is an expensive process. Several caregivers interviewed are not able to afford this process, and therefore rely on support from organisations like Patchwork or FRD. For those who do not already have an official diagnosis, or whose diagnosis is not recognised in Poland, this requires obtaining appointments with specialists. Waiting times for these can take several months, an issue that concerns all people living with disabilities in Poland. And when an appointment is finally obtained, the barrier language comes into play again.

The figure below reiterates available public services described above with the corresponding barriers in accessing them. Green represents services actually used by caregivers who took part in the research, yellow those that are partially used but difficult to access, and red largely unused.

Public services & main barriers to access them




	• Free health care, including family doctor and emergency care	• N/A	Public service used by CwD
	• Specialised care / rehabilitation	• Long waiting time • Language	Public service partially used
	• Free childcare, including inclusive childcare, integration childcare (small size) or special childcare for most severe disabilities	• Language • Unavailable spaces	Public service unused
	• Child benefit (800 PLN)	• Navigating the legal system	
	• CwD caregiver benefit (620 PLN)	• Lack of information	

Figure 7 : Public services and corresponding barriers in accessing them

Perceptions of differences between the support available in Poland and in Ukraine vary widely

All caregivers interviewed highlight that access to specialists seemed easier in Ukraine than in Poland, with less waiting time and lighter administrative procedures. Yet for many, it is the first time experiencing these services because their child's condition first appeared after displacement to Poland, or their child was born in Poland. In order to better understand diverging perceptions, it might be useful to consult with caregivers of older children who could provide a clearer comparison, having experienced services in both countries.

Perceptions of differences between support available in Poland and in Ukraine vary widely among caregivers who took part in the study, making it difficult to draw firm conclusions. This is partly because, as suggested by some practitioners, regional disparities within the two countries are important, making the comparison difficult. Furthermore, impressions shared by caregivers are sometimes contradictory, with some praising the quality of services in Poland and others finding it "inhumane."

However, a few key elements can be identified:

- As explained under the "Policy context" section, each country relies on a different model: a system favouring inclusion in Poland versus a preference for institutionalisation in Ukraine.
- At the same time, there are different approaches to diagnosing disabilities, resulting in different classifications in each country. Some behavioural or communications issues, considered a special need in Poland, may not be considered as such in Ukraine.
- There are different cultures and attitudes, with a seemingly stronger reluctance to openly discuss disabilities or psychological needs in Ukraine than in Poland.

While it is hard to generalise, in practice, this means that many caregivers are reluctant to seek special support for their child if a disability is not severe or already diagnosed.

“ Many parents fear sending their child to special schools believing that they operate the way they do in Ukraine. They need to be reassured that their child will receive proper stimulation and education. ”

MHPSS Specialist (F), PFM

It is important to note that some caregivers interviewed made similar comments about the childcare system in Poland. It is not clear whether this is based on a misunderstanding or if perceptions really cover a wide spectrum. In any case, it is necessary to consider the

It is important to note that some caregivers interviewed made similar comments about the childcare system in Poland. It is not clear whether this is based on a misunderstanding or if perceptions really cover a wide spectrum. In any case, it is necessary to consider the transition between one system to the other. From Ukraine to Poland, caregivers need to learn about and adapt to a new legal and administrative system, which is particularly burdensome, requiring time, effort, and access to appropriate information. The specific differences between types of diagnosis and understandings of disabilities should also be taken into account and explained to those whose child already had a diagnosis. In doing so, it is worth keeping in mind that the word “disability” might not always be well received among refugees from Ukraine.

From Poland to Ukraine, it is important to consider the eventual transition back. This means support provided should be as sustainable as possible. Practical trainings for caregivers could include material support too like written guidelines or videos that participants could refer back to when needed, online support groups etc. For instance, a practitioner referred to a child with diabetes receiving a new insulin pump in Poland: for such cases, it should be considered how support will still be available to operate it in Ukraine (language, instructions etc.).

A focus on caregivers' needs

Key needs are information and support in dealing with the financial and administrative burden of navigating the Polish social care system

As discussed above, caregivers may receive financial support from the Polish state and day-to-day support from civil society organisations. Financial support is available to all caregivers of children with disabilities (refugees or not) following a lengthy administrative procedure and providing evidence of their child's official diagnosis through a Polish certificate. Due to barriers linked to language, financial resources and lengthy administrative procedures, international organisations and NGOs tend to step in to support caregivers in navigating this system and to provide additional support.

These organisations offer psychosocial support, access to information, administrative support as well as some trainings. In doing so, they address caregivers' key needs: namely information on existing services and how to access them, as well as financial and administrative support to access state aid. This reflects overall needs among all refugee caregivers, likely reinforced by the heightened and continuous need for care required by children living with disabilities or special needs.

When asked what additional support they would need, caregivers who took part in the study refer to financial support and additional help with a nanny or social worker. Most of them do not have any close relatives whom they can ask for help for caring for their children. During the FGD in Krakow, women caregivers discussed at length their inability to access any time for selfcare (e.g. going to the hairdresser) and to engage in stable work. This echoes insights shared by practitioners. The director of a school for children living with disabilities, including non-verbal children from both Poland and Ukraine, highlighted the need for caregivers to be able to take a “day off” from their

caring duties to care for themselves. Similarly, an MHPSS specialist also pointed to the problem of time, making it difficult for caregivers to maintain a stable job or simply have a break:

“ They struggle finding a job that would allow them to care for their child: they would miss work to attend doctor appointments, rehabilitation, therapy sessions, etc. ”

MHPSS Specialist (F), PFM

This lack of time has a negative impact on caregivers' wellbeing and financial independence, which concerns all caregivers of children living with disabilities. Similarly to the twofold stigma faced by their children, caregivers' refugee status, gender, and their status as caregivers to children living with disabilities or special needs compound their challenges. Considering that most caregivers of children living with disabilities or special needs among refugees from Ukraine are women (as reflected in the sample of caregivers consulted), these vulnerabilities likely further reinforce harmful gender norms and dynamics dictating that women prioritise caring for their children and other family members above all, and always put their own needs second. Respondents seemed aware of these dynamics and are already trying to address them in some instances. The only male caregiver consulted spoke his wife's needs rather than his own. The needs centre around financial and administrative support as well as support with integration, mentioning that his wife is often too shy to ask for help while he is away, including asking about available services. This could be illustrative of gender expectations that women take on all the care burden, compounded with fear of discrimination as a refugee and more practical barriers such as language.

MHPSS appears as an essential need although it is not always prioritised by caregivers

Educators and practitioners consulted for this study all point to MHPSS as the most pressing need ahead of financial, administrative or legal support – as illustrated by Figures 8 and 9 below.

All FRD educators (Figure 9) specifically referred to “psychological support”, including three (out of seven) who are psychologists. In doing so, they referred to specialised and individualised psychological support as already provided by FRD to parents and caregivers of children attending the centre. Several highlighted that not only do caregivers need psychological support, it is also essential to provide holistic support to their child. The reason for this is twofold: first, parents' trauma affects the child directly and can impact their wellbeing and progress. Secondly, in order to apply advice from specialists at home and to ensure continuous care of their child, caregivers need to receive psychological support themselves.

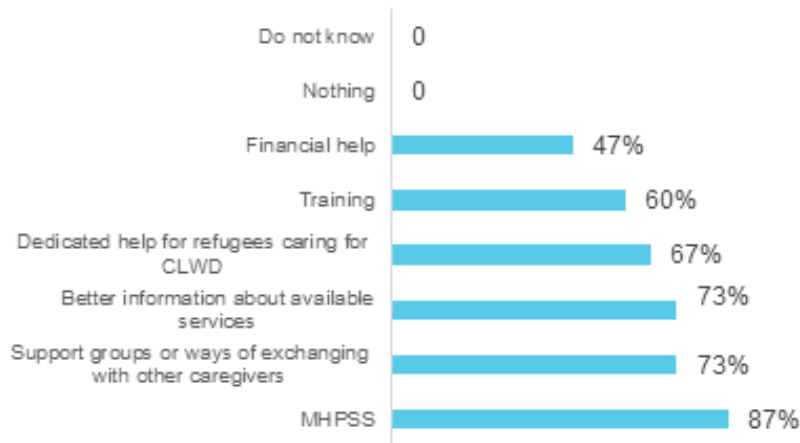


Figure 8: Survey results among educators from childcare providers to the question “Are you aware of support needs from parents/caregivers? Please select all that apply” (n=:15)



Figure 9: Analysis of FRD educators' answers to the open question “Are you aware of additional support that parents/caregivers need?” (n=7)

“ Parents really need help, not everyone accepts that their child is special – and in the long run, the children suffer from this. ”

Educator (F), FRD, Wrocław

Yet, caregivers display different attitudes towards asking for and receiving psychological support. When asked if they knew who to turn to discuss their struggles, answers ranged from “there is no need for this” (four out of 16) to relying on phone conversations with close relatives and to specifically requesting free psychological support (two out of 16). But for some, psychological support is seen as a secondary need, or even unnecessary.

“ Caregivers need psychological support. Refugees often postpone asking for it for until they have housing security, a job, and their legal status fixed. ”

Patchwork CEO (F), Kraków

However, more than half of caregivers consulted saw a need for MHPSS support as a whole. Among those who actively seek out psychological support, reasons usually revolve around the need to discuss challenges linked to caring for a children living with a disability or special need, trauma and challenges linked to their displacement to Poland as well as general family issues. One caregiver from Wrocław for instance, mentioned that her child’s continuous need for attention combined with her own evolution resulting from living in Poland led her to identify a need for psychological support in her marriage. During the FGD in Krakow, female caregivers highlighted the usefulness of having access to psychological support not just for their child but for the whole family, including themselves as well as siblings. Similarly, the only male caregiver consulted stated that the free psychological support his wife had received during her pregnancy in Poland was beneficial.

These study findings stress the continued need for MHPSS services more generally for children and families. MHPSS differ among individuals, with some needing more individualised psychological support, and others needing general social support through group activities. Individualised psychological support in the Ukrainian language in Poland is not always available to all who need it, reflecting the shortage of specialist service providers proficient in Ukrainian. Moreover, as some caregivers are reluctant to seek out psychological support, community-based services may meet the needs of many while providing an entry point for those who need more specialised care. Providing individualised MHPSS support directly at the childcare centres can help make it accessible to those who might not spontaneously ask for it. At the same time, several female caregivers (eight out of the 16 consulted) also regretted that hotlines providing MHPSS support in the immediate aftermath of the Russian invasion were no longer available. While remote support might not always be ideal, it provides caregivers with an accessible and simple solution to receive immediate help.

Finally, it appears that support groups would also present an opportunity for caregivers to build a support network. Indeed, some caregivers highlighted the positive effect of meeting with others facing similar issues. This was also confirmed by the Patchwork CEO, highlighting that structured group PSS sessions should be framed as ‘action or activity-oriented’. According to her, collective sessions for psychosocial support can be met with resistance from parents who do not wish to be portrayed as victims. This also resonates with some parents’ reluctance to take part in a group discussion for this study. However, structured PSS activities positioning caregivers as actors can help them learn from each other, organise themselves to find solutions and feel more in control.

The Spynka model meets caregivers' and children's needs in an effective manner

Models such as FRD's Spynka provide integrated services targeting both children and caregivers, in an inclusive manner that provides tailored support to all children based on needs assessed in the centre. Considering the needs and challenges characterising the experiences of children living with a disability or special need and their families, this model seems particularly appropriate to provide tailored support in an integrated manner. Almost half of caregivers consulted (seven out of 16) spontaneously mentioned that their child had displayed improvements since attending the Spynka.

Indeed, by providing support in Ukrainian and relying on organisations that are able to navigate the Polish care system, this model helps mitigate barriers including translation, financial resources, lack of information, and access to specialists.

Challenges to accessing specialists due to lack of information, language barriers and inability to afford private care are mitigated. By combining childcare and access to specialist care (such as speech therapists, psychologists and neurologists) in Ukrainian, the Spynka fills a gap when public services cannot be accessed in a timely and accessible manner. Yet it does not exist in silo to the public system and supports caregivers on how to make best use of public services.

With services dedicated to caregivers including training to support their child's development, MHPSS and administrative support to navigate the Polish system, this model provides caregivers with a single entry into most immediate relevant information and services.

As discussed above, disabilities and special needs are not classified in the same way in Ukraine as they are in Poland. This means that children who could be diagnosed as having a disability or special needs in Poland may not have been diagnosed in Ukraine (e.g. for conditions such as autism and ADHD) and therefore their parents or caregivers would not consider looking into dedicated support. Providing integrated support can help ensure that children who can benefit from specialist care in Poland are exposed to existing services. Even for children without a diagnosis of a specific disability, their experience as refugees in Poland could create difficulties or special needs, e.g. psychologist support or speech therapy, as some stop speaking when forced to interact in a Polish environment. Integrated services offered in the Spynka help ensure that they are able to receive this despite potential stigma and/or unwillingness to ask for MHPSS.

“ If the Spynka closes, who knows what will happen to parents. They have limited financial and psychological resources. ”

Educator (F), FRD, Lublin

Finally, in addition to addressing multiple needs, the Ssynka is also perceived as an integration lever by the caregivers consulted. For caregivers of children living with disabilities or special needs, it is particularly difficult to invest in integration through language courses or even finding a job given the time and attention required by their children. In this regard, several see the Ssynka as a place bolstering integration into Polish society for their families, which reflects a key objective of FRD through its Ssynka programme.

4. **Conclusions and recommendations**

Highlighted findings

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

1. **the language barrier** that makes it challenging for refugees to access information about 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. **the lack of clear and complete information** on public aid and services that children with disabilities and their families may be eligible for, the required administrative procedures to access these public 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 or special needs among refugees in Poland are:

1. **regular access to specialist care** adapted to their specific conditions and in their own language, which is not always possible given the shortage of trained specialised staff who can speak Ukrainian or Russian; and
2. **continued mental health and psychosocial support (MHPSS)** for children that is adapted to their specific needs, including for children experiencing 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 the support available for refugees and services for children living with disabilities, and the processes needed to access this;

2. **time for meaningful self-care**, gained through access to childcare so that caregivers are able to focus self-care and a job search to meet their financial needs;
3. **personalised support**, through either individual MHPSS sessions and/or structured group PSS sessions with other caregivers; and,
4. **training** on their children's needs, including, 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 special needs and their families by:

1. combining childcare and access to specialist care (such as speech therapists, psychologists and neurologists) 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 relevant information and services they need; and
3. addressing needs of all children regardless of disability status or diagnosis, including

Recommendations

This section presents recommendations for immediate support as well as for medium to longer-term support. They are meant for an audience of international, national and local organisations providing services to children living with disabilities or special needs in Poland as well as those providing services specifically to refugees from Ukraine.

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."⁵¹ All actions should also recognise how disability status interacts with other identities and statuses that may serve to compound exclusion, these include gender identity, economic background, refugee status, age, etc.

⁵¹ Plan International (2024). Disability Inclusion Programme Guidance.

Recommendations for immediate support include facilitating access to clear information and continuing to provide integrated support for children living with disabilities and their caregivers

- Access to information:
 1. Create a centralised online platform gathering all available information in Ukrainian on general support for refugees, childcare and education, support to parents and caregivers. This platform should ideally be targeted towards all refugee families, with information on special services for persons with disabilities integrated into each section. This should build on the [Spilno website](#) by UNICEF⁵² as well as tools already developed by other organisations such as Patchwork’s guidelines for Ukrainian caregivers. The content could be updated and enriched gradually but an initial meeting with frontline responders and relevant organisations should help define the key information to include. Additional information could, for instance, include material on support for refugee women, including caregivers, related to protection, health and sexual and reproductive health services.
 2. Centralise and share knowledge about organisations providing dedicated support to children with disabilities and their families among all relevant partners. The list building on FRD’s mapping provided with this report can provide a starting point. It could then be shared with all relevant service providers.
- Continued support and funding to organisations able to offer childcare services following an integrated model such as FRD’s Spynka programme.
- For caregivers specifically, essential support includes:
 - As part of Spynkas/childcare centres or separately, MHPSS through individualised sessions ideally in person or on the phone, provided by MHPSS professionals.
 - As part of Spynkas/childcare centres or separately, support caregivers of children living with disabilities to organise themselves in groups and meet regularly.
 - As part of Spynkas/childcare centres or separately, provide training for caregivers on psychosocial needs of their children and families, and on cultural differences between the Polish and Ukrainian systems to support their integration (this could build on courses prepared by Patchwork).

⁵² 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.

- For educators and service providers:
 - provide training in schools to ensure educators and school staff have essential knowledge on disabilities and special needs,
 - training for translators on communicating sensitively with people who have experienced trauma and people living with disabilities in key administrations (including hospitals), and
 - continuous training for specialised staff in organisations providing childcare like FRD and Patchwork, including Ukrainian-speaking specialists.

Focusing on the medium- to longer-term, recommendations include continuous coordination among relevant organisations, ensuring the sustainability of trainings for caregivers and advocacy at the Polish national level

- Set up and maintain a working group on inclusion with key stakeholders working in this thematic area. This could include organisations like Plan International Poland and its partners, international organisations and NGOs like Caritas and the Red Cross, UNICEF, and representatives of public organisation(s) such as the State Fund for the Rehabilitation of the Disabled (PFRON). This working group could convene quarterly meetings to share information about best practices and discuss current services, discontinued services, funding needs, emerging needs etc.
- Consider training needs for caregivers from a longer-term perspective, towards an eventual transition back to the Ukrainian system. This means that training on special equipment to manage disability (e.g. hearing aid, insulin pump, etc.) or practices that support their children to thrive should be designed with sustainability in mind: how will caregivers be able to maintain use of these materials or practices outside of Poland? For this, trainings should consider developing guidelines in Ukrainian or 'how to' videos that would remain accessible in the long-term. Ensuring the sustainability of such training could notably rely on further research into the disparities between the Ukraine and Polish systems and/or consultations with caregivers of children living with disabilities who have returned to Ukraine in order to best understand their needs.
- Advocate at the national level in Poland 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 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 or special needs and, specifically of their caregivers, through highlighting work carried by existing local NGOs who provide financial, administrative, MHPSS support to caregivers.

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Annex - list of organisations providing support to persons living with disabilities in Poland

ID	Organisation name PL	Voivodeships where the organisation operates	HQ	Online services	Website	Description of provided services	Languages available	Contact e-mail	Contact number
1	Stowarzyszenie Mudita	Małopolskie, Mazowieckie, Wielkopolskie	Kraków	Tak - telef	www.stowarzyszenie-mudita.pl	Supports families and caregivers of people with disabilities through cross-sector assistance and public awareness building. It runs a helpline, have two aid points in Warsaw and Krakow with therapeutic, relaxation and integration events, and produce a newsletter.	Polish, Ukrainian, Russian	kontakt@stowarzyszenie-mudita.pl	+48 794 427 468
2	Fundacja Inicjatywa Dom Otwarty	Mazowieckie	Warszawa	Nie	https://www.facebook.com/InicjatywaDomOtwarty/	Organization working for refugees since 2016. It offers individual support by providing information, translation assistance and administrative support. It provides some limited material aid, Polish as a foreign language lessons, tutoring and occasional integration events.	Polish, Ukrainian, Russian, English, Belarusian	kontakt@domotwarto.org	+48 662 771 837
3	Stowarzyszenie zwykłe na rzecz imigranckich rodzin osób z niepełnosprawnością "Patchwork"	Małopolskie	Kraków	Nie	https://www.facebook.com/StowarzyszeniePatchwork	Supports immigrant families with children with disabilities by organising psychotherapeutic meetings, Polish and English language courses, respite workshops for parents, physical therapy and speech therapy for children. It provides information support on issues related to legalization of stay, integration in Poland, obtaining Polish disability certificates, dyslexia certificates and others.	Polish, Ukrainian, Russian, English	patchworkstow@gmail.com	+48 126 874 426
4	Fundacja Początek Świata	Wielkopolskie	Swarzędz	Nie	www.poczatekswiata.org	Runs a Rehabilitation and Education Centre offering therapy for children and adolescents.	Polish, Ukrainian	kontakt@fundacja-iniaka.pl	+48 500 130 260
5	STOWARZYSZENIE DLA DZIECI I MŁODZIEŻY NIEPEŁNOSPRAWNEJ RAZEM DO CELU	Śląskie	Dąbrowa Górnicza	Nie	https://sosw.dg.pl/osrodek/stowarzyszenia/stowarzyszenia/	Main activities are purchase of equipment for rehabilitation, revalidation, education, financing of rehabilitation holidays, camps for children, organization of workshops (stationary and away) for children and young people with disabilities, psychological assistance, extracurricular after-school activities. It has also provided assistance to refugee women since 2022.	Polish, Ukrainian, English	razem.docelu@wp.pl	+48 322 612 245
6	Grupa Pedagogiki i Animacji Społecznej Praga Północ	Mazowieckie	Warszawa	Nie	www.gpaspraga.org.pl	A streetworker organization which has been supporting children and adolescents for the last 25 years. Since March 2022 has also been undertaking integration activities for children and young adults who are war refugees.	Polish, Ukrainian, Russian	gpas@wp.pl	+48 507 842 799
7	Fundacja Sempre a Frente	Lubelskie	Lublin	Tak - telef	www.sempre.org.pl	Promotes and supports the mental health of young people through development of psychosocial competencies of children, adolescents and young adults. Among other things, it runs the Children's Aid Centre in Lublin, which provides free interdisciplinary support (including psychological, psychiatric, legal) to children with experience of abuse and their non-violent guardians.	Polish, Ukrainian, English	biuro@sempre.org.pl	+48 690 008 018
8	Fundacja NA TEMAT - Pracownia Profilaktyki i Terapii Uzależnień	Mazowieckie	Płock	Tak - telef	https://www.uzaleznienia-plock.pl/	Offers care for children and young people with developmental difficulties who are at risk of social exclusion. The Foundation employs specialists in fields such as addiction prevention and therapy, sociotherapy, violence prevention, speech and language therapists, pedagogues and educators.	Polish, Ukrainian	uzaleznienia.plock@vp.pl	+48 604 987 361
9	Association for Children and Young People CHANCE/Stowarzyszenie dla Dzieci i Młodzieży SZANSA	Dolnośląskie, Lubuskie, Wielkopolskie	Głogów	Nie	www.szansa.glogow.pl	Operate a Children's Assistance Centre in Głogów, a facility offering comprehensive help children who have been victimized by crime, as well as their non-violent caregivers. It also works with children facing suicide crisis and children in mourning crisis.	Polish, Ukrainian	kontakt@szansa.glogow.pl	+48 888 586 246
10	Stowarzyszenie na Rzecz Edukacji "Pomost"	Lubuskie	Świebodzin	Nie	www.naszpomost.pl	Activities focus on the promotion of education, social integration, job placement support, as well as the development of creativity and skills of various social groups: young people, people in crisis, senior citizens, Ukrainian refugees and people with disabilities.	Polish, Ukrainian, English	stowarzyszenie@nasz-pomost.pl	+48 512 945 580
11	Stowarzyszenie ARKA	Warmińsko-Mazurskie	Olsztyn	Nie	http://www.cpd.olsztyn.pl facebook.com/arkaolsztyn	Holistic services supporting children at risk of or affected by violence, and their families.	Polish, Ukrainian	arka.dom@wp.pl	+48 895 349 955
12	Fundacja Pomocy Psychologicznej i Edukacja Społecznej RAZEM	Mazowieckie	Warszawa	Tak - psych	www.razem-fundacja.org	Provides psychological and specialized support dedicated mainly to groups at risk of social exclusion. Comprehensive activities aimed at children, adolescents, families and seniors experiencing psychological crises.	Polish, Ukrainian, Russian	twojpsycholog2@gmail.com	+48 733 563 311
13	Fundacja HumanDoc	Dolnośląskie, Mazowieckie, Opolskie, Śląskie, Pomorskie, nationwide Cała Polska;	Opole	Tak - platf	www.humandoc.pl	Operates 3 support centers for refugees offering legal support, Polish language lessons, psychological support and educational support. 2 centers are located in Warsaw and 1 in Opole. It also has several mobile teams that travel to different refugee centers in Poland.	Ukrainian, Russian	humandoc@humandoc.pl	+48 574 191 400

14	Fundacja Kulawa Warszawa	Mazowieckie	Warszawa	Tak - patrz	https://www.kulawawarszawa.pl/dostepnaginekologia.pl/	Accessibility assessments in different facilities, public spaces and help design new facilities taking into account accessibility for all, especially people with disabilities. It also conducts workshops and trainings on rights of people with disabilities and participates in consultations on universal design.	Polish	fundacja@kulawawarszawa.pl	+48 796 866 601
15	Dostępna ginekologia (Fundacja Kulawa Warszawa)	Cała Polska	-	Tak	https://dostepnaginekologia.pl/	Search engine for gynecological clinics adapted to provide services for people with disabilities.	Polish	-	-
16	Fundacja Polskie Forum Migracyjne	Mazowieckie	Warszawa	Tak - telefo	https://forummigracyjne.org/	Specializes in information activities, providing direct support to foreigners (psychological, job placement support, legalization of stay), training (for teachers, psychologists, civil workers) and activities at the intersection of formal and informal education (workshops, urban games). PFM offers special support to migrant women, by organizing birthing classes and support groups for migrant mothers.	Polish, Ukrainian, Russian, English, French, Belarusian, Dari, Pashto	info@forummigracyjne.org	+48 221 100 085
17	Fundacja Dziewczyny w Spektrum	Małopolskie	Kraków	Tak - 1) ko	https://dziewczynynyspektrum.pl/	Support organization for girls and LGBT+ people on the autism spectrum to create a safe space for them. Offers activities to strengthen sense of agency and empowerment, mentoring, psychological consultations and self-help groups. Aims to break stereotypes about women and LGBT+ people on the autism spectrum by promoting their creativity and professional success.	Polish	fundacja@dziewczynynyspektrum.pl	
18	Fundacja SMA	Mazowieckie; Cała Polska	Warszawa	Tak - mate	https://www.fsma.pl/	Supports SMA (spinal muscular atrophy) patients and their families, represents their voice and strives to give them better access to treatment, equipment and necessary medical care.	Polish, Ukrainian	info@fsma.pl	+48 223 500 202
19	Polski Związek Głuchych	Cała Polska	Warszawa	Tak - 1) tu	https://www.pzg.org.pl/2022/03/polski-zwiazek-gluchych-organizuje-pomoc-dla-gluchych-z-ukrainy/	The Polish Association of the Deaf is a non-governmental organization of deaf and hearing-impaired people and others associated with the deaf community. The aim of its work is to help the deaf and hearing-impaired in all matters of life, including job placement support, education (PJM learning, training) and youth initiatives.	Polish Sign Language (PJM), International Sign	biuro@pzg.org.pl	+48 228 314 071
20	Fundacja Aktywizacja	Cała Polska	Warszawa	Tak - baza	https://aktywizacja.org.pl/	Supports people with disabilities in preparation for and entering the job market, offering, among other things, job placement support. It also helps employers create an inclusive work environment and recruitment process.	Polish, Ukrainian, Russian	warszawa@aktywizacja.org.pl	+48 509 251 322
21	Fundacja Poparzeni	Pomorskie	Kwidziń	Nie	https://www.facebook.com/fundacjapoparzeni/	The Foundation's mission is to provide psychological and legal assistance, as well as rehabilitation, to burn victims and their loved ones.	Polish, English	fundacjapoparzeni@gmail.com	+48 502 646 372
22	Polski Związek Niewidomych	Cała Polska	Warszawa	Tak - baza	https://pzn.org.pl/	Poland's largest organization for the blind and visually impaired. Activities include education, rehabilitation, legal services and advocacy for the blind and visually impaired community	Polish	pzn@pzn.org.pl	+48 228 313 383
23	Fundacja dla dzieci i dorosłym z autyzmem SYNOPSIS	Mazowieckie	Warszawa	Tak - szkol	https://synopsis.org.pl/	Provide professional assistance to children and adults on the autism spectrum and their families. SYNOPSIS develops systemic solutions to improve their quality of life and offers a range of services, i.e. diagnosis, consultation, therapy and testing.	Polish, Ukrainian	fundacja@synopsis.org.pl	+48 228 258 742
24	Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych	Cała Polska	Warszawa	Tak - baza	https://www.pfron.org.pl/	The State Fund for the Rehabilitation of Persons with Disabilities aims to create conditions that facilitate the full participation of Persons with Disabilities in professional and social life.	Polish		+48 225 055 500
25	Wyszukiwarka organizacji pozarządowych, oferujących wsparcie ze środków PFRON				https://www.pfron.org.pl/osoby-niepełnosprawne/dowiedz-sie-o-projektach-dla-ciebie/	Search engine for NGOs offering support to people with disabilities from PFRON (State Fund for the Rehabilitation of Persons with Disabilities)			
26	Stowarzyszenie Otwarte drzwi	Mazowieckie	Warszawa	Nie	https://otwartedrzwi.pl/	Support for people at risk of social exclusion: people with disabilities, in crisis of homelessness, children and youth from dysfunctional families, seniors. It runs 14 facilities, including 8 for people with disabilities, 1 day care centre "Little Prince" for children and young people from the Praga-Północ district of Warsaw.	Polish	stowarzyszenie@otwartedrzwi.pl	+48 226 198 501
27	Fundacja Sedeka	Mazowieckie	Warszawa	Tak - mapa	https://sedeka.pl/	Provides support for adults and seniors in difficult health and life situations, including support for persons living with a disability and their caregivers	Polish	fundacja@sedeka.pl	+48 224 869 642
28	Mapa przyjaznych miejsc Fundacji Sedeka				https://sedeka.pl/nasz-projekt/mapa-przyjaznych-miejsc	Map of disability-friendly places, created by Sedeka Foundation			
29	Fundacja AVALON	Mazowieckie	Warszawa	Tak - https	https://www.fundacjaavalon.pl/programy/centrum-pomocy-uchodzom-z-niepełnosprawnościąmi/	Support for people with disabilities and chronic illnesses so that they can become active in every area of their life. The support includes active rehabilitation for children and adults, activities for children and adults, sports activities, sex education, counseling and job placement support.	Polish, Ukrainian	kontakt@fundacjaavalon.pl	+48 223 499 771

30	Fundacja Akceptacja	Wielkopolskie;	Poznań	Nie	https://akceptacja.org.pl/	An organization in Wielkopolskie region established and run by transgender people. Activities focus on pre-medical first aid for people at risk of social exclusion. It conducts courses and workshops in cooperation with doctors and health care specialists. Access to a team of paramedics, medical rescue equipment, and able to conduct preventive examinations	Polish, Ukrainian	kontakt@akceptacja.org.pl	+48 721 002 052
31	Migam.org	Mazowieckie	Warszawa	Tak - całok	https://migam.org/	A positive social impact company for the deaf community, co-founded by deaf people, sign language experts and CODA (Children of Deaf Adults). Provide translation services for calls (using a video calling system) and sign interpretation for videos and documents.	Polish, Polish Sign Language (PJM), Ukrainian Sign Language	oferta@migam.org	+48 600 069 128
32	Fundacja Życie Pełne Możliwości	Małopolskie	Kraków	Nie	https://www.fundacja.mozliwosci.pl/	Created for people with disabilities, their families and the elderly, who often suffer from loneliness. Provides advice on the selection of appropriate rehabilitation equipment, wheelchairs and other aids. Also provides logistical support for transporting people, equipment and materials.	Polish, Ukrainian	biuro@fundacjamiowosci.pl	+48 505 643 881
33	Stowarzyszenie Mentalnie Równi	Mazowieckie	Warszawa	Nie	https://www.mentalnierowni.pl/	Provide and promote equal access to psychological care, including mental health education sessions in schools and sensitisation workshops for teachers and educators.	Polish	biuro@mentalnierowni.pl	+48 538 520 690
34	Fundacja Przyszłość dla Dzieci	Kujawsko-Pomorskie	Olsztyn	Nie	https://przyszloscdladzieci.org/	Care for children up to the age of 18 who require treatment and rehabilitation, including financial support for examinations, treatments, surgeries, rehabilitation, medication, travel and stay within Poland and internationally.	Polish, Ukrainian	fundacja@przyszloscdladzieci.org	+48 514 800 915
35	Republika Pro Bono	Mazowieckie	Warszawa	Nie	https://www.facebook.com/profile.php?id=100088666890564	Humanitarian assistance, job placement support, social intergration and adaptation support for people from minority and refugee communities, people with disabilities, single parents and people from disadvantaged backgrounds.	Polish, Ukrainian, Russian, English	biuro@republikaprobono.org	+48 574 055 255
36	Fundacja Kocham Dębniaki	Małopolskie	Kraków	Nie	https://kochamdebniaki.pl/	Community Centre working for the benefit of residents and of Cracow's Old Dębniaki district. Integration activities for community members and refugees from Ukraine and support groups for caregivers of children with special needs.	Polish, Ukrainian, English	biuro@kochamdebniaki.pl	+48 690 458 746
37	Stowarzyszenie Pomocy Niesłyszącym „MIG-iem”	Podlaskie	Białystok	Nie	http://mig-iem.pl/	Working for the benefit of the deaf and hearing-impaired community. Free assistance of a sign language interpreter in all areas of life, various group activities, workshops, special events to integrate the community of deaf and hearing people, and sign language courses at all levels.	Polish	spn.migiem@gmail.com	+48 606 251 269
38	Stowarzyszenie Pomocy Osobom z Autyzmem	Śląskie	Częstochowa	Nie	https://www.facebook.com/spozaczest/	Activity club for children and adolescents with autism.	Polish	cspozpa@wp.pl	
39	Stowarzyszenie Jedna Chwila	Wielkopolskie	Murowana Goślina	Nie	https://jednachwila.com/	The association works to provide equal opportunities for people with physical disabilities, including amputees.	Polish	kontakt@jednachwila.com	+48 790 767 665
40	Fundacja im. Doktora Piotra Janaszka Podaj Dalej	Wielkopolskie	Konin	Tak - porad	https://podajdalej.org.pl/	Organizes activities for children, adolescents and adults, provides social, career and legal counseling, and activates people with disabilities through sports.	Polish	fundacja@podajdalej.org.pl	+48 632 112 219
41	Fundacja Aktywnej Rehabilitacji (FAR)	Cała Polska	Biura regionalne	Nie	https://far.org.pl/#hero-slide-3	Runs a program for social and career activation for people with permanent spinal cord injuries in wheelchairs to help them restore their independence.	Polish	info@far.org.pl	+48 226 518 803
42	Stowarzyszenie Warto Jest Pomagać	Lubuskie	Zielona Góra	Nie	https://www.wartojestpomagac.pl/	Support for people with illnesses, those at risk of social exclusion and people with disabilities in finding treatment, rehabilitation and recovery.	Polish	wartojestpomagac@gmail.com	+48 603 551 757
43	Stowarzyszenie Pomocy Dzieciom Niepełnosprawnym „Krok za krokiem”	Lubelskie	Zamość	Nie	https://www.spdn.pl/	Specialises in supporting people with cerebral palsy, people with communication difficulties, including aphasia, and people with complex dysfunctions.	Polish, Ukrainian	biuro@spdn.pl	+48 846 393 311
44	Fundacja Akademia Młodych Głuchych	Mazowieckie	Warszawa	Tak	https://fundamg.pl/	Works for the all-round development of children, young people and adults who are deaf and hearing-impaired. Aims to reduce barriers of hearing impairment and provide social integration by organising cultural, artistic, educational, job placement support, informational, sports and recreational activities.	Polish, Polish Sign Language (PJM)	kontakt@fundamg.pl	
45	Fundacja ORChidea	Wielkopolskie	Poznań	Nie	https://www.fundacjaorchidea.pl/	Comprehensive activities in the field of health care and medical assistance to children and adults at risk of social exclusion, including supporting and conducting health, educational, social and charitable initiatives.	Polish	fundacjaorchidea@poczta.fm	+48 601 493 705
46	Fundacja Ari Ari	Kujawsko-Pomorskie	Bydgoszcz	Tak - publi	https://ariari.org/	Work for the inclusion of marginalised people, minorities, refugees, people with disabilities, people at risk of poverty. Co-creation of interdisciplinary educational, research and social activities	Polish, Ukrainian, English	ariari@ariari.org	+48 668 289 915
47	Fundacja JIM	Lódzkie	Łódź	Nie	https://jim.org/	Assists people on the autism spectrum by increasing their access to diagnostics, education, building acceptance and providing other forms of support.	Polish, English	autyzm@jim.org	+48 789 288 996

48	Polskie Forum Osób z Niepełnosprawnościami (PFON)	Mazowieckie	Warszawa	Nie	https://pfon.org/	Forum for associations and unions of people with disabilities in Poland and member of the European Disability Forum (EDF). Works to unite social and institutional forces to create conditions for equal opportunities, equal participation in society and to fight against all forms of discrimination against people with disabilities, so that they can live with dignity and fully benefit from their human rights.	Polish	biuro@pfon.org	+48 222 991 862
49	Fundacja Życie Pełne	Małopolskie	Kraków	Nie	https://www.fundacja.mozliwosci.pl/	Support for people with disabilities, their families and seniors. Provides assistance to complete the registration documents required for medical/rehabilitation equipment.	Polish, Ukrainian	biuro@fundacjamozliwosci.pl	+48 505 643 881
50	Fundacja Wielkie Serce dla Dzieci	Podkarpackie	Krosno	Nie	https://fundacjawielkieserce.org/	The Foundation supports children, families, parents and caregivers, especially foster parents. Operates the Children's Support Centre in Krosno.	Polish, Ukrainian	biuro@fundacjawielkieserce.org	+48 533 211 555
51	Podkarpackie Stowarzyszenie dla Aktywnych Rodzin (PSAR)	Podkarpackie	Rzeszów	Nie	https://psar.pl/	Operation of the TUTU Center for Psychophysical Development in Rzeszow which hosts range of cultural and developmental activities aimed at children, adults and young people.	Polish, English, Ukrainian	kontakt@psar.pl	+48 726 720 080
52	Portal Niepełnosprawni.pl oraz Integracja.org	-	Warszawa	Tak	http://www.niepelnosprawni.pl/	Website with a collection of useful information for people with disabilities from various areas of life, including social actions, counseling, law, medical sector and more.	Polish, English	redakcja@niepelnosprawni.pl	
53	Fundacja na Rzecz Psychoprofilaktyki Społecznej PRO-FIL	Podkarpackie	Rzeszów	Nie	https://www.fundacjaprofil.pl/	Promotion of mental health. The Foundation runs the project "PROFILED psychological help" aimed at Ukrainian women and men with disabilities, under which it provides psychological support to people with disabilities and their caregivers.	Polish, Ukrainian, Russian	fundacja.profil@gmail.com	+48 601 827 642
54	Fundacja Leny Grochowskiej	Mazowieckie, Łódzkie, Lubelskie, Pomorskie	Siedlce	Nie	https://fundacjalenygrochowskiej.pl/	Supporting people with intellectual disabilities through job placement support and social activation. The Foundation also runs 5 refugee houses, where women with children, people with disabilities and senior citizens are housed free of charge.	Polish	kontakt@fundacjalenygrochowskiej.pl	+48 256 441 464
55	Fundacja Wspierania Rozwoju JA TEŻ	Pomorskie	Gdańsk	Nie	https://jatez.org.pl/	Provision of activities for the development, education and social integration of children, adolescents and adults with developmental and functional disorders, especially people with down syndrome.	Polish, Ukrainian, English	office@jatez.org.pl	+48 784 595 052
56	Stowarzyszenie Rodziców i Przyjaciół Osób z Zespołem Downa "Tęcza"	Małopolskie	Kraków	Nie	https://stowarzyszenie.tecza.org/	Works for the benefit of people with Down Syndrome and their families in areas such as education, integration, rehabilitation, job placement support and self-sufficiency.	Polish	kbiuro@stowarzyszenie.tecza.org	+48 503 131 288
57	Fundacja Dajemy Dzieciom Siłę	Mazowieckie, Pomorskie	Warszawa	Tak - telefc	https://fdts.pl/	Provides children and their caregivers with professional psychological support and legal assistance. Awareness raising and teaching amongst adults on how to respond wisely and effectively to violence against children and what to do when they suspect a child is being abused.	Polish	biuro@fdts.pl	+48 226 160 268
58	Fundacja Stonie na Balkonie	Łódzkie	Łódź	Tak - telefc	https://slonienabalkonie.pl/?fbclid=IwAR3picHjGhBqF_yw65bTV_E1KF8EALIDXq_t84p1dS7iBdbLnVNA7uz6c	Support children's mental health, offering therapeutic care, war trauma assistance, prevention workshops in schools and run a sociotherapy centre.	Polish, Ukrainian	biuro@slonienabalkonie.pl	+48 426 726 119
59	Olimpiady Specjalne Polsk	Mazowieckie	Warszawa	Nie	https://www.olimpiady.specjalne.pl/	Organises training and sports competitions for people with intellectual disabilities. Through sport, players develop both physically and socially. They learn new skills, break their own barriers, become more brave, open and self-confident.	Polish	ospburo@olimpiady.specjalne.pl	+48 226 218 418
60	PAH	Mazowieckie, Małopolskie, Podkarpackie, Kujawsko-Pomorskie,	Warszawa, Kraków, Toruń, Bydgoszcz, Przemysł	Tak	https://www.pah.org.pl/en/	Polish Humanitarian Action's main goal is to help people who are fleeing to Poland from the ongoing war in Ukraine. In August 2022, PAH opened a logistics center (including a warehouse) in Białystok to support and supply activists from the Granica Group and other NGOs, as well as individual activists who provide assistance to refugees on the Polish-Belarusian border.	Polish, Ukrainian	pah@pah.org.pl	+48 228 288 882
61	Spilno - by UNICEF		online	Tak	https://spilnoinpl.org/	An information platform created to help Ukrainian families with children temporarily staying in Poland.	Ukrainian		+48 477 217 575
62	Alph	Małopolskie	Kraków	Tak	https://polska.alpha.org/	Alpha is a series of meetings explaining the basics of the Christian faith. Each meeting covers a different topic of faith and provides an opportunity for discussion. Alpha is run all over the world and everyone is welcome. It is conducted in cafes, churches, universities, homes, bars - wherever possible.	Polish		+48 780 177 740
63	Podkarpackie Stowarzyszenie na Rzecz Dzieci z Porażeniem Mózgowym „Daj szansę”	Podkarpackie	Rzeszów	Tak	https://mpdzrzeszow.pl/	Podkarpackie Association for Children with Cerebral Palsy	Polish	dziennik.mpdz@onet.pl	+48 609 369 890

64	Specjalistyczna Poradnia Psychologiczno-Pedagogiczna dla Dzieci z Niepowodzeniami Edukacyjnymi	Małopolskie	Kraków	Tak	https://poradnia-psychologiczna.com/	A public educational institution that offers diagnostic and post-diagnostic assistance for students of Krakow primary and secondary schools. It also has experience in comprehensive support for schools, offering assistance to educators, teachers and management staff.	Polish	spppdne@mjo.krakow.pl	+48 124 224 383 +48 660 637 312
65	Fundacja Mały Wielki Krok	Mazowieckie	Krasne	Nie	https://malywielkikrok.pl/	A community of parents, therapists and everyone who believes that every child, regardless of their challenges, deserves a full, happy and independent life. Projects focus on providing rehabilitation and specialized therapies that support the development and independence of patients, aiming to give all children a chance to fulfill their dreams, develop, play with peers and participate in social life.	Polish	Kontakt@Malyzdrowiekrok.Pl	+48 883 928 820
66	Stowarzyszenie na rzecz dzieci z nadpobudliwością psychoruchową	Podkarpackie	Rzeszów	Tak	https://adhd-rzeszow.pl/	Activities focus on therapeutic support for neuroatypical children observed for neurodevelopmental disorders, mainly ADHD and Autism Spectrum Disorder.	Polish	adhd-rzeszow@wp.pl	+48 665 721 148
67	Polskie Stowarzyszenie na rzecz Osób z Niepełnosprawnością Intelktualną	Mazowieckie	Warszawa	Tak	https://psoni.org.pl/	Polish Association for People with Intellectual Disability (POSNI) advocates for the rights of people with intellectual disabilities, working to ensure that people with intellectual disabilities have access to education, employment, housing, healthcare, and other essential services. Provides a variety of support services to people with intellectual disabilities and their families including residential care, daycare, employment programs and caregiver support.	Polish	zg@psoni.org.pl	+48 228 488 260
68	Zespół Szkół Specjalnych nr 11	Małopolskie	Krakow	Tak	https://zss11.krakow.pl/	School for children with special needs, providing housing conditions and specialized equipment enabling students to meet their needs as safely, comfortably and independently as possible.	Polish, Ukrainian	sekretariat@zss11.krakow.pl	+48 126 591 512
69	Fundacja Polskie Centrum Pomocy Międzynarodowej	Cała Polska	Cała Polska	Tak	https://pcpm.org.pl/polskie-centrum-pomocy-miedzynarodowej/	Focus is primarily on refugees and internally displaced persons, as well as on the reconstruction and stabilization of post-conflict countries. PCPM provides conditional financial support for payment of rent for a rental or other shelter and winter assistance (purchase of fuel, clothing). Cash for work program in Ukraine, where people are employed for public works in cooperation with local governments.	Polish, Ukrainian	INFO@PCPM.ORG.PL	+48 228 336 022
70	Caritas Świetlice terapeutyczne	Mazowieckie	Warszawa	Tak	https://caritas.pl/projekty/swietlice-terapeutyczne/	Caritas Polska is a pastoral charitable institution of the Catholic Church and the largest social and charitable organization in Poland, which provides professional, multidimensional assistance to excluded and vulnerable people.	Polish, Ukrainian	iodo@caritas.org.pl	
71	Homo Faber	Lubelskie	Lublin	Tak	https://hf.org.pl/	An organisation in Lublin working with people in need so that they feel free and safe, fully enjoy their rights regardless of gender, level of ability, national and ethnic origin, race, skin color, psychosexual orientation, religious beliefs, worldview, political opinions, wealth, age or any other characteristic.	Polish	info@hf.org.pl	+48 602 430 868