

Challenges of Accessibility: Experience of Receiving Ukrainian War Refugees With Disabilities in Poland and Romania

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Abstract

The Russian attack on Ukraine in February 2022 resulted in an influx of refugees fleeing from the war, many of whom fled to Poland and Romania. This flow brought a considerable number of people with disabilities, both adults and children, who needed various kinds of support: accommodation, medicine, material aid, rehabilitation, and psychological help. EU's Directive 2001/55/EC, followed by national bills, provided a general framework in which all refugees, including Ukrainian War refugees with a disability (UWRwD) have formal access to social services, but did not automatically ensure substantive accessibility. This article analyses the barriers faced by UWRwD in accessing services in host countries, as well as the solutions implemented by service providers in Bucharest and Warsaw to reach these groups. The interplay of structural, situational, and individual factors influencing service provision and access is discussed, using two sets of qualitative data: 41 individual interviews conducted with service providers in Bucharest (20) and Warsaw (21) in 2023, and two group interviews conducted with UWRwD in Bucharest (8 participants) and Warsaw (7 participants) in December 2024. Findings suggest that accessibility is an omitted aspect in emergency response. While challenges are structural, reinforced by the arrival of a high number of refugees with disabilities, solutions are situational. Given the specificities of each refugee with disabilities, as well as a lack of clear regulations to govern intervention, service provision relied heavily on case-by-case responses, communication between actors, and the use of pre-existing personal and professional networks. The results show that emergency response should be multilayered and intersectional, ensuring the needs of the most vulnerable groups are met.

Keywords

accessibility; disability; intersectionality; Poland; refugees; Romania; social services; special needs; Ukraine

1. Introduction

The war in Ukraine, initiated by Russia's attack on February 24, 2022, resulted in large-scale displacement, with individuals fleeing conflict zones and seeking refuge primarily in neighbouring states, notably Poland and Romania. According to UNHCR, 7 million displaced Ukrainians were recorded globally, with over 3 million applying for temporary protection within the EU and the Republic of Moldova. Among them, 1,903,100 were registered in Poland and 192,560 in Romania (UNHCR, 2024). As both Poland and Romania had limited prior experience in accommodating refugee populations, their response heavily relied on the involvement of civil society, in addition to actions undertaken by public authorities at both central and regional levels (Bejma & Ignăţoiu-Sora, 2024; Nowicka et al., 2024).

The provision of social support, including services for persons with disabilities, was constrained by limited resources and framed by an emphasis on individual responsibility—characteristic of the welfare regimes in both countries (Rae & Piotrowska, 2022; Voicu & Stănescu, 2019). In the post-communist period, Romania and Poland experienced a gradual reduction in state social functions, with a marked preference for cash transfers over integrated social services (Voicu & Stănescu, 2019).

The intersection between disability and mobility, as a more general stance for refuge, creates spaces of particular traits and a way to explore phenomena that could lead to a better understanding of human interactions in general (Kusters, 2024). Among displaced populations, persons with disabilities often remain overlooked, and data on their circumstances—including disability types—are rarely collected systematically in host countries (European Union Agency for Asylum [EUAA], 2024; Piérart et al., 2020; Smith-Khan & Crock, 2019). This lack of data impedes access to appropriate services and compounds existing vulnerabilities faced by refugees and asylum seekers (Piérart et al., 2020). Given the complex nature of disability and the multiple dimensions involved in support provision, issues of accessibility and potential service delivery barriers are critical for this particularly vulnerable and often invisible group. Not paradoxically, people with disabilities are more likely than others to suffer when negative life events occur (Engelman et al., 2024).

The article aims to explore challenges of accessibility and solutions to ensure accessibility for Ukrainian War refugees with a disability (UWRwD). We pose three research questions: (a) What is the interplay of structural, situational, and individual factors in shaping the challenges of accessibility of services? (b) What strategies do stakeholders use to address service provision challenges? (c) How does the interplay of structural, situational, and individual factors feed into the responses aimed at increasing accessibility, and how are they reflected in the individual prospects for a better life? The analysis is based on qualitative data from two interconnected research projects exploring both stakeholder and refugee perspectives. The first set of data was collected in Warsaw and Bucharest in 2023 through 41 individual in-depth interviews and two group interviews with service providers. The second set was collected in Warsaw and Bucharest in December 2024 and consisted of two group interviews with UWRwD.

The next section outlines key theoretical developments concerning service accessibility, refugees with disabilities, intersectionality, and vulnerability. We then present our hypothesis, methodological framework, and key findings. The article concludes with a discussion and the conclusions, including recommendations and directions for future research.

The results show that accessibility is a crucial yet omitted aspect of emergency response. The results indicate that emergency response should be multilayered and intersectional to address the needs of the most vulnerable groups.

2. Conceptual Insights and Background Information

2.1. *Legal and Institutional Context of Receiving Refugees With Disabilities*

In Romania and Poland, the reception of displaced persons coming from Ukraine is regulated under the framework of the Temporary Protection Directive, activated at the beginning of March 2022 (Directorate-General for Neighbourhood and Enlargement Negotiations, 2022). In both countries, Ukrainian refugees have the right to work, study, stay, and access all required social services under the same conditions as citizens of both countries. However, there are some differences: At the moment of the research, the Romanian state provided subsidies for accommodation and food in the first four months upon arrival (in September 2024, this period was shortened to three months), after which the beneficiaries were only eligible for accommodation subsidies if they were integrated in the labour market and their children enrolled in schools or taking part in educational activities provided by institutions. In Poland, subsidies for accommodation and food have been terminated. If a person lives in a long-term accommodation centre, they must pay rent. However, there are exceptions in both countries. In Romania, these include refugees with a formally recognised disability, people over 65 years of age, parents with children under two, and individuals enrolled in the educational system. In Poland, it is possible to exempt people from fees who are in a “special life situation.” This statement is very vague, but people with a disability certificate are exempt from fees if they live in collective accommodation centres.

In both countries, there are strategies in place concerning the rights of persons with disabilities, and they highlight the departure from the medical model of disability to a rights-centred approach. It is stated that persons with disabilities have the right to access high-quality healthcare and, in general, services that will foster their ability to lead independent lives, inside communities (Guvernul României, 2022; Rada Ministrów, 2021). However, public discourse highlights that services are not easily available, and persons with disabilities usually have to face obstacles in their daily lives, due to the lack of accessibility of many public, social spaces. In both countries, integration into the labour market is encouraged, and subsidies are usually provided for employers. Also, depending on the severity of disabilities based on the evaluation of an interdisciplinary committee, financial support is offered by the state.

As part of the post-Soviet social landscape, Ukrainian disability policies were disconnected from global developments that emphasised the importance of social rights and advocacy, although progress began in the late 20th century (Phillips, 2009). After the war began, there was an increase in the number of people with disabilities (war injuries), and the provision of essential services became problematic (World Bank, 2024). The approximate number of people with disabilities in need of humanitarian assistance is placed at about 1.8 million (Tucker, 2025).

In providing assistance to UWRwD, the main actors enabling broad access to services, information, and spaces were NGOs, supported by municipal self-government institutions, particularly those focused on social support, like Warsaw Support Family Centre (Nowicka et al., 2024). How assistance is delivered depends on the social care model adopted in each country. It may also be influenced by the organisational culture of the organisation or institution providing the aid (Fargion et al., 2018). Regardless of the factors determining the choice of an accessibility model in each society, supporting people with disabilities requires time, financial resources, extensive social networks, and qualified personnel capable of acting as a bridge to the minority group (Cortis, 2011).

2.2. Theoretical Frameworks on Accessibility

Accessibility is a multidimensional phenomenon (Levesque et al., 2013) that pertains to many aspects of life and is most associated with disability studies (Clarke, 2004; Cortis, 2011; Hamidi & Karachiwalla, 2022). In the context of migration, however, the key concept is not accessibility but the barriers that migrants encounter in the adaptation process (Nowicka, 2021). The causes of limited accessibility may stem from cultural factors—as is the case for migrants—or structural factors (Frieske, 1999). Drawing on the literature related to the concept of vulnerability, it can be assumed that limited accessibility has structural, situational, or individual roots (Mackenzie et al., 2014). Regardless of the context, accessibility and the presence of barriers can be treated as two sides of the same coin, as they relate to social exclusion, marginalisation, limited social participation, and the realisation of one's rights. For this reason, Clarke (2004) argues that accessibility is a demand for equal treatment regarding the ability to make use of all available social resources. He also points out that the formal-legal provision of accessibility (i.e., opening doors) is not sufficient. Depending on the model adopted, accessibility is the result of the actions of various social actors; these actions may be directed toward managing accessibility or “reaching out” to create tailor-made services (Grymonprez et al., 2017).

When disability intersects with migration, accessibility is limited, and the number of barriers to overcome increases (Engelman & Izquierdo, 2025; Nowicka et al., 2024). Refugees with disabilities must contend with limitations stemming from their disabilities and inadequate societal-level solutions, as well as the typical barriers faced by migrants due to unfamiliarity with the institutional and cultural context. This makes them particularly vulnerable to harm and poses additional challenges for the organisations and institutions supporting them. Moreover, when you add the necessity for rapid action, as in the case of sudden events like catastrophes or the outbreak of war, the number of barriers increases even further (Melo Zurita et al., 2018).

2.3. Previous Research on Refugees with Disabilities

In the EU, the reception of asylum seekers follows Directive 2013/33/EU, and, according to the directive, it should be done while considering multiple sources of vulnerability, including disability. Furthermore, the UN Convention on the Rights of Persons with Disabilities provides the foundational framework for supporting individuals with disabilities, including in humanitarian emergencies, while emphasising their human rights and fundamental freedoms. This has a positive impact on the treatment of refugees and asylum seekers with disabilities (Conte, 2016; Duell-Piening, 2018). A report from the EUAA shows that not all EU countries refer to disability as a source of vulnerability in their asylum procedures and corresponding legislation, nor do they currently have the proper instruments for dealing with the needs of asylum seekers with disabilities (EUAA,

2024). Furthermore, the EUAA reports a systemic lack of disability data collection, and even when data are collected, they are not further analysed to improve the reception processes of asylum seekers with disabilities (EUAA, 2024).

Research converges on the invisibility and complex needs of refugees with disabilities and the compounded barriers they face, including discrimination, lack of accessible infrastructure, and limited availability of specialised services (Cho et al., 2013; Piérart et al., 2020; Smith-Khan & Crock, 2019). The needs generated by the refugee status and those generated by having disabilities are usually addressed separately by policies and institutional infrastructures. This generates further inequalities between natives and non-natives (Piérart et al., 2020). Access to necessary services, such as healthcare, is challenging for refugees with disabilities due to multiple and cumulative barriers (Bogenschutz, 2014; Choo & Ferree, 2010; Collins, 2019). This is particularly acute for non-apparent disabilities, such as intellectual impairments, often overlooked in asylum processes (Luce, 2018). Effective support requires contextualised disability understandings, beyond medical definitions, reflecting refugees lived experiences (Smith-Khan & Crock, 2019).

Data regarding the disability status of Ukrainian displaced persons seeking temporary protection remain scarce. Consequently, disability identification relies on collaborative efforts across diverse stakeholder networks within each host country (UNHCR, 2023).

2.4. Intersectionality and Vulnerabilities

Intersectionality, as theorised by Crenshaw (1989), provides a crucial framework for understanding the complex vulnerabilities faced by UWRwD. It elucidates how multiple social categories, such as disability, gender, and refugee status, converge to shape unique experiences of oppression. This approach moves beyond single-axis analyses, recognising that these identities are mutually reinforcing (Cho et al., 2013; Hancock, 2016). For refugees with disabilities, this means navigating compounded exclusion, where the challenges of displacement intersect with pre-existing ableism, potentially exacerbated by gendered dimensions. As Mirza (2014) notes, humanitarian systems often fail to adequately address disability-related needs, leading to “compounded exclusion.”

The specific context of UWRwD requires acknowledging the layered nature of their vulnerabilities. While all refugees face challenges accessing essential services, those with disabilities encounter additional barriers due to inaccessible infrastructure and inadequate support systems. Physical accessibility is a significant concern, with many refugee accommodations lacking ramps, adapted sanitation, and accessible pathways, effectively excluding individuals with mobility impairments (UNHCR, 2021). Furthermore, healthcare systems often fail to accommodate disability-specific needs, resulting in untreated chronic conditions and inadequate rehabilitation services (World Health Organization, 2022).

The intersection of refugee status and disability also impacts educational and economic opportunities. Educational exclusion, marked by inaccessible facilities and untrained teachers, perpetuates intergenerational poverty (UNESCO, 2020). Similarly, economic participation is constrained by attitudinal and structural barriers, with limited access to livelihood programmes and vocational training (Stein & Lord, 2010). These barriers are amplified for women with disabilities, who may face increased risks of gender-based violence and further marginalisation (Women’s Refugee Commission, 2018). The humanitarian

sector's systemic deprioritisation of disability inclusion, evidenced by inadequate funding and limited consultation with persons with disabilities, exacerbates these challenges (World Health Organization, 2022). Therefore, an intersectional analysis is vital to understand the unique and complex challenges faced by UWRwD in Poland and Romania, and to inform effective intervention strategies.

3. Methodology

This article draws upon qualitative data from two research projects examining access to support services for UWRwD who were purposely selected (Palys, 2008) for this study through an open call for participation in Warsaw and Bucharest. Data were collected in two research phases; the first phase was a completed study that explored the perspectives of service providers and stakeholders, while the second phase is an ongoing investigation that focuses on the perceptions of beneficiaries, specifically UWRwD.

Warsaw and Bucharest were selected as research sites due to their shared post-communist historical trajectory, geographical proximity to Ukraine, and comparable welfare provision frameworks. However, the sites also offer comparative analytical potential, given notable distinctions such as the more developed civil society in Poland, the established Ukrainian diaspora in Poland, and the significantly higher concentration of Ukrainian displaced persons in Warsaw compared to Bucharest.

The initial research study was conducted under the Undisabling the Refugee Flow: Increasing the Capacity of Polish and Romanian Stakeholders to Provide Support to Ukrainian Refugees With Disabilities in the Metropolitan Areas of Warsaw and Bucharest (UNRF) project in 2023, utilising qualitative methods within a participatory framework (MacDonald, 2012; Vaughn & Jacquez, 2020) to ensure the inclusion of diverse voices and the identification of salient themes, as defined by the target population. This participatory approach also aimed to enhance the practical application of research findings within stakeholder activities. The second research that produced data used in writing this article is ongoing and is conducted under the Understanding Migrant Realities: Research-led Teaching About Migrations in Diversifying Societies (MIGRAEDU) project. Both studies commenced with group interviews to explore the situation of UWRwD and identify key issues. Subsequently, individual in-depth interviews were conducted with service providers, also two group interviews were carried out with UWRwD. In the present analysis, the individual interviews conducted with stakeholders and the focus groups conducted with UWRwD are used. Table 1 presents composition of the research samples in the two studies mentioned above.

Table 1. Composition of the research sample.

Type of interview	Type of respondents	Research site	Number of interviews	Year of the research
Individual interview	Stakeholders	Bucharest	20	2023
Individual interview	Stakeholders	Warsaw	21	2023
Group interview	UWRwD	Bucharest	1 interview, 8 participants	2024
Group interview	UWRwD	Warsaw	1 interview, 7 participants	2024

The research on stakeholders was conducted in both sites at the same time, between July and December 2023, with participants coming from diverse backgrounds. We tried to include not only representatives of service providers for immigrants and service providers for persons with disabilities, but also representatives of organisations that started to offer services to Ukrainian refugees only as a response to the refugee crisis. As noted in other studies (Nowicka et al., 2024), mixing the domains of interventions (disability and migration) was rare before the massive refugee flow from Ukraine. At the same time, we aimed at capturing the voices of both public authorities and civil society. In reaching potential participants, we used both formal and informal networks for obtaining recommendations, and we contacted them via email or telephone. However, the response rate was below 50%.

Transcripts from the in-depth interviews are referred to as PL01 to PL21 for Poland and, RO01 to RO20 for Romania, for each interview. There is an indication of the gender of the interviewee and a description of the type of service provider. As for group interviews, the code is PL_UNFR_group_interview_2023 and RO_UNRF_group_interview_2023.

The second part of the data collection, on the perspective of refugees themselves, was conducted in focus group interviews within the MIGRAEDU project in Warsaw and Bucharest, one in each location.

In the recruitment process, we tried to cover as many instances of disability or special needs as possible (such as mobility-related issues, visual or hearing impairment, or chronic illness). At the same time, we tried to have participants in various stages of the disability recognition process in the host countries. In both Warsaw and Bucharest, most participants had higher education and were between 30 and 65 years old, coming from different regions of Ukraine (Kherson, Kharkiv, Donetsk, Dnepropetrovsk, Odessa, Kyiv). Transcripts from these group interviews are referred to as PL_MIGRAEDU_group_interview_2024 and RO_MIGRAEDU_group_interview_2024. There were eight participants in the focus group interview in Romania, while seven participants joined the focus group interview in Poland. They are designed with anonymized acronyms in the verbatim presented in the findings.

Both studies were conducted after obtaining approvals from ethics committees: The research on stakeholders received approval from the Research Ethics Committee at Collegium Civitas (7/7/2023), and the research on refugees received approval from the Research Institute for Quality of Life (Decision number 1176/26.11.2024). All participants were provided with details about the procedures, and their informed consent was obtained. All the interviews were audio recorded, with a total of more than 46 hours, and transcribed in full. Transcriptions were then coded using Atlas.ti 24. The system of codes was elaborated after an initial reading of the transcripts, using theoretical insights and being empirically grounded at the same time. The exploratory nature of the research, especially in the context of Poland and Romania, motivated us to rely extensively on inductive coding to capture the understandings, perceptions, and situational definitions provided by the respondents during the interactions with the researchers. Two researchers coded each transcript separately, and the results were then compared, suggesting a high degree of reliability, as the researchers coded fragments similarly. A thematic analysis of the coded text was then performed. In the data collection process, ample space was dedicated to the barriers encountered by both service providers and beneficiaries, and accounts of how these barriers were dealt with were prompted. Thus, specific codes were used for these themes, centred on difficulties in providing/accessing services and on the solutions implemented to overcome these difficulties.

4. Findings

4.1. Structural Challenges

The experiences of UWRwD in Poland and Romania reveal systemic multidimensional challenges due to unclear procedures, insufficient resources, and rigidity of the system, which proved to be inefficient in meeting the needs of beneficiaries socialised into different welfare systems. Therefore, individuals face multifaceted barriers in accessing healthcare, social services, and housing while navigating fragmented support systems. Their narratives underscore the intersection of disability, age, and refugee status, which exacerbates vulnerabilities and complicates integration.

Even though rules and regulations were in effect shortly after the beginning of the war, they did not prevent administrative barriers. In both countries, regulations were rather general, and not followed by specific provision. As a result, legal prescriptions were reported to be inconsistent, sometimes even contradictory, and their implementation was highly circumstantial, and in many cases differently carried out in cases that were perceived as similar if not identical. This was a recurrent theme in the interviews and was invoked spontaneously by stakeholders in both countries:

The problem was that in practice, things varied greatly from one region to another, from one county to another, and from one institution to another. Many institutions even invented documents not provided for by law. So, the majority of them requested, for example, that the individual bring proof from Ukraine that they had given up their rights there, even though the national authority stated that there is no legal obligation in this regard. (PL02_F_NGO_focused_on_immigrants)

Sometimes what we see in practice can differ significantly from how it's supposed to be in the law. (PL02_F_NGO_focused_on_immigrants)

Thus, what should have been a predictable environment, easy to navigate, was sometimes experienced as inaccessible and incomprehensible by the refugees. The reliance on individual case workers' or public service providers' interpretations of the law triggered disparities in how specific cases were handled and added to the anxieties related to being a refugee, and especially one with disabilities.

Moreover, there were many amendments to the laws and regulations concerning Ukrainians. Even though some of them were praised as introducing more suitable solutions for UWRwD, they were perceived as implementing abrupt changes, which put UWRwD in an even more vulnerable position. One respondent noted:

It was all of a sudden, that's my opinion. They are still people who need help, they are still disappointed, disillusioned, frightened, worried. Yes, the change came too abruptly. (RO09_F_agency_of_public_administration)

An example of this was the sudden termination of the 50/20 programme in Romania. It was a Romanian government initiative aimed at providing financial support amounting to 50 RON per day for accommodation and 20 RON per day for meals for Ukrainian refugees hosted by private individuals or institutions. UWRwD,

like other refugees who were entitled to live in collective accommodation facilities, had to prove they had a job. There were many UWRwD who were unable to do it and found themselves in a very jeopardised position, as explained by one of the interviewees:

The [disability] certificate [was] not relevant to employment. (RO03_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

Others who lived in private houses and whose stay was funded by the 50/20 scheme were asked to pay full rent:

When the housing programme here ended, my landlord said to pay almost 500 euros for housing, another stress, and he said so sternly, giving an ultimatum, or I would have to move out. The move was also difficult: You don't know the language; I am physically unwell. (RO_MIGRAEDU_group_interview_2024)

This account illustrates the cliff-edge effect of short-term aid, which exacerbates stress for Ukrainian refugees with disability who have mobility limitations.

Some representatives of the Polish NGOs held a critical opinion on the legal solutions available to UWRwD, which was somehow justified as Poland has neither a migration policy nor an integration policy. The Polish state was not prepared to receive such a large number of refugees, and the initial assistance was provided by civil and grassroots organisations, which soon began to run out of funds as public interest in the refugee crisis declined:

There is no systemic, state, or local government support, there is no support from large organisations, and public opinion is slowly shifting in a direction where it forgets about the existence of this war and what is happening. (PL04_M_NGO_focused_on_immigrants)

The absence of state support resulted in limited financial resources for supporting UWRwD. In the first few months of receiving refugees, organisations received donations from businesses and private citizens, but over time, this source of financing diminished. Also, big international organisations withdrew from giving financial support:

I mean, we also had a moment of glory when there were still organisations that helped us financially, but they themselves lost the support of large international structures. We received money, for example, from [anonymised], which is a fairly large international organisation, but unfortunately, it ended. (PL04_M_NGO_focused_on_immigrants)

Another structural challenge was the very notion of social services, their function, and what they offered. It was not equivalent across Ukraine, Poland, and Romania. This was a barrier for both beneficiaries' access to the needed services and the service providers' provision process. Differences in systems of care in Poland and Ukraine manifested themselves when minors with disabilities, who in Ukraine lived in state-owned institutions, were to be accepted. In Poland, family-like structures are more popular. There was simply nowhere to accommodate whole institutions:

This posed a considerable challenge, especially since these children were often in large institutions in Ukraine, different from the more intimate family-like structures in Poland. These Ukrainian facilities housed a varying number of children, from practically newborns to almost legal adults, with diverse degrees of disabilities, sometimes complex, and including individuals who were bedridden. (PL19_M_agency_of_public_administration)

There were differences between Ukraine as country of origin, and Poland or Romania as host societies, in the categories of disability and even in what qualified as disability in the first place. Apart from being a source of diffuse unrest, this also had direct material consequences for disabled refugees:

So, people often have one level in Ukraine, but in Poland, they receive a different one, and they really can't apply for larger assistance depending on the level they have. But very often, in that case, we support people in the appeals process, and very often after the appeals process, they do get the level they had in Ukraine, for example. (PL02_F_NGO_focused_on_immigrants)

However, the foremost structural challenge was the procedure of obtaining disability certificates. Receiving formal recognition of the disability was a complex process in both Poland and Romania. At the time of the research, the documents obtained in Ukraine were not recognised in Poland, nor in Romania, and one had to go through an evaluation by a medical committee. The number of documents for evaluation seems excessive and unnecessary:

It is necessary to bring a psychological assessment form, regardless of the child's type of impairment, so even if it's a psychological or paediatric impairment, for the first assessment, after which only those with neuro-psychological impairment bring that psychological assessment form. (RO19_F_agency_of_public_administration)

In Ukraine, Romania, and Poland, most disability certificates are fixed term. However, in Romania, UWRwD are required to reassess the certificates every six months, which is a shorter term than usual, as explained by many interviewees:

In Romania, when we arrived, I received a middle disability group initially. Now I must retake assessments every six months. My wife cannot apply here—she needs a refusal from Ukraine, but going back is impossible due to shelling. (RO_MIGRAEDU_group_interview_2024)

This reflects the bureaucratic catch-22 of requiring in-person Ukrainian documentation amid active conflict, compounded by Romania's temporary disability classifications. These structural challenges, rooted in insufficiency, lack of clarity, and instability of laws, regulations, and policies, lead to the implementation of temporary or ill-conceived solutions. Governments failed to generate a structural environment that would facilitate access to services, especially for refugees with disabilities.

4.2. Situational Challenges

Situational challenges arise in circumstances that make structural solutions, or their absence, even more apparent and lead to more significant consequences. While under normal conditions a system might be

efficient, in a special situation its functioning is significantly disrupted. An example of such special circumstances is the sudden influx of a large number of refugees, particularly to countries like Poland and Romania, which are unprepared for their reception, for providing humanitarian aid on such a large scale, and for ensuring effective integration programmes in the long term. A situational factor can be the appearance of a new client of the support system, namely, a refugee with disability. Another situational aspect to add might be the rise of anti-migrant attitudes and discourse. Situational challenges are visible in many aspects of supporting refugees with disabilities, affecting accessibility to services provided by state institutions and NGOs.

The first challenge resides in delays in issuing decisions by officials and a long wait for medical appointments in the public health care system. This was experienced by refugees in both Poland and Romania. Overwhelmed by the sheer volume of applications, officials were unable to keep pace with issuing decisions, such as those concerning disability certificates (with some refugees waiting several months), or with disbursing due benefits. No matter what the delay concerned, it put UWRwD in an even more vulnerable position:

Refugees who are staying in apartments haven't received their money for five months....They are in difficulty, as they don't have enough money, resources don't suffice....There are families with many children, and they can't make ends meet until they receive the money from the state; given these delays, there are all sorts of situations. (RO03_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

High demand for services also affected NGOs. The migration-centred organisations felt less pressure, given their previous experience in helping immigrants. However, given the high demand and the funding provided by various sponsors, many other organisations entered the market of service providers for refugees. What is more, to meet the needs, organisations hired many people who had no or little experience in supporting either refugees or people with disability, not to mention refugees with disabilities:

Irrespective of their past, all these organisations faced a sudden need for adequate human resources. Well, I saw a great need to be better prepared in terms of expertise...I'm talking about the expertise that can be applied, right? I simply know what to do; I have contacts. (PL_UNRF_group_interview_2023)

The lack of preparation of the organisations' employees is reflected in the group interviews conducted with UWRwD in December 2024. The staff of the collective housing facility to which the refugees were directed could not provide basic information that was important from the point of view of a sick person:

My experience was with medical treatment. I arrived sick, and at first, we couldn't find where to go for help. No one at the hostel told us anything. We had to walk around on our own, searching, running between hospitals. (PL_MIGRAEDU_group_interview_2024)

Both NGOs and public actors experienced significant overload resulting from the necessity of serving a large number of clients within a short timeframe. NGOs, when possessing the financial means, hired fresh staff who were not always adequately prepared in terms of expertise or experience for the work. Public institutions, having more limited hiring capabilities, consequently faced extended processing times for cases. In both instances, excessive demand for support disproportionately affected UWRwD.

Communication and language barriers are dual in nature: situational (not enough interpreters) and individual (language proficiency level). In Poland, the problem was less profound as Polish and Ukrainian are quite similar, so it is easier to understand each other on a basic level. However, conversations on more specialised topics, such as health during doctor's appointments or administrative procedures at public offices, presented a significant challenge. Therefore, language barriers were among the topics that came up in many of the interviews with service providers. From providing practical information to more complex aspects related to nuances and specificities, the inability to communicate was a challenge that needed to be overcome. Service providers hired interpreters, but when the financial resources were scarce, they needed to turn to digital translators, which were not a perfect solution:

But the idea is that we needed trained people who knew how to convey the message exactly as we conveyed it because what we said through the translator's filter, under the influence of emotions, came out [in whatever other way]. (RO07_F_agency_of_public_administration)

Language barriers were most profound when a UWRwD needed psychiatric or psychological support. There were not enough specialists with a command of Ukrainian or Russian. The presence of a human interpreter infringed upon the sense of privacy. Furthermore, regardless of whether human or machine translation was used, the primary challenge remained the communication and comprehension of the emotions of UWRwD.

High demand for accommodation was one of the most pressing challenges for UWRwD. It soon turned out that there was a limited number of affordable flats to rent on the market. Refugees arriving in Warsaw and Bucharest could find temporary accommodation in shelters. It was a popular choice among those for whom Warsaw was a stopover in their journey to the destination. Refugees also used temporary shelters before they could find a permanent place to stay and organise their lives in Warsaw:

Something like that, just to have a shelter at the beginning. To get the most important things sorted out. (RO07_F_agency_of_public_administration)

The problem with temporary shelters was that they were not adjusted to the needs of people with disabilities, chronic illnesses, and special needs. Temporary shelters were often set up in public facilities, such as concert halls or exhibition halls. This meant that refugees stayed in shared spaces. As a result, temporary shelters did not provide adequate privacy for those bedridden, there was no proper way to perform daily hygiene routines, and such individuals were separated from other residents with partitions only. For neuro-sensitive children, these shelters were often too noisy, too crowded, and too overwhelming. The same applied to mothers with small children. In many of them, physical accessibility was a problem, like in the case below, in which a boy needed to be carried to the centre on the second floor to have his rehabilitation:

In [name of facility], there is a seven-year-old child with cerebral palsy, and there are two floors, no elevator, only stairs; they do live on the ground floor, but to get to the centre itself, you have to go up some stairs, and there is no ramp or elevator, so he is always carried there. (PL17_F_NGO_focused_on_immigrants)

In Romania and Poland, the main cause of various situational challenges seems to be the high demand for services and accommodation. Service providers were overwhelmed by the number of requests and the need

to meet them. The solutions that were implemented to meet the demands of the situation often proved to be inefficient and put UWRwD in a vulnerable position.

4.3. Individual Challenges

Individual factors are linked to the characteristics of individuals, which may include the type of disability, language proficiency level, overall life resourcefulness, mental well-being, and many others. While these appear to be independent of situational and structural factors, the extent to which a given individual characteristic poses a challenge can vary depending on those other factors. For instance, in a space adapted for wheelchair mobility, a physical disability does not present as significant a problem as it does in an unadapted environment. The following discussion elaborates on challenges in accessing services, where the source has been classified as individual. Individual challenges to accessibility were rare in the analysed interviews. Some of them were rooted in the disability of a person, and help was not provided even though it could have been, as in the example below:

However, when it comes to psychological assistance, those situations in which someone behaves aggressively, and it seems to result more from some disorders, because what the person says doesn't follow any logic at all, there have been individuals who refused psychological consultation. If a person consistently refuses, then there is nothing we can do. (PL20_F_NGO_focused_on_immigrants)

A barrier to receiving medical care can also be the financial situation of a person who needs to work long hours, which prevents them from having a doctor's appointment:

In terms of recovery, I have encountered problems such as needing to work a lot to pay for housing and so on, and because of work, I can't visit doctors, my body is falling apart, and I understand that I am already working on my last legs. Well, that's just it. (RO_MIGRAEDU_group_interview_2024)

Others cannot afford to buy medications, which are "quite expensive, and thus impossible to buy" (RO_group_interview_2024).

Sometimes caregivers prevent a UWRwD from receiving support. NGO workers could clearly see that a child is neurodivergent. The psychological support for this child was available in the organisation, and it could help to improve the quality of life of the child, but the mother kept refusing, as she was afraid of stigma. Finally, another mother convinced her that it is fine to use this kind of help (PL07_F_NGO_focused_on_disabled). Also, individual challenges could be rooted in UWRwD confusion and the experience of the war situation:

But sometimes it was that these people themselves didn't know what to do, I mean, they were afraid to make a decision because...being a person in a conflict zone. A person with a disability, right? So, whether to leave or not to leave, right? So, it's a bit, in every situation, it's an individual matter. (PL15_F_NGO_focused_on_disabled)

In the case of UWRwD, there are more access barriers than for healthy migrants/refugees or citizens of Poland/Romania who are people with disabilities. Here, just as two identities overlap, so do two orders of barriers: those resulting from being a refugee and those from being a person with a disability.

4.4. Solutions to Improve the Accessibility of Services

Even though a legal framework for receiving refugees from Ukraine was created, structural barriers prevailed. Service providers had to develop methods for overcoming obstacles that resulted from the large influx of refugees and the inadequate preparedness of states. One of the most common situational solutions was building networks and exchanging information. NGOs quickly realised that they could not meet all the needs, so they decided to build networks of support:

I think there was a need for better information flow between organisations themselves. But we tried to fix it somehow by creating these shared files, whether on drives or by creating this communication channel. We tried to somehow fix it and meet that need. (PL_UNRF_group_interview_2023)

Creating a network of Ukrainians living in Romania and Poland was a solution to the communication problem. NGOs used the knowledge and experience of those Ukrainians—whether economic migrants or war refugees—who were able to communicate effectively, either in English or in combinations of Russian/Ukrainian with Polish or Romanian:

The most crucial competencies that we require for the person coordinating are someone from Ukraine, not necessarily a war migrant, who has been in Poland before, but knowledge of the Ukrainian language and understanding the needs or certain cultural differences is a significant element. (PL09_F_NGO_focused_on_disabled)

Organisations also helped UWRwD to build social networks of refugees, which could serve as support groups. It was one of the solutions which helped to build independence from Polish or Romanian service providers.

NGOs also implemented solutions to improve efficiency. A response to high demand for support was adequate recognition of the needs of refugees; therefore, NGOs elaborated procedures for gathering information by using online forms and asking for any documents they had, and finally signing a declaration that the aid was directed to a person who actually needed it:

We establish contact mainly through online forms....We always ask individuals seeking assistance for some form of documentation, confirmation that the aid we provide will reach people with disabilities....Then, the individual contacts us for specific material assistance, signs a declaration that it will be allocated to specific individuals or groups with disabilities, commits to ensuring it is genuinely used for these purposes, and receives assistance from us. (PL09_F_NGO_focused_on_disabled)

One response to the high number of new clients was investing in the human capital of NGO employees, enabling them to improve their skills and knowledge in assisting UWRwD. A Romanian NGO member briefly depicted the process:

Yes, they did a training for us and our volunteers, and for partners, collaborators, and others. They participated from all three locations, from Bistrita, Cluj, and Bucharest. Psychological first aid, and very well put together, to help people understand how to approach the problem, how to work with children, how to work with families in situations of risk and trauma, etc. (RO17_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

Situational solutions were not only about the recognition of refugees' needs, but also the recognition of service providers' needs. This was one of the most important lessons the NGOs learnt.

Finally, there were individual solutions, which were more individual cases than occurring patterns—they are important, though, as they show that the attitudes of individual people can have an influence. Individual solutions were not only based on a person's creativity but also on attitudes and empathy. These individual approaches were of importance both to refugees and service providers, and involved personal solutions in helping refugees:

To overcome such barriers, creativity was part of the solution. On the one hand, there was an effort to gain humanity....We have received a lot of empathy from our families, yes. A lot of support from them as well, and a lot, a lot of gratitude. (PL_MIGRAEDU_group_interview_2024)

Individual solutions were also based on readiness and commitment. Individual citizens were engaged in supporting refugees. They devoted their time to helping refugees deal with administrative issues or medical treatment:

But during the time the family and the person with haemophilia stayed here, every month he needed treatment provided by the Romanian state, and I personally went with him to Bucharest. I am from [name of a town], so that means 300 km [distance]. I went to Bucharest every month to pick up his medication. (RO18_M_NGO_focused_on_disabled)

Individual solutions are also about refugees themselves if they try to establish a new life, integrate actively, or remain passive:

Don't sit still, don't complain, go somewhere, and start building your life. We didn't have any homes left...nothing at all. (PL_MIGRAEDU_group_interview_2024)

It turned out that structural barriers were overcome with situational and individual solutions. All these solutions proved to be short-term and could not replace structural ones, but at the time of receiving the biggest waves of refugees, they at least partially fulfilled their functions.

5. Discussion

Structural factors include social assistance policies and the legal status of Ukrainian refugees in Poland and Romania, as well as the infrastructure of public spaces. Existing literature (Głodkowska et al., 2022; Maftei & Gherguț, 2021) indicates that both Poland and Romania signed the major conventions promoting the inclusivity of people with disabilities years ago, but they may still lack adequate mechanisms to implement a fully inclusive approach. The situation is similar with respect to Ukrainian refugee protection (EUAA, 2024). The interest in intersectionality becomes intriguing under such conditions. A situational factor that forced Ukrainians with disabilities to flee their country—and compelled Poland and Romania to organise large-scale, rapid-response aid—was Russia's full-scale aggression against Ukraine. The situation was unexpected for both Poland and Romania, which had little to no prior experience in dealing with refugees or even immigrants (Bejma & Ignățoiu-Sora, 2024; Nowicka et al., 2024). Our findings converge in the same

direction. We also noticed that accessibility was influenced by the type of disability and the specific needs of individuals. However, in the case of UWRwD, the full range of disabilities is present, as in any population, which poses the previously mentioned structural and situational challenges for those willing to provide assistance.

The accessibility strategies created in response to the sudden influx of a large number of refugees were shaped by individual needs and gaps in the state structures, which were compounded by a lack of experience. The adopted solutions built situational accessibility. They were based on a so-called “ethical duty” (Fargion et al., 2018), which did not translate into professional or systemic solutions guaranteeing long-term strategies for ensuring accessibility. Service providers used creativity to overcome the inconsistency between the adopted regulations, the deficit in implementation, and the existing financial, material, and human resources. Without these efforts, UWRwD’s access to material and non-material aid would have been much limited.

However, in the long term, this approach turned out to be insufficient as enthusiasm for helping waned and NGO employees experienced fatigue and burnout, as also observed by other works (e.g., Kalinowska et al., 2023; Nowicka et al., 2025). As support peaked and declined, it became evident that most vulnerable groups, such as refugees with disabilities, faced greater difficulties during the occurrence of repeated negative life events (Engelman et al., 2024). Our findings add to the existing literature, showing that long-term funding and sustained governmental presence could enable NGOs to offer consistent assistance, but with reduced resources and diminished support, refugees with disabilities were left without adequate help. This is typical not only of our case studies but can also be found elsewhere. For instance, the limited availability of accessible housing and substandard living conditions in Swedish municipalities exemplify systemic neglect that contravenes dignity and inclusion rights (Hultman et al., 2023). Consequently, one may say that the intersectionality of refugee and disability status engenders multifaceted vulnerabilities that significantly impede access to essential services and integration mechanisms.

In the realm of healthcare, existing empirical data underscore the exclusionary nature of humanitarian systems, which often fail to incorporate disability-inclusive practices (Pisani & Grech, 2015). We confirmed the finding for the case of UWRwD. The fact that only 28% of humanitarian health clusters include disability specialists (World Health Organization, 2022) results in untreated chronic conditions and inadequate rehabilitation services. This aligns with studies demonstrating that refugees with disabilities are frequently the last to be resettled due to a paucity of targeted medical and social interventions (Mirza, 2011). Healthcare accessibility proved to be a critical axis of compounded vulnerability for UWRwD in both Poland and Romania. Although both countries provide basic medical services to asylum seekers, data indicate that specialised disability-related healthcare, encompassing rehabilitative therapy and assistive medical interventions, remains inaccessible, further exacerbated by financial constraints, linguistic barriers, and a lack of disability-inclusive training among healthcare providers. These all create a situation of “structural violence” (Hultman et al., 2023). Testimonies from service providers corroborate these findings, emphasising the urgent need for integrated, intersectionality-informed health policies.

Finally, educational and economic exclusion faced by disabled refugees reflects the structural inequities discussed within intersectionality literature. Existing studies indicated that less than 10% of disabled refugee children are typically enrolled in formal schooling, perpetuating intergenerational poverty (UNESCO, 2020).

Disabled refugees were shown to encounter systematic exclusion from livelihood programmes due to assumptions of economic non-productivity, violating Convention on the Rights of Persons With Disabilities Article 27 (Stein & Lord, 2010). We observed a similar reality, which became more evident due to uncertainty and the hope that the war will finish at some point, the short distance between Ukraine and Romania and Poland, and the proliferation of online educational alternatives. Language barriers and the unpreparedness of the public education system added to the case of Romania. These factors led to patterns that support the argument that intersectionality rejects a singular analytical lens and instead emphasises the reinforcing nature of overlapping oppressions that contribute to social stratification (Robinson, 2016). It turned out that conditions that might have eased the situation for refugees actually impede those with disabilities from integrating effectively into local educational systems, oscillating between the Ukrainian system, the host country, or no system at all. The consequence is a stronger negative impact of the intersection between disability and refuge, with a negative impact on long-term social inclusion and prospects for individual well-being.

6. Conclusion

To sum up, empirical data strongly corroborate the analysis of barriers to service access for refugees with disabilities. Following our research questions, the application of an intersectional lens demonstrates the interconnectedness of systemic neglect, procedural discrimination, and economic exclusion. Addressing these issues necessitates policy reforms that integrate disability rights within refugee protection frameworks, ensuring that disabled refugees are not marginalised in humanitarian responses. The analysis of factors limiting access to services reveals a pyramid-like structure. At its apex are structural barriers, which in the cases of Poland and Romania originate from legal acts and policies. What is colloquially termed a “weak state” translates into a greater number of barriers at lower levels of social life, whose consequences are felt by actors assisting refugees with disabilities and by UWRwD themselves. UWRwD experience the most significant consequences, as these impact multiple dimensions of their lives. Our approach revealed the paradox of structural factors related to accessibility of services to UWRwD: On the one hand, legal solutions are of great importance as they enable general access to social services and legal stay; on the other hand, structural and cultural challenges are difficult to overcome, impeding implementation of the legal provisions. The resulting mix of creative solutions is circumstantial in its essence and is based on building networks of support among service providers and experienced immigrants. This approach has the advantage of requiring a low investment of (financial) resources and time, along with a certain flexibility in intervention. However, it might be detrimental to professionalisation and ensuring a minimal unitary standard in helping refugees with disabilities.

In this context, accessibility emerges as a frequently overlooked yet essential component of rapid response. This brings us to recommend strategies for other urgent situations, such as the sudden arrival of a large number of immigrants. We assert that emergency situations necessitate a response that is multi-layered and intersectional, incorporating formal solutions and procedures that address the specific needs of the most vulnerable groups. These groups may not be easily identified through a single identity or vulnerability; rather, their multiple vulnerabilities call for a more inclusive approach that addresses all potential sources of vulnerability.

In our view, even at the outset of humanitarian responses, employing an intersectional framework that acknowledges the complex circumstances faced by individuals is the most effective method to ensure the delivery of meaningful services to potential beneficiaries. Initial assessments designed to ascertain each person's needs should be integrated with a network of stakeholders to establish an effective referral system. Consequently, society must preemptively implement a set of standards applicable in such varied scenarios. These standards should be minimal to allow for the flexibility necessary for creative adaptation to the situation, while also ensuring rigorous adherence to the prerequisites for accessibility.

7. Limitations and Recommendations for Future Research

This study presents several limitations that are directly attributable to the data and research design. Firstly, the data concerning the perceptions of stakeholders and refugees with disabilities were collected at disparate time points. Given the ongoing and dynamic nature of the war in Ukraine, this temporal discrepancy is likely to influence the articulation of perceptions, expectations, and future planning among all affected entities. Secondly, the research focused exclusively on the capital cities of Poland and Romania, which possess distinct characteristics that differentiate them from other regions within their respective nations. These urban centres, with their advanced economic development and superior infrastructure, may represent atypical destinations, offering more favourable conditions for accessibility, service development for refugees and persons with disabilities, and the acceptance of otherness, compared to other localities. Another limitation concerns the data on refugees: This study is based on two focus groups conducted with UWRwD, with a limited number of participants; thus, its exploratory character needs to be specified, acknowledging that the findings may not encompass the vast array of experiences in the host countries—especially in seeking and receiving services—and further data should be collected and added to the analysis.

Future research directions include, but are not limited to, supplementing the current cross-sectional analysis of stakeholder and refugee perceptions with a longitudinal perspective. This could be achieved by replicating the study to compare results and identify the evolution of perceptions and best practices in accessibility. Additionally, investigating the experiences of refugees in smaller communities, rather than major urban centres, would provide a more comprehensive understanding of the role of community-based services and the involvement of key community stakeholders. Employing an intersectional approach, studies focused on specific disabilities or special needs would contribute to a more nuanced understanding of overlapping vulnerabilities. Finally, the participatory framework could be enhanced by implementing research designs for studies that facilitate the direct interaction between refugees with disabilities and service providers through focus groups or consensus-building meetings while collecting data.

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Conflict of Interests

The authors declare no conflict of interest.

Data Availability

Data cannot be shared publicly due to the conditions of the consent between researchers and the interviewees. Data are available from the Collegium Civitas Institutional Data Access/Ethics Committee (contact via nauka@civitas.edu.pl) for researchers who meet the criteria for access to confidential data. Within the acceptance of the interviewees to participate, they allowed us to analyse their responses, but not to share them publicly. The research protocols were uploaded to the Harvard Dataverse network: <https://doi.org/10.7910/DVN/OY8PUT>

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