Quality of Life of Ukrainian Refugees with Disabilities in Warsaw and Bucharest

A research report



MIGRAEDU

NAWA
POLISH NATIONAL AGENCY FOR ACADEMIC EXCHANGE

Civitas University

ICCV

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Executive Summary

1. Services for children and adults

Experiences in accessing services differ significantly depending on the ages of the refugees. For children, caregivers must navigate a complex landscape where institutional regulations are often misaligned with practice. Procedures can be unclear, with implementation requiring the cooperation of multiple actors. Even when benefits are identified, there is a misalignment issue between entitlements and the actual provision of services. The situation is quite different for adult refugees – although the procedures are also complex, the narratives surrounding these are surprisingly positive and indicate a degree of satisfaction. This difference is likely because children are perceived as a group requiring special protection, making the barriers to access more visible and distressing for those around them.

2. Access to education

Despite the relatively low popularity of lifelong learning in Poland, Romania, and Ukraine, the interviews reveal that the refugees frequently participated in various forms of education. In addition to language courses, the refugees willingly took part in psychological training, communication courses, and vocational training (e.g., in personal care or social work). This stems from the need to adapt to a new life context and secure a livelihood. The picture of education is non-homogeneous; there is no stable pattern, and access to services depends on resources, institutional willingness, and the personal attitudes of service providers.

3. Access to healthcare

Access to healthcare is rated much more positively than that to education. Most interviewees reported favourable experiences, which is largely due to prompt registration with a GP, opening up the path to further care. Interestingly, the refugees compared the standards in Poland and Romania to those in Ukraine and rated them as higher, more professional, and offering more attentive medical staff.

4. Frames of reference

In their assessments, the refugees used several frames of reference. The most important is the comparison with Ukraine, which in most cases favoured the host country, despite the personal trauma associated with leaving one's homeland. Another consisted of prior expectations, often based on the differences between smaller, often rural, hometowns and the more developed capital cities of the host countries. Other countries (such as Germany) appeared only marginally in the narratives, and frames of reference based on local people with disabilities were rare, although they do reveal a sense of inequality regarding the benefits to which they are entitled.

5. Barriers

The barriers encountered by refugees are interconnected and have an intersectional character. They can be classified according to several criteria:

- **Source:** Barriers resulting from disability (e.g., physical accessibility) and from refugee status (e.g., language).
- **Activation mechanism:** Structural (policies, law), individual (personal characteristics), and situational (context of refuge) barriers.
- **Scope of manifestation:** Continuous barriers (e.g., health status, economic barriers) and discrete ones, which appear only on specific occasions.

6. Housing

Housing remains one of the key challenges. Many refugees passed through short-term, unsuitable accommodation. The long-term situation is also characterised by instability, frequent moves, and limited access to the private market due to high costs and lack of documentation.

7. Language and communication

Language and access to information are fundamental to daily functioning. Communication challenges are two-sided: they resulted both from the limited clarity of institutional information and the refugees' own difficulties in navigating a foreign system. Refugees coped by using informal support networks and digital platforms (e.g., Telegram), while NGOs served as key intermediaries. However, there is a deficit of information specifically tailored to refugees with disabilities, which may stem from the institutional view of this group primarily through the lens of welfare dependency.

8. Employment

The current labour market infrastructure is largely ill-equipped to accommodate refugees with disabilities. There are clear structural gaps, and insufficient training, as well as a lack of flexibility (including the "double burden" of mothers of children with disabilities), which hinder employment. Moreover, for some refugees, avoiding work is a conscious symbolic choice – a refusal to "put down roots" in the hope of returning home soon.

9. Stigma

The adaptation process is associated with the difficult experience of "downward social mobility". People who were previously independent now felt stigmatised or perceived as passive. The situation is exacerbated by bureaucratic loopholes, through which refugees with disabilities often remain invisible to support systems, and over time, they experience increasingly negative attitudes from society.

10. Uncertainty and life strategies

In the face of constant uncertainty regarding the war and the future, refugees develop mechanisms to manage their daily lives, such as routines or the process of “homemaking”. Despite thoughts of returning, access to specialised medical treatment and therapeutic support for children acts as a strong “anchor” that keeps them in Poland or Romania. Their life strategies remain practical and adaptive, utilising all available resources despite numerous limitations.

Introduction

When we began the MigraEdu fieldwork in the spring of 2025, Russia's full-scale invasion of Ukraine was already in its fourth year. What many had expected to be a short war had become a prolonged conflict. Refugees who had hoped for a rapid return home spent yet another year outside their country. Against this backdrop, we decided to examine the quality of life of Ukrainian refugees with disabilities.

The present study builds on research conducted in 2023 in the UNRF project[1]. At that time, we interviewed a range of social actors involved in providing assistance to refugees with disabilities. Given the timing of that research, our primary focus was on how support was organised during the first, most challenging, months of displacement and throughout the subsequent period of gradual stabilisation. In the current study, we shifted our attention to the experiences of refugees with disabilities themselves. We sought to understand what forms of support they used, how they evaluated this support, and what barriers they encountered in the realities of the host countries.

Although our focus moved from service providers to service recipients, significant changes were evident both within the host societies and in the lives of the refugees themselves. Legal frameworks evolved, public

[1] *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),* coordinated by Monika Nowicka (Collegium Civitas, Warsaw), financed by the Polish National Agency for Academic Exchange (NAWA) from the Urgency Grants Programme under the agreement BPN/GIN/2022/1/00102/U/00001. https://unrf.civitas.edu.pl/en/about-project/

attitudes towards refugees shifted, and the financial resources available for refugee assistance changed considerably. Refugees themselves also changed, as did their perceptions of displacement. Many moved beyond a temporary mindset and came to accept that their stay in the host countries would be longer than initially anticipated. As a result, they faced the challenging task of rebuilding their lives in a new environment.

While the initial phase of assistance to refugees, including those with disabilities, was characterised by extensive support, the scope and forms of assistance began to contract over time. Legal changes, diminishing financial resources, and the increasing politicisation of migration contributed to this process.

One consequence of these developments was the emergence of secondary migration movements. Refugees increasingly chose to relocate to countries where they could access the support and services they required. These migration patterns are reflected in the distribution of Ukrainian refugees across European countries.

According to Eurostat data, the countries hosting the largest numbers of people from Ukraine under temporary protection on 28 February 2025 were Germany (1,177,800 people, representing 27.3% of the European Union [EU] total), Poland (994,790; 23.1%), and Czechia (397,750; 9.2%). Romania hosted 182,200 Ukrainian citizens under temporary protection, accounting for 4% of the EU total.

On 28 February 2025, Ukrainian citizens represented more than 98.4% of all beneficiaries of temporary protection in the EU. Adult women constituted nearly half (44.7%) of beneficiaries, minors accounted for almost one-third (31.8%), and adult men represented less than one-quarter (23.4%) of the total (Eurostat, 2025). Overall, temporary protection covered 4,306,800 individuals on that date.

The main study was conducted between May and July 2025. It was preceded by two group interviews (one in Warsaw and one in Bucharest), which allowed us to further problematise and refine the research design. After completing the analysis, we conducted one additional

focus group interview in Warsaw and one in Bucharest in order to ensure that all the thematic strands had been fully addressed and closed.

The final focus group interviews also allowed discussion of recent legal changes that had come into force in Poland since 5 March 2026.

The first part of this report provides the conceptual and methodological foundations of the study. We begin by outlining the theoretical framework that guided our research, explaining how we conceptualised the quality of life of refugees with disabilities and the notion of intersectionality. The latter proved particularly useful because, as legal regulations became more restrictive, refugee identity and the status associated with it became increasingly significant in shaping participants' experiences. We then present the methodology employed in the study. The findings section is divided into three main parts. The first section provides a broad overview of the experience of living under temporary protection in Poland and Romania, focusing on the experience of refugees with disabilities within the context of forced migration, access to support and the barriers encountered by the participants. The second section examines the specific areas of life that emerged as particularly salient during the analysis: housing, language and access to information, employment and economic activity, stigma, discrimination and redefinition of identity of refugees with disabilities. The final section explores the structural conditions that generate uncertainty in refugees' lives and how this influences future decisions. It concludes with a chapter that synthesises the preceding analyses by examining the strategies refugees use to navigate various aspects of life in displacement. The last part is closing remarks and recommendations.

This report is not entirely free from repetition. However, as we anticipate that many readers will consult individual chapters rather than the report as a whole, we have chosen to retain some recurring themes and explanations.

Theoretical Framework

Quality of life of refugees

An important concept guiding our endeavour was that of quality of life. The broad scope of the research was to investigate the quality of life of refugees with disabilities (in Warsaw and Bucharest) in subjective terms, as perceived by the refugees themselves. Whereas quality of life, in objective terms, relates more to the conditions of one's life, subjective quality of life (or subjective well-being) has more to do with how individuals evaluate their own lives (Diener and Suh, 1997). The objective and subjective assessments of quality of life are not necessarily convergent. For a while, economic aspects were mostly credited for determining quality of life: the wealthier, the better. But, over time, the discussion about quality of life and well-being gained nuances and a higher level of complexity, with a multitude of factors being associated with the meaning of a good life (Diener and Suh, 1997). Various studies have explored the impact of several elements on how people experience their lives and how they evaluate their situation, from demographic variables (such as age, gender, place of residence) to issues such as health status, income/wealth, perceived inequalities (Camfield and Skevington, 2008).

In the case of refugees, quality of life and well-being are directly impacted by the refuge situation. In general terms, displacement means having to live in a new social environment, with specific social norms. In particular, the realities that refugees deal with can be extremely problematic, from Post-Traumatic Stress Disorder (PTSD), guilt and personal traumas

generated by trying to escape conflict (De Vries and Van Heck, 1994) to matters related to the context of reception, including access to services and resources, the values of the host society and attitudes towards refugees (Nante et al., 2016). Refugees' trauma does not end once they manage to leave their country of origin: while in the host society, post-migration stressors, such as discrimination or economic hardship, can put a strain on the well-being of refugees and asylum seekers (Dangmann et al., 2021). Further, things are even more complex for refugees with disabilities, who often have to overcome significant challenges in order to gain access to specific medical and support services (Nowicka et al., 2025)

Both refugees and actors in the host society (institutions, the general population) face uncertainty, generated by not knowing how things will develop concerning international protection and the legal framework at a national level regarding the reception of displaced populations (Maas et al., 2021), an aspect that significantly contributes to shaping everyday interactions and, ultimately, integration. The instability of lives in transit (El-Shaarawi, 2015) is felt by refugees, but this does not mean that they are stripped of agency in the face of multiple adversities – several types of responses, or coping styles, have been documented, based on trying to gain control over their situation, exploring potential avenues for development, retreating into known interactions (with other refugees), or going along with anything that comes and believing that individuals are no match for structural configurations (Kramer and Bala, 2004)

In this context, we tried to capture various aspects of daily life, such as: general state of health, financial status, housing, access to services (healthcare, education, social protection), employment status and access to the labour market, integration and social relations with natives/locals, with a focus on the subjective evaluations of individuals and their perceptions of their own lives.

Intersectionality: Refugee status and disability

The analysis draws on intersectional theory (Crenshaw, 1989) to frame the co-occurrence of refugee status and disability not as an additive condition but as a distinct configuration of disadvantage. Scholarship at the intersection of forced migration and disability studies (Pisani, Grech and Mostafa, 2016; Burns, 2017; Westphal and Wansing, 2019;) has established that displaced people with disabilities confront institutional systems designed around neither their migration status nor their impairment, rendering them structurally invisible in both refugee protection and disability welfare regimes.

The empirical data in this report substantiates this framing. Respondents navigated simultaneous barriers of language, administrative incompatibility, attitudinal prejudice, and health deterioration in configurations that no single-axis analysis could capture. A mother caring for a child with autism, for instance, confronted intersecting constraints of gender, caregiving responsibility, disability, and migration status. The framework thus guides the analysis without substituting the primacy of participant accounts.

Methodology

Sampling

The initial design was to have roughly 20 interviews at each site, that is 20 in Warsaw and 20 in Bucharest and two group interviews at each site. The first group interviews was held in December 2024 and were designed as preliminary field reconnaissance. Interviews were collected between 17 May 2025 and 12 July 2025. Contacts were obtained through an invitation sent to all beneficiaries by non-governmental organisations (NGOs) active in helping disabled people in Warsaw, through announcements on Ukrainian refugees' Telegram channels and referrals from NGOs or other participants in the case of Bucharest.

Table 1 depicts the main characteristics of the interviewees, along with information about the interviews.

The resulting sample includes 20 interviews in Poland, involving 22 interviewees: two interviews included both the carer and the person with disability (PL_2 and PL_9). In Romania, we also carried out 20 interviews, with 22 interviewees. Similarly with Poland, two interviews were carried out jointly with the carer and the person with disability (RO_9/10 and RO_2/3).

We interviewed both men and women, with the latter being the larger share since there are fewer of the former within the refugee flow as, instead, they have to join the armed forces of Ukraine. The interviews included both people with disabilities and carers. The latter were caring mainly for children, but also for adults: sisters, children, parents.

All types of disabilities were included, with no preference for one or another. The date of arrival in the host country is random with respect to the probability of being interviewed but can impact the situation regarding recognition of disability: those that migrated more recently were less likely to have already passed through the process of recognition.

Most interviewees arrived in Poland, or in Romania, accompanied by family members, with just a small minority being on their own. In Romania, most Ukrainian refugees are from south-eastern Ukraine, and the main communication language is Russian, as shown in the languages used for interviewing. In Poland, the north-western provinces of Ukraine are better represented, and the language for interviewing was Ukrainian in most cases.

In Romania, all interviews were carried out online or by phone, using tools adapted to the experience of the interviewees: Zoom, WhatsApp calls, Telegram calls. In one case (RO_01_C), the interview started on WhatsApp, but was then continued by phone due to connection issues. Only one interview was carried out face-to-face, in a coffee place (RO_07_D).

In Poland, offline interviewing proved to be more convenient. Most interviewees preferred coffee places. Four interviews were carried out in a park (PL_09, PL_06_D, PL_12_D, PL_05_D). PL_08_C was recorded in a McDonalds. PL_04_D started in a coffee place but was then continued by phone. Four interviews were carried out online (PL_01_D, PL_02, PL_19_C, PL_20_D).

The final part of the fieldwork consisted of two group interviews: one in Warsaw and one in Bucharest. They were carried out in February 2026. The aim of the interviews was to consolidate and further develop key research themes, to examine changes that had occurred in participants' lives over the past year, and to explore their perceptions of, as well as preparedness for, forthcoming legal changes. Efforts were made to ensure that approximately half of each study group consisted of participants who had also taken part in the initial focus group interviews, thereby enabling a longitudinal dimension and greater depth of analysis.

Table 1. Characteristics of the sample of IDI s(C=Caregiver; D=Person with disabilities)

ID			AGE	GENDER	EDUCATION	TYPE OF DISABILITY	RECOGNITION IN		ARRIVAL IN PL/RO	ACCOMPANIED BY FAMILY MEMBERS	INTERVIEW			
							UA	PL/RO			LENGTH (MIN)	LANGUAGE	DATE	RECRUITMENT
PL	1	D	46	m	college	visual impairment	yes	yes	Autumn 22	yes	61	UA	28.05.2025	announcement shared by NGOs
PL	2	D	76	f	college	chronic diseases, stroke, diabetes, had cancer in the past	yes	no	March 22	yes	76	UA	04.06.2025	announcement shared by NGOs
		C				granddaughter: developmental issues (e.g., lack of speech)	yes	yes						
PL	3	D	38	f	university	cancer	yes	no	March 22	yes	93	UA	05.06.2025	announcement shared by NGOs
PL	4	D	43	f	university	depression	no	no	March 22	yes	56	UA	5.06 & 17.06.25	announcement shared by NGOs
PL	5	D	52	m	secondary	broken back	yes	no	2023	no	69	UA	05.06.2025	announcement shared by NGOs
PL	6	D	70	m	university	cancer	yes	yes	September 22	yes	74	RU, UA	06.06.2025	announcement shared by NGOs
PL	7	C	43	f	NA	son: Down syndrome	no	yes	March 22	yes	110	PL	09.06.2025	announcement shared by NGOs

ID			AGE	GENDER	EDUCATION	TYPE OF DISABILITY	RECOGNITION IN		ARRIVAL IN PL/RO	ACCOMPANIED BY FAMILY MEMBERS	INTERVIEW			
							UA	PL/RO			LENGTH (MIN)	LANGUAGE	DATE	RECRUITMENT
PL	8	C	24	f	NA	daughter: autism	no	yes	March 22	yes	75	PL	09.06.25	announcement shared by NGOs
PL	9	D	55	m	military	broken back	yes	yes	2023	yes	80	UA	10.06.2025	announcement shared by NGOs
		C	52	f	secondary									
PL	10	C	44	f	university	son: autism	yes	yes	March 22	yes	61	UA	11.06.2025	announcement shared by NGOs
PL	11	C	42	f	university	son: palsy	yes	yes	Spring 2022	yes	78	RU	05.07.2025	announcement shared by NGOs
PL	12	D	32	f	university	back dysfunction	yes	yes	July 22	yes	69	UA	04.07.2025	announcement shared by NGOs
PL	13	C	34	f	primary	son: autism	yes	yes	March 22	yes	50	UA	08.07.2025	announcement shared by NGOs
PL	14	D	58	f	university	diabetes	no	yes	28.09.2022	yes	52	RU	08.07.2025	announcement shared by NGOs
PL	15	D	59	f	university	brain injury	yes	yes	Spring 2022	yes	82	RU	08.07.2025	announcement shared by NGOs
PL	16	D	77	f	college	diabetes	no	no	27.05.2022	no	38	UA	09.07.2025	announcement shared by NGOs
PL	17	C	46	f	university	daughter: Down syndrome	yes	yes	March 22	yes	38	UA	10.07.2025	announcement shared by NGOs

ID			AGE	GENDER	EDUCATION	TYPE OF DISABILITY	RECOGNITION IN		ARRIVAL IN PL/RO	ACCOMPANIED BY FAMILY MEMBERS	INTERVIEW			
							UA	PL/RO			LENGTH (MIN)	LANGUAGE	DATE	RECRUITMENT
PL	18	D	35	f	primary	epilepsy	yes	no	Spring 2022	yes	35	RU	10.07.2025	announcement shared by NGOs
PL	19	C	38	f	university	daughter: lactose intolerance	yes	yes	Spring 2022	yes	45	UA	11.07.2025	announcement shared by NGOs
PL	20	D	41	f	university	injured spine	yes	no	March 22	yes	46	UA	12.07.2025	announcement shared by NGOs
RO	1	C	68	f	university	son: locomotive (foot, hand), mother: diabetes	yes	yes	March 22	yes	58	RU	03.06.2025	contact from IOM
RO	2	D	67	m	secondary	coxarthrosis disability, destruction of the hip joints for both	yes	yes	April 22	yes	61	RU	03.06.2025	referral from FGD participant
	3	C	58	f	secondary		yes	yes	April 22	yes				
RO	4	D	70	f	secondary	2nd disability group, musculoskeletal system	yes	no	March 22	no	48	RU	17.05.2025	Telegram announcement
RO	5	D	57	f	university	absence of thyroid gland, cancer remission	yes	no	2022	no	66	RU	22.05.2025	Telegram announcement
RO	6	D	66	f	university	2nd disability group, musculoskeletal system and abdominal area	yes	not yet	December 2022	yes	69	RU	18.05.2025	Telegram announcement
RO	7	D	55	m	university	2nd disability group, absence of thyroid gland, oncological remission, diabetes mellitus	yes	yes	March 2022	no	185	RU	03.06.2025	Telegram announcement

ID			AGE	GENDER	EDUCATION	TYPE OF DISABILITY	RECOGNITION IN		ARRIVAL IN PL/RO	ACCOMPANIED BY FAMILY MEMBERS	INTERVIEW			
							UA	PL/RO			LENGTH (MIN)	LANGUAGE	DATE	RECRUITMENT
RO	8	C	37	f	university	child: autism	yes	yes	March 2022	yes	59	UA	03.06.2025	Telegram announcement
RO	9	D	67	m	university	2nd disability group, eyes	yes	yes	2022	yes	72	RU	04.06.2025	Contact from IOM
	10	C	50	f	university									
RO	11	C	41	f	secondary	son: leukaemia	no	no	April 22	yes	59	RU	04.06.2025	contact from IOM
RO	12	D	25	m	secondary	depression	no	no	2024	no	42	UA	04.06.2025	contact from IOM
RO	13	D	72	f	university	breast cancer	no	ongoing	December 2022	no	60	RU	11.06.2025	contact from IOM
RO	14	C	48	f	university	child: cardiac disability	yes	no	July 2022	yes	99	UA	13.06.2025	Telegram announcement
RO	15	C	51	f	university	mother: blind	no	yes	Has lived for 16 years in Romania, mother came in August 2024	yes	53	RU	04.06.2025	Contact from FGD participant
RO	16	D	66	f	NA	intervertebral hernia	no	yes	07.03.2022	yes	71	RU	17.06.2025	referral from RO_15

ID			AGE	GENDER	EDUCATION	TYPE OF DISABILITY	RECOGNITION IN		ARRIVAL IN PL/RO	ACCOMPANIED BY FAMILY MEMBERS	INTERVIEW			
							UA	PL/RO			LENGTH (MIN)	LANGUAGE	DATE	RECRUITMENT
RO	17	C	48	f	secondary	2nd disability group, the caregiver has headaches	yes	no	March 2022	yes	41	RU	20.06.2025	contact from CNRR
RO	18	D	42	m	secondary	3rd disability group (pulmonary disease) and implanted device in the leg	yes	no	March 2025	yes	50	RU	23.06.2025	Telegram announcement
RO	19	D	58	f	secondary	2nd disability group, musculoskeletal system	yes	yes	May 2022	yes	81	RU	06.07.2025	Telegram announcement
RO	20	C	43	f	secondary	sister: Down syndrome	yes	yes	December 2022	yes	104	RU	07.07.2025	Telegram announcement
RO	21	D	31	m	university	husband: cancer of liver	no	no	February 2025	yes	51	RU	06.06.2025	Contact from IOM
RO	21	C	31	f	university									
RO	22	C	31	f	secondary	daughter: autism	no	yes	2023	yes	59	RU	05.06.2025	Contact from IOM

Data analysis

We analysed the data using thematic analysis, combining deductive and inductive strategies. We developed a coding scheme informed by the literature and our research objectives, while remaining open to themes that emerged from the data.

Ten researchers coded the interviews in Atlas.ti. Each interview was double coded by two independent coders, with pairings rotated to vary coder combinations. Inter-coder reliability was above 0.6 for all pairs, indicating good consistency. Codes were also coded similarly by independent researchers, again proving their reliability.

The analysis focuses on how refugees with disabilities define their situation, the services they receive, the procedures to follow, the barriers and challenges they face, their interactions with the people in Poland and Romania, their plans for future, their satisfaction with how their lives are going, apart from the refuge, etc.

In reporting findings, interview excerpts are identified by country (PL/RO), interview number, and type of interviewee (caregivers – C, or people with disabilities – D).

Limitations

The study has several limitations. First, participation was biased towards refugees with better than average education. This is mainly due to their higher probability for gathering resources to leave the war zone, and their over-representation within the flow of refugees with disabilities. In addition, they were more likely to get in contact with service providers or be active on the Telegram channels that we used for recruitment. Consequently, there is a potential for overlooking the very specific situations of low-skilled refugees with disabilities, despite a few being included in the subsample interviewed in Romania.

Second, we do not systematically distinguish between disability types. This enables us to focus on broader mechanisms, but future research should examine how the depicted processes differ across disabilities.

Third, we considered solely the perspectives of the refugees themselves, with no reference to how the situation is seen by other agents, including service providers, authorities, or the native population in Poland/Romania. While this impedes the depiction of an "objective reality", it does not hinder our goal to describe the patterns resulting from the representations of refugees with disabilities.

Experiencing Disability in the Context of Forced Migration

Understanding and defining disability

Respondents articulated disability across a wide spectrum. Some defined it in strictly biomedical terms, identifying traumatic brain injury, spinal conditions, autism, or chronic psychiatric illness as constitutive of their status. Others adopted a more relational framing, locating disability in the gap between impairment and an unaccommodating environment. A caregiver of a child with autism in Romania emphasised that the host country's own understanding of conditions such as autism remained limited, and that institutional responsiveness fell short of what these families required:

> "They just have to understand that these children, these people need help, attention, patience, in a different way. That someone is interested in them, not just 'okay, you have to pay the payments, see you later'.
>
> (RO_05_D&C)

A notable subset of respondents actively resisted the disability label. This resistance did not constitute denial of impairment but rather an assertion of agency against a category perceived as stigmatising or reductive. A participant with diabetes in Poland rejected the designation outright:

> But I'm not disabled, I'm on insulin and I was running out of it.
>
> (PL_11_D)

Another participant in Poland, who had lived with her condition for an extended period, articulated a pragmatic accommodation rather than identification through disability:

> I don't make a big deal out of it. I've just learned to live with what I have.
>
> (PL_12_D&C)

A participant with a disability in Romania described the paradox of being prioritised as disabled while experiencing that priority as a source of discomfort:

> The disabled are first on the list, then children, then everyone else. So we can somehow use our Ukrainian disability. But I don't want to be proud of this. That you are disabled, that you are walking ahead of everyone.
>
> (RO_10_D&C)

The heterogeneity of disability experience within this population cautions against homogenising approaches. Autism, physical impairment, psychiatric illness, and sensory deficit each entail distinct phenomenological, social, and institutional implications.

Formal aspects of certification

The disability certificate emerged from the data as a pivotal document whose significance extends well beyond its administrative function. It operates as a gateway to social protection, healthcare, financial support, and social recognition; its absence or non-recognition in the host country constitutes a form of institutional erasure. Among participants, the disproportion between successful and unsuccessful recognition was pronounced. A participant with multiple chronic conditions in Poland recounted the protracted process through which she eventually obtained recognition:

> After about nine months, I got a Polish disability. And thank God. Because a year and a half ago I went to Kyiv and said: I want to get disability. I have rheumatism. I have a lot of concomitant diseases. 'No, no, no! No disability.' So, I have a Polish mild disability.
>
> (PL_11_D)

Participants who failed to obtain recognition described conditions that were debilitating yet fell outside host-country disease registries. The institutional response was not a denial of suffering but a denial of its legibility within the prevailing classificatory system. A participant with a musculoskeletal condition in Romania articulated this predicament with characteristic precision in the following statements:

> But for Romania, I'm healthy. 'But you walk,' they tell me. Unfortunately, it's impenetrable.
>
> (RO_02_D)

> The fact that I walk in such pain that I can't walk doesn't bother anyone. But you have a Ukrainian disability. Does this mean anything to them at all? Yes, not at all.
>
> (RO_02_D)

The scale of the recognition gap was captured by a participant in Romania, who reported the following statistic from a disability department at the city hall:

> Out of a thousand people who tried to get disability here, as far as I know, they said only five were granted it, out of a thousand.
>
> (RO_04_D&C)

Differences between country of origin and host country

The experience of disability changes fundamentally as refugees move between different policy frameworks and cultural attitudes (Crock et al., 2017). Legal protections vary significantly between nations that have ratified the Refugee Convention and those that merely tolerate refugee presence without formal support (Smith-Khan et al., 2015). Cultural stigma can also deter individuals from disclosing psychosocial conditions depending on the social norms of the host or origin country (Smith-Khan et al., 2015). While countries of origin may lack the resources to implement disability policies, host countries might have established systems that remain inaccessible due to documentation requirements (Elder, 2015). Furthermore, resettlement countries that prioritise economically productive migrants may discriminate against refugees with disabilities who are perceived as less self-sufficient (Crock et al., 2017)

Respondents described systematic misalignment between the Ukrainian group-based disability system (Groups I, II, III) and host-country frameworks. The classificatory divergence produced concrete consequences. A carer in Poland explained how her relative's classification was downgraded upon arrival in the host country:

> The first group was in Ukraine, because I scared everyone there. And then I came here and they gave me the second group.
>
> (PL_06_C)

Another participant in Poland received a mild classification despite a medical code prohibiting all physical activity, revealing the internal contradictions of the host-country system. The participant articulated this paradox as follows:

> They just gave me a mild degree. But they didn't hide the code. And that code prohibits physical activity. I'm not allowed to work at all. I'm not allowed to sit or stand. Tell me, with a mild degree but such a code, who will hire me?
>
> (PL_12_D&C)

Qualitative differences in healthcare culture compounded the classificatory divergence. Several respondents noted that Ukrainian practice was more proactive and preventive, whereas host-country systems operated reactively. A carer in Poland described the contrast in the approach to her child's medical monitoring:

> In Ukraine we did everything proactively. We were constantly doing MRI scans, constantly examining him and preventing something from happening. Here we come when there is a problem.
>
> (PL_09_D&C)

Some participants identified advantages in the host country. A carer in Romania noted the availability of free educational programming that would have been prohibitively expensive in Ukraine:

> I'm very grateful that there are so many of these master classes here, and they're free. In Ukraine, you had to pay a lot of money for this. Art courses, music school, English, private English school. And here everything is available.
>
> (RO_14_D&C)

A participant with multiple chronic conditions in Poland recounted the protracted process through which she eventually obtained recognition:

> After about nine months, I got a Polish disability. And thank God. Because a year and a half ago I went to Kyiv and said: I want to get disability. I have rheumatism. I have a lot of concomitant diseases. 'No, no, no! No disability.' So, I have a Polish mild disability.
>
> (PL_11_D)

Participants who failed to obtain recognition described conditions that were debilitating yet not recognised by host-country disease registries. The institutional response was not a denial of suffering but a denial of its legibility within the prevailing classificatory system. A participant with a musculoskeletal condition in Romania articulated this predicament with characteristic precision in the following statements:

> But for Romania, I'm healthy. 'But you walk,' they tell me. Unfortunately, it's impenetrable.
>
> (RO_02_D)

> The fact that I walk in such pain that I can't walk doesn't bother anyone. But you have a Ukrainian disability. Does this mean anything to them at all? Yes, not at all.
>
> (RO_02_D)

Visibility and invisibility of disability

Refugees with disabilities are often overlooked within humanitarian systems, particularly those with non-visible conditions such as cognitive impairments or chronic illnesses (Moszynski, 2008; Elder, 2015; Smith-Khan et al., 2015). Visual identification methods fail to detect hidden disabilities, and social stigma may prevent refugees from voluntarily disclosing mental health struggles (Crock et al., 2016; Smith-Khan et al., 2015). Standardised assessment protocols often fail to capture the complexity of disability when it is shaped by trauma and displacement (Elder, 2015). While refugees acquire both visible and invisible disabilities at higher rates than the general population, these conditions remain underreported in official statistics (Elder, 2015). The systematic use of functionality-based screening can improve identification, but only if agencies move away from passive observation (Crock et al., 2016).

The dialectic of visibility and invisibility emerged as a structuring dynamic across the dataset. Disabilities that manifested in immediately perceptible ways tended to elicit institutional recognition, though not always of a supportive nature. Invisible disabilities confronted a persistent credibility deficit. A participant in Romania described how she deliberately concealed her disability from potential employers, recognising that disclosure would diminish her prospects:

> In my situation I try not to talk about my disability, because, firstly, it is practically invisible. I have had this disability group for 18

> years. And I need money. Come to the employer, here I am disabled, give me a shorter working day... nobody needs that.
>
> (RO_09_D&C)

Another participant in Romania reflected on the psychological toll of displacement on someone whose disability, while formally recognised, remained invisible to the surrounding society:

> My psychological state has worsened. Because home is home. You live in your own place, communicate in your own language. And here everything is different. You live in a rented apartment and feel a bit homeless. It's not clear what's next.
>
> (RO_15_D)

For participants managing psychiatric conditions, the intersection of invisibility and displacement proved particularly acute. A participant with depression in Romania described the severity of her experience:

> I can't say anything, because I myself have been suffering from it for eight years, but I still don't understand anything. I don't know what it is and how to fight it, what to do. I recently had a suicide attempt and was being taken away by ambulance.
>
> (RO_08_D)

A central practical challenge for participants is navigating the formal disability certification system in the host country. Across the interviews conducted in Romania and Poland, a clear pattern emerges: Ukrainian disability status is not automatically recognised, and the re-certification process is lengthy, bureaucratically complex, and often results in either downgraded or denied status.

Recognised disability

A minority of participants did succeed in obtaining host-country disability certification. Successful cases were typically characterised by sustained personal effort, access to support networks (translators, social workers, NGO assistance), and conditions that aligned with the receiving country's disability categories. In Poland, one participant with a visual impairment obtained certified status after engaging a private assessment pathway: the public route was described as involving long waiting times, while the private route proved more accessible. In Romania, participants who achieved recognition often underwent a multi-stage process lasting from six months to over a year, involving family doctor referrals, specialist assessments, and a final commission review.

Non-recognised disability

Non-recognition is the most common outcome reported across the dataset and represents the largest sub-code in this cluster. Several structural barriers drive this result. The receiving country's disability classification system does not map onto the Ukrainian one: conditions recognised as disabling in Ukraine, including musculoskeletal disorders, cardiovascular conditions, and certain cancers, fall outside the host country's eligibility criteria. One participant with severe mobility limitations was told by Romanian authorities simply that she walked, an assessment that reduced visible functional impairment to a binary test. Another described being denied twice despite chronic pain and a shortened limb, while participants with psychiatric conditions unrelated to the country's recognised diagnostic categories faced similar rejections.

A second structural paradox compounds the situation. To qualify for European Union-level disability support, some participants were informed they would need to formally close their Ukrainian disability status, return home to do so, and then reapply in the host country. This is a procedure that is impossible under active conflict conditions and effectively creates a category of invisible disabled people whose status is legally recognised in one system but not the other.

Third, administrative delays create liminal periods of unrecognised status. One caregiver described that her son's certification expired while awaiting renewal, with no calls from the responsible commission after three weeks. The resulting gap disrupted access to disability-linked financial support.

Partial recognition of disability

A small group of responses reflect partial, conditional, or ambiguous recognition outcomes. Some participants received time-limited certificates valid for one year and then six months rather than stable long-term status. Others received support from NGOs specifically designated for disability-related needs, which functioned as a partial substitute for formal state recognition. Guardianship cases introduce additional complexity: one participant caring for her sister reported that re-establishing legal guardianship in Romania took over a year the first time, while her husband later completed the same process in three months, a variation attributed to accumulated procedural knowledge and shifting bureaucratic conditions.

Models of disability and cross-country differences

Categorical differences are the most frequently noted. The Romanian and Polish classification systems prioritise different conditions to the Ukrainian MSEC (Medical and Social Expert Commission) system. Psychiatric and developmental conditions such as autism and depression appear more legible within Western European frameworks in some respects, yet participants with physical and musculoskeletal conditions frequently find their impairments under-recognised. One experienced activist-participant with in-depth knowledge of both systems noted that even in Ukraine, disability status requires careful preparation and strategic self-presentation before commissions, a navigational skill that many migrants lack in an unfamiliar language and bureaucratic context.

Procedural differences also shape participant experiences. The Ukrainian process involves a specialist commission of doctors aligned with the applicant's condition (e.g., an orthopaedist for joint problems), while the Romanian equivalent involves a social assessment and a psychological evaluation in addition to a medical review. For participants with communication barriers, this shift from a purely medical model towards a social/functional assessment model is not necessarily easier to navigate and may disadvantage those who cannot adequately articulate their functional limitations.

Documentary and financial differences compound these challenges. Romanian disability certificates consist of three pages with distinct support levels (*accentuat*, *mediu*, *greu*), and payments, free prescriptions, and carer support attached only to certain grades. One interviewee who had successfully obtained a certificate provided a detailed description of these tiers, highlighting that lower grades carry no financial entitlements, making the outcome of a successful application practically meaningless for some participants.

Access to Support and Services

This chapter focuses on the support available to refugees with disabilities and examines the types of assistance they report having accessed. Although the discussion addresses the procedures and steps involved, the main focus is not on the procedures themselves, but rather on how the interviewees perceive and describe their experiences of accessing such services.

We begin by distinguishing services according to age, as children's interactions with the host society are most often mediated by their guardians. We therefore first examine children's experiences and then turn to adults. In both cases, we first discuss the relevant procedures and then focus on the interviewees' assessments of the services received and on how access to these services functions in practice. We consider all types of services, except for education and healthcare which are discussed in separate subsections where they are not divided by the age category. The rationale for devoting separate sections to these two areas stems from their prevalence among the services required by the interviewees.

Finally, after reconstructing the overall experience of accessing such services, we aim to better understand the processes and representations identified in the interviews by focusing on the frameworks of reference employed by the respondents. Drawing on reference group theory, we examine the expectations refugees hold and how they compare Poland and Romania with Ukraine, other countries familiar to them, and their imagined ideal societies.

Services for children

The procedure

Accessing services for children with disability requires understanding how the system works in the country of refuge. The differences from the Ukrainian system were mentioned, but they lose their salience when considering the lack of information or the clarity of the information received from the helpers:

> We have now given disability for 2 years, and we will have to extend it in August. And again the story is the same. That is, it ends, but no one tells us anything. Not some social workers. During these 2 years, no one has come to us, no one has contacted us, no one has asked us as a child what is going on. We are used to Ukraine, that there is some service that we should deal with. Why is this not there... I understand that I need to extend this disability for my child. How can I extend it? Again, there are no answers. Talking to other mothers, I simply find information that now they no longer give it for 2 years, that they only give it for six months. And it has to be extended every six months. And again, I need to somehow find information, where should I go, what should I do, what documents do I need, how should I extend it.
>
> (RO_08_C)

The lack of information is not the result of deliberate design, but rather a systemic feature of the process. Individuals receiving assistance learn about subsequent steps only as they progress through the procedure, and they rarely possess a clear overview of the process as a whole. As one interviewee from Bucharest explained:

> Well, because we came, we had the opinion of a neurologist and a psychiatrist, and they told us that you need to come to your sector, we already lived in the fourth sector, and you need to

> come to your sector and ask at the centre, at the social centre, what to do next with this. Well, we came and asked. They told us that you need to do a psychological evaluation, then somehow, somewhere, I don't know where, get an A5 certificate, and you also need to have the family doctor fill out a form, which he knows how to do, and be ready to collect all this and bring it to us. Of course, not even the family doctor, no one knows anything, how to do it, and what to write there, and we already, he wrote us one thing, then we brought it, they said, no, not like that, it needs to be redone, then they already explained how to redo it, then we explained to the family doctor, he redid everything.
>
> (RO_08_C)

However, a similar pattern can also be observed in Poland. After successfully completing one stage of the procedure, beneficiaries often discover that further steps are required, and once these are completed, additional obligations frequently arise:

> The Polish address is where the disability is, so we ran around looking for an accredited psychologist, that is, this is it. And we submitted the documents, and two months later we got a letter, a letter saying to bring a psychologist. It took us a long time to get there. And now we have to go through the origin, disability, disability for two years. We submitted the documents and it turned out that there was no psychiatrist for Anders on the commission. And they haven't had a specialist since the fall. Someone sometimes comes from another voivodeship, no one wants to work for a small salary, so they come periodically to clear it all up. They do something there. That is, people have not been disabled since winter. There are children. I don't know how long this will last.
>
> (PL_10_C)

NGOs often step in to help and manage to support refugee children with disabilities throughout the entire process, especially when effective cross-sectoral cooperation is established:

> [...] and then we found the organisation XXX [devoted to helping children], they went with us to a psychiatrist, explained to him that we needed to get this A5 certificate, and the psychiatrist, based on what they wrote in this "Psychological Evaluation", just gave us this certificate. If it weren't for this disorganization, and if it weren't for YYY [devoted to persons with disabilities], who brought us this "Psychological Evaluation", then we would never have received Romanian disability.
>
> (RO_08_C)

However, the apparent success of ad hoc subsidiarity does not always translate into positive outcomes. Some interviewees offered a contrasting account. NGO service providers fail from the outset, not just in compensating for the shortcomings of public agencies. As a result, uncertainty and lack of clarity persisted even after their intervention:

> It's very difficult [to get the disability certificate], the waiting time is longer. I mean, the scheme is not clear. We went through the Foundation. What's the name of this organization? I'll remember, I'll tell you. We went through the Foundation. They waited for almost two months for the psychologist to give his opinion. Then, after that, almost two months later, to a psychiatrist. And then we applied for TTT and it turned out that the psychologist was not accredited and we could not get to the psychiatrist without a psychologist, and the psychologist is not entitled to give TTT's opinion, which is where you apply for disability. And this is a state institution.
>
> (PL_10_C)

In fact, there is a recurring narrative suggesting that interpreting the law is not an easy task. Bureaucratic barriers are frequently mentioned in the Polish system, where the lack of a PESEL[2] number constitutes

[2] A PESEL (Powszechny Elektroniczny System Ewidencji Ludności) is the Universal Electronic System for Registration of the Population in Poland. It is an 11-digit numerical symbol that uniquely identifies a person registered in the Polish state register. It is the primary personal identification number used by Polish citizens and foreign residents for virtually all official, legal, and financial interactions in Poland.

a clear bottleneck, sometimes resolved by registering children under the PESEL number of another child. While this procedure may work in the short term, there is a risk that in the long term it harms both the beneficiary and the child whose PESEL number was used.

In many cases, changes in legislation are communicated informally, by word of mouth:

> I hear that the conditions for receiving funds have changed. The child has to be in a Polish kindergarten, in a Polish school, and not just attend as an enrolled child, but as a mother. Even if they didn't want to. Children go to kindergarten. In the morning, children go to school because education is compulsory.
>
> (PL_09_C)

The procedures are vague. One of the interviewees from Bucharest recounted not fully understanding how the disability certificate was obtained:

> And after [...] having the conclusions of both a neurologist and a psychiatrist [...], we couldn't find anyone who would explain to us what the procedure is for obtaining disability. Because we received it, we were other people in Bucharest whose children received this disability. There's a child in front of us, and we're next. They didn't know how to do it. And no one could really explain anything to us.
>
> (RO_08_C)

Sometimes, co-payment is mentioned as part of the procedure, as indicated by one of the interviewees in Bucharest:

> No, it wasn't free, these are paid official documents for which you pay money, but even that's not the problem, the problem is that we were told that there is no specialist who can translate it into Russian or Ukrainian.
>
> (RO_08_C)

Accessing services

While sharing many similarities, the two host countries are different in their approaches. Poland provides more benefits, and one interviewee noticed it with some wonder:

> How is this possible? This is the Polish state, this is a social worker's job. Children eat free meals at school.
>
> (PL_01_D)

In Romania, we found the opposite pattern. The liberal-familialist welfare state was described as follows:

> [...] here, basically, there are very few organizations, that deal specifically with autistics. Basically, few and very minimal. I try to find out as much information as possible about everything, but it is very difficult to pay. If something, for example, then go privately.
>
> (RO_22_C)

Beyond these differences, there is a wealth of information on the types of services that can be accessed. Leaving aside educational services and healthcare, which are addressed in one of the subsequent chapters, the services include rehabilitation, psychological support, and various forms of counselling, along with many benefits available to all refugees, not conditioned by disability. Support comes from both public providers and NGOs:

> But the local administration helped us with everything. Absolutely everything. I was working illegally, but they helped me with everything else. There were very nice people there, and they gave us rides. For example, we had to get PESEL numbers. They came by bus and picked everyone up. We took photos and came back.
>
> (PL_17_C)

Sometimes, international efforts are mentioned:

> Last year, seven families from France alone came here, and they come here every time for rehabilitation, regardless of the money and conditions, and so on.
>
> (PL_02_C)

Such services, although depicted, are mentioned as possibilities in many interviews, or rarely provided:

> Got it, good. But look, the fact that my son has leukaemia, is there some kind of help in this regard, maybe... [...] Well, sometimes this XXX NGO; yes, they get vouchers there, it's all only for those who go to them, children there, yes, adults, who go to courses, then, let's say, they provided us with vouchers for clothes. That year, when we left the hospital, they provided them because they enrolled him specifically because of his illness, not because he should go there, yes. That is, there were some moments, yes, when precisely because of that that because of his illness there was help, some kind of one-time help, yes.
>
> (RO_11_C)

The reasons reside in the lack of information, which complements the lack of clarity and comes with the shortages in provision, and the misalignment between regulations and actual reality.

Public services prove to be insufficient, while private alternatives are expensive, not only in Romania but also in Poland. NGOs are present, but their activity is not consistent:

> After I arrived in Warsaw. I realized that I needed to make money somehow. In order to earn money, I needed to leave my little child somewhere. I started looking for some kind of kindergartens where I could leave my child. And since he was still small, it was too early to send him to kindergarten. And the nurseries were all private, it was hard. And then I started looking for foundations on the Internet and found one. It was XXX. Now it doesn't work anymore.
>
> (PL_13_C)

However, the situation is not specific to the refugees, but to the entire welfare system:

> Even for Romanians, yes. There is a paid centre there – XXX. They don't have free centres for these children there. They have some kind of rehabilitation there, once a year, a week, or two, you'll go through something like that. But autism is when you need rehabilitation every day. That is, if you don't work out, then you degrade. These children need to constantly raise their level. Stimulate. They don't have any big, well, excuse me, in Bucharest, I'm sure, 10 thousand autistic people, for example. I think no less, that's for sure. That's where these 10 thousand can gather, so that somehow, it would be possible to open a big school and more than one. A large number of kindergartens. Because this is a very large number of these people. It would be possible to open some kind of hospital, specifically for these children, which would have all the specialists, who would understand this topic, so that we wouldn't have to look for a gastroenterologist all over Bucharest and wait for an appointment for half a year, when such children, practically all of them have problems with nutrition. They are all, well, very picky eaters. Put the same geneticist there, put the same nutritionist there - all the doctors and gather it all in one

> place specifically for people with autism. Make it like we have: barrier-free, so that parents and children feel there well, preferably, so that you can come there and seek help at least every day. There is a question here, for some doctor, for some specialist, so that it can be done somewhere, but there is no such thing. Although the Romanians would really need this, for the first time.
>
> (RO_08_C)

Some interviewees clearly pointed to the absence of organisations focusing on children with disabilities, despite a general intention to help everyone:

> If our hubs helped everyone, they don't have something that helps a child with a disability. Well, for example, the Red Cross, they give out food there, they give out food to everyone. They give out something; they give it to everyone. There is no such organisation that would deal with children with disabilities or people with disabilities. It's very bad, because firstly, there is very little help, you can't help. And secondly, for me, for example, it's very hard to go somewhere with a child. And in order to know, to support something, you have to go somewhere constantly. Well, no one will come to you, and I can't go around this city and look for maybe today, maybe tomorrow, maybe the day after tomorrow someone wants to help.
>
> (RO_08_C)

Part of the problem lies in avoidance behaviour. Some organisations, particularly in Romania, were reported to avoid engaging with disability as a challenge they feel unable to address:

> [...] no matter how many times I've asked, no one is interested. Here are children with autism, only now there is one organisation, XXX [focused on refugees], that has started to somehow deal with them, psychologists. And when I came to them two years ago

> and said let's do something, they all rejected me there. YYY [an NGO focused on children] which should in principle be engaged in helping children like this. 'We don't have specialists, so it's very, you know, problematic'. 'And who will be responsible for these children? What if something happens to them in our premises?' Well, everyone is so scared, no one needs it. Additional responsibility, additional problems, well, that's all.
>
> (RO_08_C)

Misalignment between regulations and actual provision by public agencies is often reported. Access is hindered by long waiting lists, unpredictable service delivery, and additional difficulties:

> Theoretically, there are rehabilitation centres that a child can go to. In practice, we stood in line, called, and made an appointment with these centres two years ago, no one called us back, our turn never reached us. She might have come but no one is interested in calling us, doing something with us, or somehow engaging with us. And that is why in two years my child has not come here for any rehabilitation. Here, twice a year, you can take your child on a train for free for some kind of rehabilitation, if you have an official certificate about this rehabilitation. But since they don't provide any rehabilitation, there is no such benefit. Fact. Then there is also financial assistance for the child, but in fact there is none either.
>
> (RO_08_C)

Lack of funding adds to the list and underlines the already depicted unpredictability and short lifespan of the organisations that occasionally provide help.

> Please tell me, is there any help, for example, for your daughter because she has a disability, from organisations?

> No help, none. […] No, the money didn't come, I applied for the program [at an NGO] and I'm waiting to see if it works, if it doesn't, maybe there will be help. Last year, I didn't even update the program because I didn't know. And they say there was help last year, but I didn't know. And this was already written in the chats, I updated it, looked, I hope there will be help. I contacted the UN, and they told me that the program had just started and had already closed. There is no funding and no one else will be called, even though I have many children and a child with a disability. They said no. Those who were there and were beneficiaries, they told them that there was no funding, they couldn't help people.
>
> (RO_14_C)

Brief summary

The caregivers of refugee children with disabilities have to navigate a landscape in which institutional regulations are misaligned with practice, resulting in largely theoretical entitlements. While some manage to access services, the procedures are typically unclear, and various actors must cooperate to bring those in need closer to the relevant benefits. The next steps in the process are not always evident; however, this does not appear to be linked to refugee status or disability, but rather to the inability of the host society to make procedures sufficiently clear. Once it becomes clear which benefits can be accessed, another barrier emerges: misalignment between entitlements and actual provision. Services are either not effectively delivered or refugees are unable to learn about them, due to the aforementioned uncertainty in provision, unpredictability, and lack of funding, observable both in the public sector and among NGOs. Paid services are reported to exist, but are mentioned and accessed only rarely by interviewees.

Services for adults

The procedure

The procedure for recognising adults with disability is labelled most of the time as complicated. Narratives in this respect indeed show a long and complex procedure:

> This is a war and there are a lot of disabled people. And we have a very long queue to get in. Because we already went to our Ukrainian family doctor and asked him. So we need to get a report from him and bring it to Ukraine and have it translated into Ukrainian. Then go to our oncology clinic so they can confirm all this. And then go to the clinic to see an oncologist, then they can decide something. This is a very big process, but we already think that we need to think about it, because the pension is very small and we ask for more social assistance. The children help a little, whoever can.
>
> (RO_21_D)

Sometimes it is said that the procedure to obtain a certificate of disability was discouragingly long and not worth pursuing:

> Look, I collected all the documents; I collected them very well. It's been hard for half a year, I passed the test in February, I should have an answer was to come within a month or two, and still no answer No. I ask, the area where we live is very far away, on foot It's unrealistic for me to go there, and the translator will call, and they have the same answer, they say they are at work, so there is no answer I don't know whether yes or no.
>
> (RO_06_D)

For some interviewees, it was unclear what they could expect after receiving disability recognition in the host country:

> I don't see any reasons, very big reasons [for officially confirming disability in Romania]. To stay here, well, the question is that I need to pay for the apartment, I need money, you know, it all comes down to money. When they issue disability, I heard from others who issued or whoever tried, this is some kind of help coming from the state, there they throw money, or some medicine, or trips. Well, these are various benefits. I have the third group, they told me, but it is still unknown whether they will confirm it, or not. I came to a specialist who, in fact, deals with this. I came, and he said that I need to collect documents, I don't need to go to doctors, I need to take all the tests. Well, I thought, yes, maybe, back when we were still receiving under the program money 50-20 for housing - here is the payment, plus there for living. And for the third group there is not so much money, it is not the first, not the second, thank God. Well, I just thought, I need to settle here, earn money. And in Ukraine, well, there it's pennies, it's the third group.
>
> (RO_05_D)

At other times, refugees with disabilities opted to stick to their benefits in Ukraine and avoid even applying for legal disability status in the host country:

> I just didn't know that I had to refuse Ukrainian disability. And when they cancelled it, stupidity, well, they cancelled stupidity, apparently the money for the first year lay around for a year, and there were no disabled people, and it was taken from under their noses. And social services, social organisations, they are organised for this, and services are organised so that they help. And if they don't help, then the money is taken from under their noses, unrealised. The following year they don't take something into account there. And then they cancelled it, they realised that the Ukrainians, well, okay, there are some on the front line, let's say, but the rest in the occupied territory will not return anyway to

> refuse disability. This is occupied territory, the front line, bombs are exploding. Where should I go to refuse? They won't let you out of Ukraine later. Based on your own refusal to give up disability. And how can someone who was disabled and refused to ask for disability again come to Romania? They don't guarantee it. They only guarantee that they will consider it. And how are they there... Plus, the lack of preparation of documents, all these nuances that I told you within an hour, then there is no guarantee.
>
> (RO_07_D)

On the bright side, there was the human touch, the feeling that support was there, it was just the procedures that were a nuisance:

> And tell me, please, what difficulties did you encounter when receiving disability here? R: So, well, the doctors somehow received us, well, objectively, well, yes, they looked, made appointments, well, they went around with the translators, and, to one doctor, to another. The only thing was, well, almost everything was free, well, there, a taxi, well, okay, that's not it. [...] it's quite, let's say, a multi-stage procedure, well, you just need to be patient, and that's it.
>
> (RO_01_C)

This is consistent with reports from our work with service providers. The latter, both in Poland and Romania, but especially in Romania, noted that in many instances they had bypassed legal provisions and used workarounds to reduce the time needed to obtain disability recognition and access benefits. This reflects the importance of human connections, also reported by the refugees themselves in the analysed interviews. However, these connections did not mitigate the strong perception that the overall process is long and highly complicated.

In Poland, even at the two-year renewal stage, the procedure remains complicated, and the lack of a human counterpart does not always work in favour of refugees with disabilities:

> And I write to him [the doctor] that I want to confirm my disability for payments. He says, please, but it will be very difficult. I tell him that I will try. And I start over... The process starts over again. I already knew which clinics I could go to, where I could get tests done, where I could get x-rays done. And they gave me disability for six months. They already gave me the payment. And then six months passed, and they gave me a year. Now for a year. Although they give it for six months, it could be because of an illness. But they gave it for a year. Already with the payment.
>
> (RO_19_C)

However, when contrasted with experiences in other countries, renewal seems less complicated:

> We went there once every six months. We were there twice. Because every six months we had to go through the commission again and confirm our disability so that they would give us new antibiotics. Every six months, yes. For Ukrainians with temporary protection, it is not given for two years or for a year, as here in Romania. And I was told that they have a different temporary protection than the Romanians. We have to go through all this again every six months. This had to be done in advance, a month or two, so that when the six months were up, we would come and have all these documents in hand from the doctors. We would also then hand over these documents. For the first time I could bring my sister, and we would go through everything together. Also at the city hall, not with the doctors, but with all the documents. We had to come for a consultation there, to the city hall. We came, then they came to our home, looked at everything, how she lives, whether she has her own corner and so on. Everything seems to be fine. We registered disability and moved on to disability benefits.
>
> (RO_20_C)

For those who get recognition, using it also involves, at least initially, going through a routine that is not very easy:

> I can at least go to these commissions. I can submit documents. Without him [an adult son with disability], I can come and submit documents. So the first time, like the very first time, I did it all with him. We went to the city hall, to that medical commission. There, and someone there, I remember, under some office. He went with me. And the second time, it was only to the neurologist, and the family doctor saw him. She knows him, she talked to him, examined him, she has the appropriate notes. She wrote all the referrals already for me, without him, based on his documents. And we went to the neurologist together for an appointment.
>
> (RO_01_C)

Accessing services

Not following the procedure and failing to obtain disability recognition can prove costly. Some refugees avoid it, partly because they are unable to obtain recognition quickly. As a result, they later incur high costs, as illustrated in the following account from an interview conducted in Bucharest. The interviewee decided not to go through with the disability recognition procedure:

> The traumatologist looked at me. I just told him that we had just arrived. We didn't really have any funds. He looked. He said, I'll make a conclusion. The x-ray is free. I'll make a conclusion [...] on a referral for disability. He says it will cost 180 lei. I just arrived at work, and there is nothing anywhere. Then I went to the pulmonologist. The pulmonologist says that I also need to take x-rays, fluorography, a general x-ray. This will all be free. But to write out a referral, I need 250. I counted. 180 here, 250 there. Plus I also need to take the external respiration function test, which costs almost 100 lei. I looked, I just arrived, and I need to pay 100 euros right away. Maybe I went to the wrong doctors. I am temporarily unemployed for now. I have given up on dealing with all this.
>
> (RO_18_D)

The list of accessed services is quite extensive, but most of them fall either within the medical domain (which is addressed in the next chapter) or are not specific to refugees with disabilities but to refugees in general. It is important to note that there are no accounts of services being refused on the basis of disability, suggesting that access to standard refugee benefits is not hindered by disability as such. Otherwise, there is considerable evidence that access to housing, financial allowances, language courses, vocational training, and community activities was not obstructed (or at least not intentionally) by disability status. Nevertheless, we did not examine in sufficient detail whether interviewees refrained from requesting participation in activities where they anticipated potential denial of access; therefore, some caution is warranted in interpreting this conclusion.

For some interviewees, access to various services was facilitated by NGOs and led to successful outcomes:

> I really liked the psychologist Vella [from YYY], that's the only psychologist I talked to and she helped me a lot. In just three times. She could just say a word and it just changed everything inside of me. Here yes, there is no problem with psychologists, with psychologists themselves, But it's the natural psychologist that is very rare. Now there's XXX's foundation. By the way, I'm opening a knitting group there. It's been my vocation since childhood. And I had a group at the YYY foundation, I kept it afloat for three years. I had yarn, I didn't have yarn. But I had a great group that became famous in Warsaw. It became really well known, because such groups don't exist to keep them afloat for so long.
>
> (PL_15_D)

For others, disability recognition happened in the host country and led to benefits that they did not access at home:

> No. I didn't have Ukrainian disability. I did a new one here. And the volunteers who helped me took me first to an endocrinologist. She said to do a stomach cut-off. I said, "What for? You'll still have diabetes". She said: "At least you'll lose weight and gain at least 10 years of life".
>
> (PL_14_D)

Support is frequently reported as being provided even in contexts of limited resources. An illustrative example is a narrative describing the process of obtaining a specific type of wheelchair:

> Yes, everything was available. If you needed something, they immediately tried to help you, to find it if possible. I started looking for a wheelchair right away. They helped me look for a wheelchair, because I didn't know how to say it in Polish. They helped me with that.
>
> (PL_11_C)

More complicated cases lead to less support, as illustrated in the case of a Ukrainian refugee mother of six children:

> I: Did you ask any organisations for help?
>
> R: I didn't. Because I'm always at work — I leave the hostel early and come back late. And everything comes down to money — I have to pay for the hostel, for school, and I'm alone. I simply don't have the time — not even to go anywhere. And when you call a foundation... Even XXX [NGO]— I contacted them last year. They help people, but they didn't help me. That's a specific case. When I came in, the staff were sitting there. I said, "I have six children. I have these problems. What kind of help can you offer to a family like mine?" Without any shame, they told me: "We can't help you with anything". It was the YYY [NGO] foundation. And

> I'll say more: "I didn't even come asking for material help. I just asked if they could help in general. I came looking for psychological help. I needed psychological support". That day, they were handing out backpacks with household supplies — and they didn't even give me one. It was a total refusal. Last year, my husband went missing in the war. I came for psychological help, and they turned me away. I spoke politely. I wasn't rude or aggressive. I just came for help — and they refused.
>
> (PL_17_C)

The story shows that the presence of multiple sources of vulnerability, in addition to disability, can exclude individuals from standard service provision. Nevertheless, this merely confirms established knowledge in social policy regarding care provision, cycles of vulnerability, and poverty traps.

Brief summary

In general, there is a striking difference between the situations of child and adult refugees with disabilities. In the case of children, discussions of procedures and access to services tend to emphasise barriers and misalignments between regulations and actual service provision. By contrast, for adult refugees, while procedures are also described as complex, narratives around access to services are predominantly positive and indicate a degree of satisfaction, despite persistent difficulties.

This difference may be related to the heightened sensitivity surrounding child-related issues. As children are not fully able to advocate for themselves, they are also perceived as being in greater need of protection, which may explain why their difficulties in accessing services are represented as more salient. In addition, they impose an additional burden on adults, beyond their own needs, which may make this strain more acute.

Access to education

There is a broad spectrum of experiences that our interviewees shared with us. They include various success stories, with more or less clear integration into the educational formats of the host societies, but also failures to do so. Some were intended (due to willingness to be kept tied to the Ukrainian school system, through online classes), others resulted from failures of the educational system to integrate refugees in general or refugees with disabilities in particular.

Integration comes in many ways. Sometimes it is instantaneous and leaves a strong positive imprint:

> I have three children. Daniel, the eldest, is disabled with Down's syndrome. He is now 22 years old. The second child, there is another boy who is 12 years old and there is a daughter who is 8 years old. The children go to school; they went to school here straight away. When we arrived, they immediately went to school the next day. Thank you so much to this school for making us feel so welcome and this school director was so great. She was so helpful and even put some money in my pocket to help somehow. Such an open, such a very nice woman.
>
> (PL_07_C)

Other times it is intentional, despite resistance from the children:

> No. We're planning to. It turned out that we finished elementary school in Ukrainian school - the first four grades - and now we are already considering options, looking for a school to integrate, although my son does not want to integrate, although he does not want to.
>
> (PL_12_D)

Resistance from children, particularly teenagers, is not uncommon. Adolescence is already a delicate stage of life, often associated with difficulties in social integration and a preference for familiar and safe environments. Forced displacement is itself a traumatic experience: refugees may lose their homes, parts of their families, and the routines and habits that once provided stability. In the context of an uncertain new life, having to adapt to a new class of peers, seek acceptance in an unfamiliar environment, and function in a different language may generate additional discomfort. When the institutional environment is also perceived as unfriendly, these challenges may become overwhelming, leading some teenagers to reject integration into the new school system.

Another negative outcome is institutional rejection: regular schools may refuse to integrate new students with disabilities or, more generally, students who do not speak Polish or Romanian well. This has little to do with the agency of the refugees themselves and much more with the opportunity structures through which they must navigate.

As a result, experiences vary widely. Some interviewees described making friends, enjoying school, and feeling welcomed, while others reported feeling unwanted and experiencing various forms of discomfort. The following examples illustrate this diversity of experiences.

The process of finding a school is not always straightforward. Several interviewees explained that they had waited weeks or even months to receive a response from the school inspectorate, and in some cases, the response was negative: no school placement could be found. In other cases, even when a school referral had been obtained, schools refused admission due to a lack of available places:

> “I wrote to the inspectorate first, but I didn’t get a response for a very long time. And so, I joined the second one as well. And at the same time, both came from there and from there, with a difference of a couple of days. And we immediately went to the school with this piece of paper that we were sent, but here it seemed that there was no room. Yes, there was no room.
>
> (RO_09_C)

In some specific cases, the disability played a clear role due to special needs, and the misalignment of service provision independent of being a refugee, but specific rather to the residual welfare arrangements:

> And it's very difficult to place a child in regular kindergartens, since they just don't want to take him. And there's a big problem with special kindergartens here in Romania. A very big problem. That is, it's somehow very difficult.
>
> (RO_22_C)

Sometimes, discrimination against children with disabilities appears to be unrelated to refugee status or to the foreignness of service providers. Instead, it reflects broader barriers linked to disability itself and has been reported even in Ukrainian schools in Warsaw and Bucharest.

> They don't take such children with problems to kindergarten, to their kindergarten. Here I tried our Ukrainian kindergarten, they don't take them either. Because there is no staff or they don't know how to behave or something else. Or she puts toys in her mouth, and they answer that they are worried and can't take them. I went to the inspectorate in Romania for two years, I submitted documents that it was for a child. I didn't even get a single answer from them. I submitted the documents, I came, they said they would look. They haven't found anything for me in two years. I went there again a month ago and submitted. He said they have a lot of people, mothers like me, like "what do you want?" I submitted online and physical documents. [...] I can't take her for a fee yet [that is, to private kindergartens]. I would also try going to kindergarten in Romanian to try it out. But that's a fee. I can't do it for a fee.
>
> (RO_22_C)

As the above excerpts show, there is an available offer, and it takes the same form as in the case of native students with disabilities. However, this is not a public service, delivered as a universal benefit, but a private one, for which the recipient should pay.

In Poland, we found narratives that include accessing special education in the public domain, even if this may be possible after failures to access other schools:

> He was still going to school in the autumn. It was this school that I also found so accidentally. Already later, when we got the disability certificate. I had to find a psychological-educational clinic and at first [they referred us] to one facility. But there were children there who don't even talk, such severely ill people.
>
> Special school? Do I understand that correctly?
>
> Yes. It was closer to us. But when we came there, I realised that he doesn't even have anyone to talk to there, because he can talk. [...]: To the second school we went. The first one they referred us to, we saw that and the ladies there said that was not the place for him.
>
> (PL_07_C)

We also found various examples of inclusive education, that is, children with disabilities being accepted into mainstream schools, both in Bucharest and Warsaw. Most of these cases involve public schools and include accounts of teachers discussing individual situations and finding solutions in terms of appropriate curricula and integration arrangements. In Bucharest, we also encountered the case of a boy attending a private school situated in the upper-middle price range for such institutions.

One interviewee mentioned surprise at seeing the system working, and receiving a support teacher for the pupil with special needs:

> I just filled out a Google form. Before that, my child studied in a special institution, let's say in a separate program, but he is a smart boy. And then I filled out a Google form, not knowing what it would be. I came to the meeting, and they said that they were just in the Google form. They had already held a meeting and hired an assistant. It was a shock for me, because in Kyiv it's such a big deal, you have to go through all these circles to get anything done. Here, it was just... if I hadn't seen it myself, if I hadn't come to this meeting, I would have been shocked.
>
> (PL_10_C)

Various physical and institutional barriers were mentioned as preventing finding the proper educational outlet. These include, but are not limited to, the distance to the kindergarten that would accept the child, a programme that did not allow the parent to work up to 6 p.m., the lack of specific training or curricula for working with blind people, and, no surprise, the language barriers. All are to be found in both capitals that we have under scrutiny.

When access to the educational system is not achieved, refugees search for alternative solutions. In some cases, they are compelled to do so by regulations providing access to benefits that are conditional on school attendance. One of the workarounds consists of enrolling children in non-formal education, such as classes and activities organised by NGOs:

> Of course, she takes Romanian courses in XXX [NGO] with a psychologist. He spends time there in various classes, in a teenage club. She goes to English all the time. They've been going to Romanian courses since they were 22, both ANDREY and BELLA have been going to English courses, psychology courses, and some workshops or master classes. They also go to the YYY [another NGO]. BELLA really likes the English-speaking club there. She actually graduated from art school, she draws there, she goes there. After lunch, ANDREY goes to driving school at YYY. And there he makes applications, teaches lessons. He is also on duty,

> traveling to XXX. Teaches Romanian language homework. Romanian courses, and English courses, as I said. And also, I'm taking ANDREY to a private Romanian school there, also Romanian courses. It's still quiet there. I went to ZZZ [an international organization], to XXX, ...
>
> (RO_14_C)

In other cases, a chain of failure to integrate into a school led to homeschooling or simply dropping out: for some, homeschooling was already the situation before leaving Ukraine, for others, this was new:

> Since ANNA is on disability, she could've studied individually, one-on-one with a teacher. That was the plan. But we also planned to move, and we didn't know where to look or how to arrange anything. It's hard to plan ahead now—only from day to day. She was studying individually. But her father thought that was, excuse me, nonsense. And ANNA was staying with him at the time, while I was in Ukraine resolving legal issues. He then paid for a school—ANNA studied in XXX [a Ukrainian private school]. By the way, we're not being accepted into that school here. It's recently opened in Poland. [...] But they won't accept us. [...]. She also attended evening classes at the Ukrainian school YYY. They did a great job. They created a wonderful initiative for the children who arrived—to help them socialise and get to know the school environment better. They even organised tons of free activities for kids. But she dropped out.
>
> (PL_20_C)

Online schools in Ukraine are always an option. For some, this is a choice: they hoped to return soon, and keeping contact with the country of origin through schooling was a means to this aim. For others, it is forced by the lack of actual access in the host society:

> Here he is finishing the eleventh grade in Online school in Ukraine. Yeah, because he can't pull it off [going to two schools simultaneously]. He entered the school here, here before. But he also has a language program. He and my daughter, who is 17 years old, entered the school. There is a language barrier. Well, they need to go to school, but they are no longer accepted, because they are already over 10 years old, and they are only accepted to school until they are 12.
>
> (PL_01_D)

To complete this review of situations, note the many private schools and kindergartens devoted to Ukrainian students that were emerging both in Warsaw and (to a lesser extent) in Bucharest. However, as we have already mentioned, they prove to be rather reluctant to integrate refugees with disabilities among their students:

> When we arrived, we opened the first Ukrainian school on April 1, 2022. We got there. There were 12 children in the class and only two autistic children, her and another boy. To this day, we are friends with that mom and, in principle, it was not bad. But there were no specialised subjects for such children. During the summer vacation, the administration decided that only children from hot spots would be kept there. Since we were not from a hot spot, we were...
>
> (PL_02_C)

Compared to most European countries, adult learning has a relatively low incidence in Poland, Romania, and Ukraine. Therefore, the frequent references to various forms of lifelong learning in the interviews may come as a surprise. Part of these references concern language training, which is a common aspect of the refugee experience. However, language courses do not constitute the majority of the cases in which adult learning is mentioned.

Interviewees referred to psychological training, communication courses, business classes, and professional training for a variety of qualifications, often completed with the award of a certificate. These ranged from personal care professions – such as hairdressing, massage, and manicure services – to social work. The need to acquire qualifications adapted to a new life context in order to secure a livelihood likely explains the relatively high incidence of participation in such training programmes. These activities were reported as being organised both by NGOs and private companies, and were mentioned considerably more often in Poland than in Romania.

Overall, the education-related findings reveal a broad spectrum of situations, with no stable pattern of either rapid access or systematic denial of access. Some refugees recounted successful experiences, while others pointed to various barriers to access. Regulations appear to be interpreted differently depending on available resources, institutional willingness, and the personal attitudes of the service providers, all of which mediate actual access to educational services. In some cases, the misalignment between regulations and practice appears evident; in others, staff in public agencies and NGOs struggle to find solutions to support refugees with disabilities.

Access to healthcare

Access to healthcare follows a similarly complicated process to that observed in the field of education. It is often conditioned by recognition of the disability, although in some cases access to healthcare precedes formal recognition. Once again, interviewees expressed both surprise at being able to access certain services and frustration at being unable to obtain others.

To begin with, it should be noted that several interviewees expressed satisfaction at receiving medical services “free of charge”, that is, as part of the basic healthcare provisions of the Polish or Romanian welfare systems:

> We have a very good clinic nearby. Private. Great doctors, great staff, wonderful, they love us. Everything that can be done for free, is done.
>
> (RO_12_C)

Emergency services were also available when needed, and perceptions of the care received contributed to an overall impression of refugees being treated well:

> We were waiting for the doctor; the ambulance was arriving. Even before the first immunotherapy. He felt very sick. And my daughter was 8 months pregnant. And his daughter was with him. And the daughter ran to the doctor's office without waiting in line. She said, "Dad is dying, what should I do?" They took him away immediately, put him down immediately, and gave him a drip. And he felt better. And we returned home. I thought he would die by then. But now his condition is much better.
>
> (RO_21_D)

However, in most cases, basic healthcare and emergency services do not cover all needs. Specialised care is often required, and our interviewees shared accounts of how they were able to access this:

> My blood sugar was high; nothing was dropping anywhere. Then I just got a job, I got the flu, and I got rheumatism. But I didn't know it was rheumatism. It was because my sugar was high. My legs weren't walking well anymore. We're all about eating less. And when I fell on my feet, my daughter took me quickly by cab to a paid endocrinologist. She gave a referral, and in two weeks I was put in the hospital. It was vacation time. The end of June. They found a place for me quickly. And there I just laid down. I couldn't get back on my feet. It happens quickly, like that, an hour or two, your knees give out and you can't walk. Took some

> tests, turned out to be rheumatism. They made an appointment. I started walking so quickly. They treated me, changed my insulin, did everything. They gave me some extra pills to take the sugar out. I started running happy. I lost ten pounds in a month, then five more. I loved it. It went on until almost the end of 2023.
>
> (PL_14_D)

None of these accounts provides a clear explanation of the mechanisms underlying access to such services. From the perspective of most interviewees, services simply "happen". This most likely reflects a limited understanding of how the system operates and may also indicate insufficient explanations provided by those assisting them.

In many cases, NGOs and transnational organisations intervene and provide support by connecting refugees with general practitioners (GPs) with whom they can register. Once this connection is established, refugees enter a more regular pattern of healthcare provision:

> [I use] Private [medical care], but I don't know about the state one. That is, I made an appointment with a family doctor and got a referral there. But I get a referral, I don't know, to private doctors. I don't even know how it all works here. That is, I came to two doctors, I heard what they said, well, and for now I paused with all this paperwork.
>
> (RO_18_D)

While the previous excerpts may give the impression that private medical care is preferred, we also encountered the view that private care should be avoided, and that only public healthcare providers should be used. Nevertheless, this appears to be more a matter of path dependency: it depends on how they first came into contact with the system, and what types of referrals the GP issues, etc.

Long waiting times have been reported in both Romania and Poland. Their frequency is, however, well below that reported by service providers interviewed in the UNRF project. This may indicate that the first, most difficult steps were already facilitated by these providers, and that after enrolment with a GP, the process generally becomes smoother.

There were a few cases in which our interviewees reported that accessing healthcare is expensive. These are typically cases where there has been no registration with a GP, and where requests for healthcare and/or medicines are not covered by health insurance. Sometimes, such cases follow conflicts with helpers, who are described by interviewees as not being sufficiently supportive.

However, in most cases, support from various helpers, including volunteers, is highly appreciated and frequently mentioned, alongside positive evaluations of medical staff:

> Here is everything that can be provided to the fullest extent—any doctor, paid service, free service—they will do their best to make you comfortable. I know this for sure. I have two grandmothers, with whom I went to many doctors. I go often. Their medication and the relationships between doctors, which, as I understand, also generate a lot of money from patients, from us Ukrainians, but they are expensive. We have Ukrainians—people do not treat each other like that, not even people. I will not even mention doctors.
>
> (RO_17_C)

In conclusion, the overall picture of access to healthcare is more positive than that of access to education. While a wide range of situations can be observed, most interviewees reported relatively positive experiences and outcomes. This appears to stem from relatively prompt registration with a GP, which enables refugees with disabilities to access the necessary care more smoothly. Also relevant is the comparison with healthcare provision in Ukraine. The Polish and Romanian systems are

both described as more professional, offering higher-quality care and more attentive medical staff. For Polish and Romanian citizens, this may come as a surprise...

Frames of reference and assessments of situations

The previous section concludes with a comparison of the healthcare systems in Poland and Romania against the backdrop of the Ukrainian system. This raises an important question concerning frames of reference. Ukrainian refugees with disabilities may compare the host country with their country of origin, with an ideal model, or with what they know or imagine about how other countries function. In the next section, we examine the comparisons made by interviewees in this regard. We then analyse the narratives they construct regarding the fit between their needs and the benefits received.

People and the social system

In the interviews, we tried not to direct the respondents towards a specific area. We simply asked them to compare the situation in the host country with that in Ukraine; however, many responses focused on the healthcare system. We therefore treat these separately. In what follows, we begin with more general comparisons, then move to more specific ones, with healthcare addressed in a separate chapter.

Personal experience filters all perceptions. When comparing Ukraine to Poland or Romania, many interviewees referred to missing their homes and experiencing the uncertainty of moving from home ownership to renting and temporary accommodation. This is intertwined with material needs and reduced resources, as well as the loss of social networks: friends, relatives, and family were either left behind or dispersed to various other destinations. Social life is also affected, as connections with the local population remain limited, since at the time of the interviews the migration was still relatively recent.

General assessments were strikingly contrasting, as one interviewee said:

> For me, this is a more developed country in all directions, a more comfortable country. There are nuances.
>
> (PL_04_D).

Another one's position was radically opposite, explaining that despite preparing everything to get a job, he did not manage to be selected for one:

> So I can't say that everything is good. Everything is very bad.
>
> (RO_09_C)

Intermediate stances include:

> People say that Poles are bad. I won't say that, because here they cut everything right away and do it categorically.
>
> (PL_04_D)

> *Romanian, Ukrainian. Here in Romania, you can find both fools and smart people. And how you behave with them, so it will be. It's the same with us.*
>
> (RO_07_D)

On the other hand, it is also a matter of national pride and of understanding the cultural values in the society where one resides. One

interviewee showed a clear negative opinion on how Romania evolved, and hypothetically put some of the fault down to the influence of the European Union (EU):

> [Romania is] absolutely undeveloped. I'm just saying that I compare our Ukraine and Romania like this, as two countries, right? It seems to me that our country, Ukraine, is much higher than Romania. I don't know Romania before the European Union. Maybe it's the whole European Union, I haven't travelled all over the European Union, so I don't know how it is in other countries. Maybe it's like that everywhere, you know, like we had before in the Soviet Union... But I don't know, our Ukraine is... Both in mentality and in culture. We even have a ban on smoking at bus stops. And here mothers with small children sit on the platforms, and they smoke. For me, it's also like...
>
> So you think that Ukraine is superior to Romania in terms of mentality and culture?
>
> Yes, I think so.
>
> (RO_20_C)

The same need for a stricter, traditional respect for order and hierarchies is to be found in the interviews carried out in Poland:

> When we came to Poland, everyone said: We even have the same mentality. We don't have the same mentality, we are different. There are many differences in raising children. In Ukraine, children are too restricted, while here they are too spoiled. There needs to be a happy medium. I can't judge people, but girls and boys need to be raised differently. Boys need to be raised strictly, while girls need to be treated more gently. Men need to be raised in such totalitarian and harsh conditions. A man must have an iron will when he grows up. Because he will have a wife and children to support. And he must have a strong will so that he does not fall into depression later in life. For me, a man is a protector.

> A protector is confident. He protects his country. He must have a strong will; he protects his family. He must have a backbone.
>
> (PL_17_C)

The two long excerpts were chosen for illustration because they cover an important value orientation – how to raise children, and they underline the cultural shock that some refugees experience when confronted with the slightly more modern Polish and Romanian societies. This may create reluctance and less willingness to integrate. However, many other interviewees also observed that the same modernity brings many different, surprising sides:

> That's what I really like here. You see someone for the first time in your life, and they say hello to you. They open the door. They will let you through. I like this culture very much. They wish you a nice day.
>
> (PL_02_C)

Within this complex landscape, personal experiences, loss, and trauma intertwine with cultural differences and create a fragile ground on which frames of reference begin to shape refugees' assessment of their new environment. It is therefore time to examine how different aspects of the social system are referred to by our interviewees in comparison with their frames of reference.

Bureaucracy, often accused of defining access to almost all benefits, turns out to be, at least in the eyes of some interviewees, similar to Ukraine:

> [In Ukraine] It was all much simpler, easier, as I understand, logical. And there it was much easier, because I knew the language, I ran and understood myself, I could argue if it was not so. But here

> I couldn't do anything at all. In Ukraine, I also proved, I submitted documents to the court three times, because at least some document, but still there you need this, you need to run there, you need to do this. In general, I also ran around. I spent a year formalising guardianship.
>
> (RO_20_C)

The nuisance is generated mainly by the need to once more go through the process of obtaining recognition of a disability. Sometimes, one may not get such recognition; in other instances, they get a certificate that was denied in Ukraine.

Public services

Turning to benefits for people with disabilities, the interviewees generally assessed the systems in both Poland and Romania as more generous. They pointed to various benefits that were not available in Ukraine. However, this should also be considered through the lens of a long and often complex process to access these benefits. Furthermore, some of the positive assessments were mediated by the intervention of NGOs that helped them access these services:

> As for people with disabilities, they are certainly much more tolerant here than in Ukraine. And there are probably more opportunities for such people here. […] Opportunities for therapy, opportunities for diagnostics for free. For example, with foundations, you can find a lot of information and get some help later. If you have a diagnosis, you can find therapy. And then there are these kindergartens, integration schools, or special therapeutic schools. Especially for children with autism, there are a lot of different things. And then there is employment. There are many opportunities for people with autism to get a job. […] And I thought that I was very lucky that I went to Warsaw and got there at the right time to change something. Otherwise, I would have been sitting there not knowing what to do with him and how to further develop my child. And then it happened just like that. With regard

> to disability and working with disabled people, with children, there are many more opportunities to help and do something.
>
> (PL_13_C)

Some interviewees mentioned a more inclusive culture in Poland and Romania compared to Ukraine. Others tended to observe that Ukraine is largely similar. The former group first mentioned mobility-related facilities:

> They accept people, and it's normal for them to see people with disabilities living their happy lives in society among them and not sitting at home so as not to visually annoy someone there, let's say. Just look at this place - everything here is made for people. The elevators. At first, when I arrived, you know what I was surprised at: a low curb, this low curb on the sidewalk. I mean, here [in Ukraine], it's a high curb. And in general, that's it.
>
> (PL_10_C)

In Romania, the same story is related using different words:

> It's amazing to me, here the driver gets out, lowers the ramp if someone is in a wheelchair, I've seen this several times, and they go out on purpose and lower the ramp for the disabled.
>
> (RO_05_D)

The wonder remains unchanged, with the interviewee even having more than one frame of reference:

> When I came to another country, to Holland, I was surprised to see so many wheelchair users, and then I realised that this is how

> elderly people travel. They are not disabled; they are just comfortable.
>
> (RO_05_D)

Again, misalignment sometimes changes the narrative. In some places, they do provide facilities, but they are not fully functional. One interviewee relates to the situation, arguing that it renders the host society similar to what they have experienced in Ukraine:

> Is Romania comfortable for people with disabilities? R: Well, I don't know. If a person is in a wheelchair, not walking, then it's not comfortable. He won't get on a trolleybus or tram either. I have an underground passage here near my house to the other side of the road. There are elevators there, they are constantly out of order. Basically, the same as in Ukraine. Not very comfortable.
>
> (RO_18_D)

Public transportation stands out as the main invoked difference in disability-related issues. It turns out that in Ukraine, particularly in Odesa, public transportation is free for people with disabilities, whereas in Bucharest it is not, as one interviewee mentioned. On the other hand, mainly in Warsaw, but also in Bucharest, the buses arrive on time, follow a predictable timetable, and provide better conditions, are less crowded, with air conditioning in summer and heating during winter. For some interviewees, this was different compared to major Ukrainian cities, including Kyiv or Kharkiv, and slightly better than in Lviv.

Education is also part of a cultural story. One interviewee said that in Ukraine, school is personalised, in contrast to Poland where all schools and jobs start at the same hour: 8 a.m. (PL_02_C). The traditional school system in Ukraine is centred around a larger amount of homework, while in Poland it is perceived as being "easier", given the lack of homework and students being free after school (PL_04_D). We had no similar

stories during the interviews carried out in Romania, where the debate about reducing homework occurred in the autumn of 2025, a few months after we finished the fieldwork.

Work culture also deserves closer examination. One interviewee pointed out that organisational culture differs in Romania compared to Ukraine, although they could not specify how. They also suggested that this perception may in fact be related to higher stress resulting from being in a foreign country, with greater responsibilities than at home, where they "knew the drill" (RO_09_C).

Overall, most interviewees who reported that work is more difficult in Poland or Romania attribute this primarily to differences in the type of employment: in Ukraine, they held white-collar jobs, whereas in their countries of refuge, they are often engaged in more manual work. Language barriers are a common factor and they shape perceptions of working conditions as well as comparisons between contexts.

Comparing healthcare in Ukraine and Poland/Romania

Healthcare is the aspect that attracts the most comments. Interviewees referred to practical arrangements, waiting times, and the quality of services and medical staff. Overall, the Ukrainian healthcare system is described as less friendly than those in both Warsaw and Bucharest. The dominant narrative suggests that doctors in Bucharest and Warsaw are kinder, more dedicated, and more attentive to their patients. However, quite often the discourse began by stating the opposite:

> It seems to me that [the level of competence of the doctors] is the same everywhere. Both in Ukraine and in Romania. Some are more competent. Some are less. But in Romania, it's harder to make an appointment. We still have a live queue. But here we don't. The system requires you to make an appointment. More anticipated doctors, more suspicious. Somewhere, they are smarter than us. More competent. More careful here.
>
> (RO_22_C)

A handful of interviewees observed more similarities than differences compared to Ukraine:

> There's probably no difference, but it's hard for me to say. Let's face it, I don't see a radical difference.
>
> (RO_12_D)

The opposite view is also present, particularly when doctors hold a different opinion from their patients. In such cases, Ukrainian doctors are perceived as better:

> Even in terms of the level of our doctors, we have a wonderful medical institute that produces very good personnel. Here, of course, they are very friendly, they really want to help. I see that they are again within these frameworks, some European rules, beyond which they cannot go. Because I'm saying, I know what I'm being treated with. They say: "We can't write this out because it's not allowed." Do you understand? And this, unfortunately, is a big hindrance, because maybe the person is a normal specialist, but he is also within the limits.
>
> (RO_04_D)

The above excerpt is not unique. While RO_04_D tried to explain the difference between her expectations and the medical decision by arguing that the doctor was constrained by bureaucratic rules generated in Brussels, other interviewees searched for explanations in the competences of doctors. RO_08_C explained that her autistic child cannot eat due to genetic factors and that she needs to subject him to a specific battery of tests. She noted that Romanian specialists refused to carry out genetic testing, while the GP claimed that such tests were not known to them.

PL_01_D explained that in Ukraine it was much easier, because they understood the language, and waiting times during emergency situations were not as long as in Poland. He then added that, in fact, the level of expertise in Warsaw was higher, mainly due to technology, as he underwent numerous tests for his condition in Poland that he had never encountered in Ukraine. Medical equipment stands out in Poland, as observed by many interviewees.

Some interviewees also noted differences in procedures, with a greater emphasis on standardised protocols and their consequences for patients in both Romania and Poland. The stress on more consistent protocols is reflected in the following statement:

> What is the difference? Poland clearly follows the protocols. In Ukraine they are now transferring us to protocols as well.
>
> (PL_14_D)

> In Ukraine, a doctor can depart from the protocol; a doctor tries to help and can use many different approaches.
>
> (PL_15_D)

Such departures from protocols were perceived as normal by those who considered Ukrainian medical competence higher, but questioned by those who tended to attribute greater credibility to Polish or Romanian doctors.

There are also several reports on more detailed testing and searching for causes and solutions compared to how healthcare functions in Ukraine. They also observed more care during surgery, the existence of intensive care post-surgery (in Ukraine they said they were put directly onto the ward).

Furthermore, the interviewees referred to the greater variety of pills and treatments that could be accessed in both Warsaw and Bucharest:

> even more drugs are free than ours. This is a big plus, to be honest. (RO_06_D).

Other interviewees indicated a lower possibility of bribing doctors in Bucharest. They claimed that in Ukraine it is usual to give additional money to the doctor, but this was categorically refused in Bucharest (RO_09_C). This was quite surprising for some interviewees:

> And no money, no need to give anything to anyone, no bribes. That's it. But here in Odessa, everywhere, we need to thank someone, somewhere. Well, it's not here. (RO_16_D)

In Poland, interviewees made remarks related to the differences between paid (private) healthcare and the public system:

> In Ukraine and here, the two systems are parallel. Paid and free. But here, paid help is instant and in full. And the free one, which we use (because we can't afford private medical care), takes a long time and not all the information is available to you. Let's say you don't get the exam results in your hands. Although perhaps I would go there [to Ukraine] and it would be useful there. But in Kharkiv, Ukraine, free medicine has long since become paid medicine. And sometimes it was not so much medicine as money-grabbing. Because a lot depends on the doctor's qualifications. Paid medicine. Not always the most qualified doctors. In Kharkiv, it was good to visit old Soviet doctors because they had experience and had a different attitude. Young doctors were friendly but

> lacked experience. And, of course, the queues. Of course, here the system of queues and receptions is very well organised - at the reception, you are immediately directed. The coordination is clear - it's great. We did not have such coordination. There were often queues... As for queues, I really like the Poles. I can immediately see where people from Ukraine and Poland are, and I feel uncomfortable for my own.
>
> (PL_06_D)

The entire situation might derive from being used to solving everything through connections and outside the regular protocols:

> We didn't have problems in Ukraine. I went to Ukraine last year — specifically to see doctors. In one week, I got everything done that I needed — all the tests, the results came in, and I saw all the doctors.
>
> (PL_17_C)

When confronted with a more formalised system, the refugees tend to lose the ability to navigate it. It is no longer about knowing the doctor, bribing them, circumventing the queues, negotiating the costs and the treatment. Therefore, they find themselves in a situation in which different cultural norms of healthcare interaction become unknown:

> Maybe it's the language barrier—but not always. You know, it all depends. The human factor. For example, my endocrinologist in Krynica—she just had rules, and according to funding, she could offer me certain things. But you know, I would have been willing to pay if I just knew all the rules. It's the system. The nuances of their healthcare. In Ukraine, you go, you get it done, and that's it. First of all, everything gets resolved faster. You can pay somewhere if needed. And they clearly tell you: "Do this, go there," and it's all sorted. In Ukraine, it works better. Everything is quicker and easier

> to access. I'd also add that the checkups are more thorough. Here, everything's partial. Sorry for the details, but I went to a gynaecologist, and they might just give you a basic check and some vague consultation. They don't issue referrals. One didn't even examine me at all—didn't even give proper consultation. So I left and never went back.
>
> (PL_20_C)

Comparisons with other countries

The choice of the country of refuge is more often not an actual choice: people go to the train station and get on the first train or bus towards the first possible destination. However, in some cases it was a choice and involved selecting Romania or Poland based on preexisting knowledge:

> There were three buses to Berlin, to Chișinău and to Bucharest. I don't want to go to Berlin, that's a hundred per cent. […] I don't like this policy of spying on your neighbour, you know. So, I thought that I knew Bucharest, that I knew about the Romanians, only that my grandmother had cavalry in her garden. That is, I have no more complaints against them. I think I'll go and have a look. Well, when I came here, they surrounded me with such care, such concern, that my cat and I were one more fortunate person. That is, well, something like that, they treated me very warmly. And I was afraid to go anywhere further. […] Well, so here I am, and I sat down.
>
> (RO_04_D)

However, knowledge accumulates over time, which leads to considerations of resettlement. This reflects a process of learning about better care available in Western countries:

> There were thoughts about moving to Germany. They say through conversations, through messages. You find out that there is more developed assistance for children with disabilities there. They provide free housing there. They fully help. Financial coverage, the child's developmental needs. They pay mothers. That is, payments for the child and for the mother. They even left with children, autistic and with cerebral palsy. The mothers are still there. Very big help for such families with children and with disabled people.
>
> (RO_22_C)

However, resettlement is discouraged sometimes by the thought that bureaucracy is the same everywhere:

> These documents, although valid throughout Europe, are unusable in other countries. If I go, for example, to Germany with my family, I will have to do all this again. I will not survive it a second time! Of course, I will survive it, but this will be another disability for me.
>
> (RO_07_D)

Interviewees in Romania reported awareness of the situation of similar refugee groups in other Eastern European countries, such as Bulgaria and Poland. Some accounts were based on first-hand experience (e.g., visits to relatives), while others were mediated through second-hand narratives. Regardless of the source of knowledge, respondents described these contexts as either worse or similar to their own, which, in turn, partly justified their decision to remain in Romania.

> When compared with better-performing contexts, interviewees mainly mention Germany, which several respondents in both

countries describe as providing better care. In addition, one interviewee refers to Canada, where everything is free.

(RO_18_D)

Furthermore, choosing Bucharest is associated with the standard of living and greater employment opportunities, as well as the geographical proximity to home.

Comparison to Polish/Romanian citizens

Comparison with Polish and Romanian people with disabilities is also useful for contextualising the interviewees' frames of reference. However, it is not strongly present in the interviews, and respondents appeared to have been relatively unconcerned with situating their perspectives within the local population.

Some interviewees referred in their accounts to the situation of people with disabilities who are native to Poland or Romania. For instance, they observed that, in the case of Romania, disability is not always recognised as such:



[...] the problem is that in Romania, as such, there are a lot of children with autism, local children. A lot. I just see it. A lot of people go around without diagnoses, let's say. That is, they don't understand that it's autism, and they don't seek help. I've been working as a psychologist for 15 years. And I work with such children. I even see: here we are in transport, in any transport, in any transport, no matter what we travel in, every time I see autism in people. But imagine what percentage of these children there are if, in any bus or metro, every time we travel, I see such children. They have nothing for this. That is, they have no system.

(RO_08_C)

In some isolated cases, a simple economic calculation leads to the observation of inequalities in received benefits. On one hand, there is a repeated observation that Romanian pensioners have access to free public transportation in Bucharest, a measure that does not apply to Ukrainian refugees with disabilities who are pensioners. On the other hand, there is a mention of the discrepancy in the level of financial benefits received:

> This disability, although disability, is a confirmation of my Ukrainian, because I am not a citizen of the European Union, nor a citizen of Romania. They give me this pension of 496 lei, and they are supposed to give 2200, if I were at least a Romanian resident, not to mention the passport. Therefore, this is like confirmation of my Ukrainian, so that I can do something for myself here, medicines, and these people can help me, implement their grants through me. Do you understand? And in fact, Romanian disability, yes, it also includes free travel, but the amounts there are different, you understand?
>
> (RO_07_D)

When the refugee shows more agency, they unveil further inequalities:

> I contacted the service. Is there any help for people with disabilities? No. I contacted the mayor's office. Even the mayor's office gives out 150 vouchers twice a year. For the disabled. For Christmas and Easter holidays. I went there. Showed all the documents. And they told me that you are not entitled to. Because you are Ukrainian. And I write to them through a translator. We are Ukrainians. We are considered the same as Romanians. In September, they passed such a law. That we are considered the same as Romanians. We have the same rights and benefits as Romanians. – "You just need to have a Romanian ID." This is a Romanian internal passport. Who will give it to me? I was refused. Who will you complain to? No one.
>
> (RO_19_D)

In the interviews conducted in Poland, respondents observed that they are typically entitled to the same benefits as Polish citizens:

> They said it's all good, that the residence card is such real proof that you are Polish, only you can't vote in the elections. And so, everything is like other Poles. Only, it was because under these regulations we cannot get a family benefit unless the whole family is in Poland. But it's not our wish, because, of course, if he could have come, my husband would have come a long time ago and been with us. Because of that, he can't go.
>
> (PL_07_C)

Brief summary

To sum up, the interviewees drew on multiple frames of reference. The most important was the comparison with Ukraine. In most instances, this comparison is favourable to the country of refuge, despite the personal trauma of leaving everything behind and starting life from scratch. Even when Ukraine was described as better, this was mainly due to the presence of the friends and relatives left behind, or to expressions of national attachment. The comparison between systems primarily highlights better quality in Poland and Romania, despite existing shortcomings.

A second frame of reference consisted of prior expectations. However, these are shaped mainly by previous personal experiences in Ukraine; thus, they largely involved observing how Poland and Romania differ from Ukraine. Often, these differences are perceived as striking: refugees compared smaller, often rural, places of origin with more developed capital cities that are more closely integrated into what they perceive as a modern world. Cultural differences are therefore particularly salient.

The third frame of reference was weaker: other countries were only marginally considered. Some interviewees had direct experience with other European countries such as Austria, Germany, or Bulgaria, while

others referred to what they had heard about Germany (the main point of reference). There are few practical consequences, although resettlement to Germany was sometimes expressed as a dream.

The final frame of reference – local people with disabilities – was even less frequently considered. However, when it was used, it revealed inequalities, particularly in the case of Romania, where Ukrainians discovered that they are entitled to fewer benefits.

Evolution of needs and personal situation

There is a final and important framework of reference: their own situation in the host country at the time of the interview compared to the past. That is, it is useful to consider the evolution of needs and support received during the entire period since they sought refuge. This is the task of this subchapter. Nevertheless, we talk about representations in how needs changed and how intervention and support occurred. We show what our interviewees believed it changed, not the actual change in the institutional and legislative framework, or in their own condition.

To start with, there was an omnipresent feeling that the things get worse. For some, this is barely justified by facts, but it was clearly present in their feelings:

> But as I understand it, it seems that material support for refugees is being reduced. That is, it's getting worse, worse, worse, less and less. But you can see it everywhere. Actually, this is logical.
>
> (RO_04_D)

A key dimension of change concerned financial support, which is reported by almost all interviewees as declining. There are multiple indications that organisations supporting refugees with disabilities are facing funding shortages. We learned that organisations working with migrants have reduced their activities, with many reportedly closing down

(RO_20_C), and that disability-focused organisations have reduced the staff allocated to supporting refugees (RO_22_C). In addition, there are no longer organisations providing assistance with document translation, and refugees are expected to cover these costs themselves (RO_22_C). The disappearance of translators previously funded through external sources affects everyday life in multiple ways. For instance, it undermines communication with doctors, since:

> You can't do much with Google Translate. A doctor who knows four languages is forced to blab to me through Google Translate, and I with him. And Google Translate can translate anything, and that is a major problem with this kind of translation. And the smart girl, Ira, did it. It lasted two years.
>
> (RO_17_M)

> Even when NGOs still have functional programs devoted to Ukrainians, they have reduced their scope: They used to give 17 kilograms of food per person, and now they give less. But they still give us good food, good food.
>
> (PL_01_D)

The respondents also mentioned changing attitudes towards Ukrainians in host countries, but this aspect is discussed in the chapter on stigma, discrimination and change of identity.

Nevertheless, confronted with so many distressing events and the ongoing, seemingly never-ending war, interviewees might be expected to experience increasing uncertainty about their lives and futures. However, on the one hand there is routine, and on the other, processes of integration: they begin to understand the system in which they live, gain access to employment, move into the private rental market, and become more independent from welfare benefits and humanitarian aid. There

are, for instance, various examples of how they managed to obtain medication for flu or other routine healthcare needs, and no longer required the support of intermediaries, as they were able to navigate the system through their GP.

For some interviewees, the time since displacement has also led to greater awareness of their children's conditions. For instance, one mother recalled how her child was assessed by a psychologist and subsequently diagnosed, with the support of a foundation, as autistic:

> I'm not planning anything like that at the moment. But I understand that until the child finishes kindergarten, we will definitely be here. Because I understand that no one in Ukraine will do therapy for a child. In Ukraine, we have no prospects for therapy. That's why I don't plan to change anything now. We will be here. I hope it will be like this in the future.
>
> (PL_13_C)

Such regular facts of life show an ever-changing past and present, a framework of reference that is actually stable, since it embeds normal life cycles. As one interviewee put it, it is what they actually need:

> I want stability, because I have depression, I can be productive one day a month, and all the other days I will be so depressed, quite depressed.
>
> (RO_12_D)

A general reduction in funding for support services is reported across the interviews. This has led to a decrease in both financial and material assistance provided to refugees, with these changes being perceived as more pronounced in Romania than in Poland. Other changes in

needs and policy responses[3] are less salient and are instead described as part of routine variations in the normal life course.

Chapter conclusion

Ukrainian refugees with disabilities compared their situation against a horizon of expectations, shaped by their experiences in Ukraine. They are confronted with a system that they do not fully understand or master. Accessing education (including schooling, training, and adult learning) generated the highest level of discomfort, due to repeated failures and rejections from both regular public providers and newly established Ukrainian schools. Access to private providers is considerably easier, but also much more costly. A contrasting pattern is observed in healthcare. Despite not fully understanding the system, interviewees in most cases managed to gain access to services and exercise their rights, reporting better treatment than in their country of origin.

Beyond criticism of bureaucracy, the overall assessment is rather positive. Concerns about cuts in humanitarian funding are more frequently reported in Romania, but in both countries, they tend to diminish as refugees become better integrated into local society.[4]

Comparisons with other countries are relatively infrequent and mainly concern neighbouring states or Germany. However, this finding should be interpreted with caution due to a potential selection bias: individuals who made more comparisons with other destination countries may have already remigrated and therefore were not included in our sample.

[3] The study was completed before subsequent amendments to the Special Act on assistance to Ukrainian citizens in Poland, and before the gradual scaling down of several forms of support for Ukrainian refugees in the country.

[4] This is limited to the stories of our respondents and when the fieldwork took place. The previously mentioned change in Polish law left the most vulnerable groups without support.

Barriers Encountered in Everyday Life by Refugees with Disabilities

The everyday life of refugees with disabilities consists of numerous difficulties that need to be overcome. Some of these hardships stem from their refugee status (e.g., language barriers), while others are more related to disabilities (e.g., general state of health or physical accessibility challenges). In this chapter, the main categories of barriers will be described, as they were revealed by the interviewees.

Barriers related to the general health status of refugees with disabilities

The most general and diffuse type of barrier encountered by refugees with disabilities is related to their general state of health. Following the distinction in sociology between status and master status, they could be considered master barriers, in the sense that they are manifest, in one way or another, regardless of routines or situations, in every instance of refugees' lives, having an impact on engagement in everyday activities.

For those refugees with disabilities who have caring responsibilities, the everyday requirements and obligations can sometimes be too demanding. In such cases, even if general access to some services is provided (e. g., art therapy for children), it might not always be enough:

> She didn't go for six months; she missed it because she had to get up very early. And I didn't have the strength, and I feel sorry for the child to be pulled out of bed like that. And there was practically only art therapy.
>
> (PL_02_C&D)

The following excerpts provide another example of such a barrier: even though language courses exist, the infrastructure (the physical space where the courses take place or the method of teaching) is not adapted to accommodate people with disabilities:

> I tried to learn the language, but of course it's impossible for me, I still have poor hearing.
>
> (RO_04_D)

In the quote below, the respondent mentions that she tried taking courses together with her daughter, but she had to give up because she could not sit down for long periods of time. She explained that she tries to compensate for the lack of formal language courses with informal activities: trying to interact with Polish people as much as possible, for example, by starting conversations on public transport:

> I tried taking courses that my daughter took. My daughter, by the way, was learning Polish from scratch. But it didn't work for me, because you have to sit; you can't write notes standing up. And

> it's just that pain every time, sitting, I even took a toilet chair. Well, I'm not a good student, you know? And my brain doesn't work that way. So I just try to communicate with Poles in their language. If I need to ask something. Or I often strike up a conversation on the bus when it's a long ride. Why not? They smile at me, I smile at them, and we talk. But before I do, I make sure to apologize that if I say something wrong, I'm just learning.
>
> (PL_15_D)

There are instances in which this situational barrier based on disabilities intersects with the structural or systemic one related to access to the labour market, which is already complicated for refugees, who often do not have the required language skills and who have to deal with the formal training that they have completed in Ukraine not being recognised in Romania or Poland. It is often the case that highly skilled Ukrainian refugees with disabilities are forced to take up employment below their level of expertise, turning from white-collar jobs to more physically demanding, blue-collar ones or leaving the labour market altogether:

> Things are a little difficult for us here. But somehow, little by little, we're getting by. Work, of course, where will they take me? We are only offered cleaning here. And this is already very physically difficult. My legs can hardly walk anymore. I'm already feeling short of breath and my heart is pounding. And it's already hard to work somewhere. I've worked all my life as a teacher and music teacher in a kindergarten. I went to the kindergarten to ask for a job. There are several kindergartens for our Ukrainians. Of course, no one really wants to take such a granny anywhere. And I want to give way to the young, because the girls are young. We receive 280 lei from our Ukrainian pension. I couldn't find a job anywhere.
>
> (RO_16_D)

This mismatch in terms of skills is doubled by a mismatch in terms of expectations and realities. Language skills are elementary for integration, but even though language courses are completed, without daily practice in interactions with locals, especially in the workplace, the newly acquired skills are soon lost. And without diploma recognition, the available jobs are not centred on complex communication between co-workers, but rather on the completion of more or less physical tasks:

> In general, I want to go somewhere to the beach and more. One of my symptoms is constant fatigue. I mean, I can wake up in the morning and have no energy. I mean, you see, I look like a normal, healthy person, but my life is shorter, because that's how physical labour is. It's clear that I can't do it, and I don't want to, morally, psychologically, and physically. I would like to return to an office somewhere to do administrative work, but I realise that, unfortunately, my level of Polish is not sufficient. Although I took courses in the first year and the second year and reached the B1 level, since I don't use it on a daily basis, I can come and talk to the doctor. We communicate in Polish, but it is conversational, and I understand that it is not for work.
>
> (PL_03_D)

Physical inaccessibility: Buildings and transportation

One of the barriers that appears in the interviews refers to the accessibility of buildings and transportation. It is often the case that both need upgrades and adaptations that would suit the specific needs of people with disabilities. When the proper infrastructure is lacking, other people usually offer their help (e.g., helping those in need with getting on a bus or entering and exiting buildings). While this is a sign of empathy and social cohesion, relying on it reduces the autonomy of people with disabilities and, in the long run, is detrimental to social integration.

> It's good here. The entrance is a bit inaccessible. According to the building standards, it is impossible to make a lift; even a ramp is not allowed. Architecturally, it's impossible. But the staff helps me to get in and out safely. It's not a problem. They always try to help; they meet you halfway. In all the hostels I've stayed in, there have always been people there to help, employees. We always have a social worker who will help with some issues. There are always employees who can help you with anything.
>
> (PL_11_C)

Transportation is a key aspect in the lives of refugees with disabilities, who often need specialised services and, thus, need to make regular trips to and from service providers. The interviews conducted in Warsaw show people's satisfaction with the public transportation network, especially when compared to the situation in Ukraine. Fewer traffic jams and schedules that are adhered to make public transportation a convenient mobility alternative:

> We can travel without any problems. But initially had problems with how to get somewhere. We learned to use a cell phone that shows the way. The transportation is very good; the trams run like clockwork. There are a few traffic jams. Unlike Kyiv, where there are traffic jams, and Kharkiv. And here everything is organised very well.
>
> (PL_06_D)

However, sometimes there are sources of discomfort, such as hard seats, which make travelling challenging for people with disabilities:

> Sitting in public transportation hurts my back. And you still have no time to rest, and you sit at home and still need to say

> something and a couple of warm words, and answer something practically. There is no time.
>
> [...] Well, what can I say, if the seats are soft, it's less uncomfortable. What I really like is that people here offer me their seats. Rarely do they not. Probably it's the Ukrainians who are sitting, and the others jump up to let me sit.
>
> (PL_02_C&D)

In Romania, perceptions are more nuanced and focus on issues such as the physical accessibility of public transportation. Interviewees mentioned the absence of escalators, elevators or ramps makes it difficult to get on and off buses or trams. This aspect contributes to reshaping routes and transportation modes to avoid problematic situations in which access is hindered:

> There are stations without escalators or elevators, and when the child falls asleep in the stroller, I carry it. Do you understand how difficult it is?
>
> (RO_14_C)

Further, the lack of accessibility (or the fact that stations and vehicles are not universally accessible) results in a preference for other transportation modes. In these cases, people with disabilities would not be able to use public transportation either because of difficult access or because it is crowded. Even though benefits exist that allow people with disabilities to use public transportation for free, they become unusable:

> I: Besides payments, what other state assistance is available to my son? Maybe transportation?

> R: Maybe transportation. But it's useless. That's why I didn't apply, because he doesn't go anywhere except by taxi. And there are obviously no benefits for taxis.
>
> (RO_01_C)

Education (for children and for adults)

In the case of children, enrolment in schools was sometimes seen by parents as an indicator of their intentions to remain in the host society (Poland and Romania) and thus was postponed or refused. For children with disabilities, this reluctance was doubled by the fear that the child would not integrate in the classroom and that they would be a victim of bullying and discrimination:

> "We wanted to come back [to Ukraine], because the child did not speak well, and the younger one was small. We arrived, and the younger one was three years old, so I did not consider a Polish school. I was very afraid of bullying. I was very afraid of any reaction to my child.
>
> (PL_10_C)

For children who need constant care, access to kindergarten was, in fact, restricted, because parents or guardians are not allowed to stay with them:

> "No, she wasn't, although she was assigned to kindergarten, but since she can't go anywhere without me, she can't go anywhere, and the kindergarten doesn't allow parents to go inside the kindergarten, we couldn't go anywhere with her and we're studying at home.
>
> (RO_08_C)

Another important issue is the availability of educational infrastructure: there is a shortage of public kindergartens, making it difficult for refugees to enrol their children. Sometimes, the available places are on the outskirts of the city or in hard-to-reach areas. Therefore, getting to the kindergarten in time means getting up very early in the morning, which might be difficult for both carers with disabilities and their children (with or without disabilities):

> We still couldn't get into kindergarten. Because there was one Ukrainian kindergarten then on Pipera. He was there from 8 am to 2 or until 1 o'clock in the afternoon. But we had to leave the house at 6 o'clock in the morning. And with all that, there wasn't even a room for him.
>
> (RO_06_D)

For adults, while education has different meanings and stakes, the problems associated with accessing it are like those faced by children. The most important issue is the scarcity, or even absence, of courses for adults (language courses, as exemplified by the first excerpt below or special courses for visually impaired people, as shown in the second excerpt). While the first makes it harder for refugees to integrate into the host society and to interact with locals, the second contributes to the further marginalisation of people who are already in a position of vulnerability:

> It was important for me to socialise in Polish society when I arrived. Integration into Polish society. For this, I think the most important thing is the language at first. But here, there are no language courses available to everyone, for example, the simplest ones. The kind of thing that every immigrant who moves here must learn. Because it seems obvious that if immigrants come here, they should be given some kind of access to language learning to make it easier. Well, unfortunately, there is no such

> thing here. That was the hardest part. For two years, I was looking for courses, trying to get into them to learn how to communicate with people normally, to learn it for myself.
>
> (PL_13_C)

> I would like to go there, for example, for the blind, to learn something there. It would be nice to study massage therapy. But there is no such thing; there are no schools here, no special schools for the blind. So, they have regular schools, where they study, where they get some kind of education.
>
> (PL_01_D)

Even when courses for adults are available, attending them requires a specific frame of mind, and this can be difficult for refugees. The constant connection to Ukraine and the family left behind to fight the war can trigger disruptions that are hard to manage:

> I went to the courses. I didn't finish them because my husband disappeared, and I went to Ukraine to handle the paperwork. I wasn't in the right frame of mind at the time. I wasn't in a state to continue studying. I stopped going to the apartments, too.
>
> (PL_17_C)

Healthcare

Even though Ukrainian refugees have access to public healthcare services on the same terms as natives, interviewees in both countries stressed differences between the public and private medical systems. Numerous accounts pointed to significant waiting times and delays in the public sector:

> They tell me that the waiting list is a year and a half. What do you mean? Are you kidding me? I need this certificate within a week at the most. What do you mean I have to wait a year and a half for a waiting list? That's ridiculous. I called a private clinic, paid, and was admitted the next day. I don't understand this system. I have it completely either negative, or, well, just in general.... If I need to see a doctor, I go to a point for money.
>
> (PL_12_D)

In this context, to avoid waiting, those who can afford it turn to private clinics, where they have immediate access to the medical attention they need. At the same time, those who are either unfamiliar with how the system works (as suggested by the first quote below) or do not have substantial budgets at their disposal (as in the second quote) avoid seeking help and manage their health issues on their own. Both the financial cost of timely medical care and the necessary knowledge of how the system works (in terms of procedures and formal and informal access requirements) act as exclusion mechanisms:

> The only disadvantage of Poland. It is almost impossible to make an appointment with a doctor. The first year, I didn't go at all. When the ambulance took me away, I asked to leave the hospital, because I couldn't leave my granddaughter; she can't breathe without her grandmother. So, there you go. And in general, I didn't get much treatment.
>
> (PL_02_C&D)

> And going to private doctors was expensive. Since the jobs offered here aren't great, one consultation with a private doctor costs 300 to 350 zloty. Even my sister said – they examined well, but still.
>
> (PL_20_C)

In time, through repeated iterations, turning to the private system becomes the solution at hand, easier to reach. In the long term, this situation might lead to further stratification of refugees with disabilities based on access to economic resources rather than the existing health issue that needs to be addressed:

> They tell me that the waiting list is a year and a half. I: what do you mean? Are you kidding me? I need this certificate within a week at the most. What do you mean I have to wait a year and a half for a waiting list? That's ridiculous. I called a private clinic, I paid money, and I was admitted the next day. I don't understand this system. I have it absolutely completely either negative, or, well, just in general.... If I need to see a doctor, I go to a point, for money.
>
> (PL_12_D)

Compared to the situation in Ukraine, the medical systems in Poland and Romania are perceived as structured differently, with distinct sets of relevant categories and procedures. Overall, while in Ukraine the interactions between physicians and their patients seem to be less standardised, refugees' perceptions of the host countries are dominated by the importance of European standards for specific cases and medical problems:

> Is the quality of services different?
>
> R: Yes, it is different, but again I say that it is not the doctors' fault, and the fault lies with these European frameworks for some medical problems, you understand. They can do something, they can't do something, that is, no matter how much they want to. That is, they are put into a framework, you understand. Therefore, there are no complaints about them.
>
> (RO_04_D)

Instances of discrimination have also been reported, although they were not common in the interviews. When they happen, such episodes are part of navigating the (public) system and add to the difficulties of obtaining the required medical care. This calls for resilience when it would not normally be needed, and is partially compensated by the positive behaviour of other healthcare workers:

> And the family doctor gave a referral to a neurosurgeon. So, we found it, made an appointment, everything as it should be, together with the translator, we came to this neurosurgeon. The first thing he said was: "Why didn't you go to Ukraine and ask?" I answered that they were bombing there, so there was no time for that. Well, that's the first phrase. Then, very silently, he took the disk with the examination, looked at it, said, "I can't do anything, go away." That's the attitude.
>
> (RO_01_C)

Disability recognition

Disability status being formally recognised is often considered to be the gateway to additional protection from the state and access to specialised services. However, the disability recognition process is not easy and involves various actors who must work together (such as the general practitioner, the specialist doctor, and the commission that evaluates the requests). This plurality of stakeholders makes it even harder for refugees to fully understand the logic of the procedures and to follow every step to maximise their chances of success:

> [I] would like to confirm my disability here. So that at least... Maybe not even confirm, because it's hypertension and sugar. Maybe on this basis, you can already get some protection... Or some confirmation that the person is not very healthy. But I haven't gotten to that point yet. I can't bring myself to go with this question.

> Because my registration address is holding me back. The family doctor offers nothing. You must ask him constantly. Give me a referral to that doctor. Give me a referral to that doctor. It's a bit complicated.
>
> (RO_16_D)

The differences between medical systems and/or social protection systems, especially in terms of rules for recognising disabilities, are problematic points in the lives of refugees with disabilities. As refugees generally do not have extended knowledge and understanding regarding how the different systems work, every aspect that fundamentally differs between Ukraine and the host society requires adjustments to the new realities, and requires additional investment of (emotional) work and energy:

> This is exactly what they say that they don't have this disease on their lists. They have this registry of diseases. European, pan-European. According to which they grant disability.
>
> (RO_04_D)

Apart from these cultural and social barriers, the requirement to periodically renew a disability certificate can be difficult. It involves going through the evaluation process all over again, and it might cause frustration, especially for refugees whose health status cannot improve. However, in most cases these legal obligations are managed and the beneficiaries of the disability status try to make sense of the norms and requirements as best they can. The quote below shows such a process, as the interviewee explained the situation starting with its seemingly peculiar character (having to renew the certificate, even with a permanent disability), and arriving at the conclusion that it, nevertheless, made sense, given the fact that the beneficiaries might leave the host country at any time. At the same time, the quote exemplifies the intersection between disability-related vulnerability (specific requirements for official

recognition) and the refuge-related one (altered temporality – additional rules to be followed):

> Every 6 months you need to re-do the documents. And again, because she is not a Romanian citizen. Every 6 months she must be taken to the doctors again. Although the documents say that she has a permanent disability. But I think, on the other hand, it is logical, because they cannot know whether we took her back to Ukraine or whether she continues to live here, since she does not have citizenship. It's a bit hard, but God bless you. Let's do it too, because there's no other way out.
>
> (RO_15_C)

Long waiting times and legal aspects related to the place of residence (formal address) and the place for applying for a disability certificate add to the obstacles faced by refugees with disabilities. At the same time, living in the host society is usually seen as temporary, and some preferred to avoid the process altogether:

> When we started trying to apply for disability here, we ran into these long waiting times, so we didn't follow through. Then we moved to another city. And as my sister advised, what's the point of doing the disability paperwork here? Especially since we still have everything from Ukraine. For now, everything we have is Ukrainian.
>
> [...] But I did want to try. I even started the process. I submitted the documents, then retrieved them. It was while I was trying to get disability confirmed—they call it a "commission" here. You have to provide a full set of documents. Ours were only partial, then we moved. And travelling from Warsaw to deliver those documents just didn't make sense.
>
> (PL_20_C)

Policies and legal frameworks

Ever since the beginning of the war, the legal framework for the reception of the displaced population from Ukraine has been constantly changing. This is at least partially explained by the dynamic of numbers, the needs and mobility trajectory of refugees, as well as by the geopolitical situation at the European level, triggered by the war. However, these changes in legislation and methodologies of implementation have had negative consequences in terms of predictability in the lives of refugees:

> So, the story is that the Romanians adopt all these resolutions, well, very stupidly. They, as you adopted them, first, do not inform the ministries. That is the ministries, all these social protections and everything else, they are not aware of. Because these are not laws, but resolutions. And each sector interprets these resolutions as it wants. Each sector accepts a different package of documents, even on this disability.
>
> (RO_08_C)

In order to navigate this unstable environment, external help is needed at times, especially for more complicated situations. Turning to professionals with knowledge of the legal system (lawyers, notaries) proved to be a solution:

> And now this lawyer, Galina, was found, a notary to be more precise, who helped me, who found the document on the Internet, found the law that Ukraine and Romania had concluded an agreement between themselves that all these documents are valid. But many lawyers and attorneys don't know this; they just don't want to understand it. And they say that it is not true. In fact, if you dig into all these points and rights between Romania and Ukraine, she said this either since 2002 or since 2005, I don't remember exactly. But there is a law that confirms the document's validity... My

> documents were all correct, translated into Romanian, and I had the right to receive money for them.
>
> (RO_20_C)

Nevertheless, this solution is not available freely to everyone in need. As one respondent from Bucharest explained, the costs of legal services are significant and, in addition, there are some cases that are challenging even for specialists (cases closely related to the war and the legal consequences of displacement and of families being scattered across borders). Establishing the legal guardianship of children appeared to be one such complicated issue:

> There are such difficulties. Legally too. I am now raising the issue of the child's guardianship. If I have no contact with the father, and everywhere they need documents from the second guardian. I started looking for lawyers. All paid lawyers. The prices are very high. Specifically, those involved in guardianship. Even paid ones may not deal with such issues.
>
> (RO_22_C)

Still on the topic of guardianship, the excerpt below provides a testimonial of how systemic differences between the origin and host countries are felt. A grandmother who is a carer had to face refusals and limitations regarding her formally recognised/accepted attributions:

> The only thing I don't like about all the systems is that grandmothers have no rights to their children. I have no right to go to the doctor with my child. I have no right to say or do anything at school. I have no rights anywhere because I am not a guardian.
>
> (PL_02_C&D)

Interviewees talked about the provision of services being linked to the beneficiary's address. While this makes sense as a mechanism for structuring service provision and making sure that all those in need have the necessary service hubs within reach (close to their address of residence), for refugees this creates a series of complications. As shown in the quote below, because everything is organised this way (residence based), changing address (to a different district/sector) might mean having to change providers, which is especially difficult and uncomfortable for children. As such, the choice of accommodation is, in fact, limited:

> Everything is tied to this district — the children's schools, the kindergarten. It's been three years. Moving would be hard — I work, my eldest daughter takes the youngest to kindergarten, and the kids go to school on their own. I know where another hostel is, but it would be uncomfortable.
>
> (PL_17_C)

At the same time, as the respondent below illustrates, even using the address of residence can be problematic. In the case of a renter, the landlord has to be involved in the process to a certain extent, which might not always be possible. In these situations, refugees actually come to depend on the goodwill of third parties:

> Right now, I don't know what kind of legal assistance I need to get an address and protection, but without the owner or his document. How do I get protection with an address without the owner? Is it to change housing, or what should I do? How do I do this? It unfortunately depends on the owner.
>
> (RO_16_D)

In some contexts, access to specialised support is lacking. In these cases, tailored measures rather than general frameworks are necessary (as

suggested by the second quote). As for the provision of services, where the public system falls short, it is usually complemented by the private system. But, just as in the case of healthcare, here too the financial costs of using private providers are significant:

> I would really like to send her to kindergarten. If it were special or with some kind of focus. For such children, this is the first thing needed. I would like to get something more for the child. Because here, basically, there are very few organisations that deal specifically with autism. Basically, very few and minimal. I try to find out as much as possible about everything, but it is very difficult to pay for. If something, for example, then go privately.
>
> (RO_22_C)

> I was even registered at the employment centre. In the morning, I came to them, and they didn't even offer me anything. You came, they checked a box, and that was it.
>
> (PL_04_D)

Economic limitations

Economic barriers are one of the most stringent, because they are felt in multiple instances of everyday life: when accessing healthcare services, when choosing accommodation and so on. Economic issues are also part of cumulative obstacles, along with aspects related to interacting with the host society:

> The first is money, of course, when there is no money, where will you go. And the second is problems with communication.
>
> (RO_01_C)

Insufficient funds contribute to creating various barriers, sometimes unexpected. For example, shopping online can be an alternative to doing groceries the classic, physical way. Even though this alternative is especially important for people with limited mobility, it is made inaccessible by the amount of money involved:

> you cannot really go online to buy a bottle of water and a loaf of bread, and if you do, you end up paying much more for delivery: going to the store is a problem for me. Do you understand? I could order, for example, from the store for Internet delivery. But I can't. I don't have money. It's just elementary.
>
> (RO_04_D)

The problematic access to employment, partially motivated by underdeveloped language skills

> Yes. It's annoying that you can't speak. It's very annoying. It's also difficult to find work because of the language. You don't stay in one job for long. It's not very comfortable.
>
> (PL_18_D)

and the scarcity of jobs available to both refugees and people with disabilities, deepens the financial needs faced by refugees with disabilities. The absence of employment is not always supplemented by sound knowledge of the support available for refugees with disabilities. Additionally, the available help and cash assistance have diminished over time, after a period of abundance in 2022, especially in the first months after the invasion:

> While temporarily unemployed, these are the basic financial needs. And so... What kind of help is there? I don't even know what kind of

> help there is. Maybe there is some, I can't say. Basic financial help is needed for now, while I am unemployed.
>
> (RO_18_D)

As explained in the subsection dedicated to healthcare, the private medical system is often preferred to the public one, where there can be significant waiting times and where good experiences mix with bad ones in terms of perceived discrimination and the treatment received from the healthcare professionals. Financial constraints, however, make it difficult to access the private system, especially for complicated (and, thus, costly) interventions:

> "And we don't have enough money. Now the doctor has prescribed us to perform the operation, and prescribed it at his private clinic. And it's expensive for us there.
>
> (RO_02_D and RO_03_C)

Another domain in which economic restrictions are usually visible is housing. Not being in their own home puts a strain on intimacy and, overall, negatively impacts the well-being of refugees. Additionally, paying rent is something new for most refugees who, in Ukraine, had their own homes. This new expense consumes a significant share of the monthly budget and makes it difficult for some refugees with disabilities to get by:

> "The only bad thing is that it's a rental. If I lived in Ukraine, if there was no war, then in my own house, and they wouldn't pay. And that's good, but that's not so good. If there were free housing here, it would be very convenient to live. But I don't know where you can find free housing. It's very difficult with this rent.
>
> (RO_14_C)

Concomitantly, some face restrictions imposed by owners who may have clear preferences regarding their tenants. If accounts of discrimination on the housing market were not common in the interviews, there were new sources of discontent – the excerpt below shows the difficulties faced by a family with children when trying to find accommodation to rent:

> We were planning to move into an apartment, so to make it easier, I bought some things— mostly appliances. I saved money and bought things in preparation. I looked for an apartment for a year and a half. But I gave up — people don't want to rent to families with children. Only if the rent is very high. I'm alone with six children, plus paying for the hostel — it's impossible.
>
> (PL_17_C)

Chapter conclusions

The findings show that the barriers encountered by refugees with disabilities are interconnected. While the intersectional character makes it difficult to disentangle the consequences, a taxonomy of barriers could be defined by several criteria.

Based on the source, the following categories emerge:

Barriers based on disabilities (usually encountered by people with disabilities) – such as physical accessibility barriers;

Barriers based on refuge (usually encountered by refugees) – language barriers, for example.

Based on the activation mechanism:

Structural barriers, those that are generated at a structural level and are manifest throughout the system, such as those related to policies and legal framework;

Individual barriers – related to individual characteristics, such as having a certain disability;

Situational barriers – related to the particular situations in which people find themselves, such as refuge (being displaced).

Based on the scope of the manifestation:

Diffuse/continuous barriers – such as the ones related to the general health status of refugees with disabilities or economic barriers;

Discrete barriers – such as the ones that manifest in certain occasions, but do not last throughout, such as access to healthcare or education.

Housing Conditions

Accommodation was one of the most pressing issues concerning refugees with disabilities. Short-term accommodation centres were not adapted to the needs of people with disabilities and chronic illnesses. Finding private housing in cities also posed difficulties. Apartments in central locations, with easy access to medical services, were most often beyond the financial means of refugees with disabilities. Cheaper housing was usually located on the outskirts or in older buildings without elevators.

In Poland, an important facilitation was the introduction of a financial benefit for providing accommodation and meals to Ukrainian citizens. The benefit amounted to 40 PLN per day and was granted to individuals or entities providing lodging and food to Ukrainian citizens who arrived in Poland after 24 February 2022. To receive the benefit, an application had to be submitted to the municipal office. The funds were paid after the period of actual assistance. As a rule, the benefit for each refugee was granted for up to 120 days after crossing the border. The programme ended on 5 March 2026.

The “50/20” programme in Romania was a support scheme introduced for individuals and organisations that provided accommodation and meals to refugees from Ukraine following the outbreak of the war in 2022. Under this programme, hosts received 50 Romanian lei per day

for accommodation and 20 lei per day for meals for each refugee they supported. It was established by the Romanian government under Government Emergency Ordinance No. 15/2022 and initially covered a broad group of Ukrainian refugees, including those without formally granted protection status. Over time, the system was gradually reduced, and from 2023 Romania began moving away from the “50/20” model towards more individualised assistance focused on integration, employment, and self-sufficiency for refugees. The original version of the programme was phased out around mid-2023.

At the very beginning, refugees were placed in short-term accommodation centres that were often not properly prepared for long-term use. This was especially true in cases where these facilities were originally designed for purposes entirely different from their current use, such as sports halls, gymnasiums, or large event venues. As a result, living conditions in such places were frequently inadequate, lacking privacy, basic comfort, and proper infrastructure for daily life. The rapid and large-scale conversion of these spaces into temporary shelters meant that they were used far beyond their intended function, which made everyday living particularly difficult for many refugees:

> We lived in this gym at first. I didn’t even know that there was any housing at all.
>
> (RO_14_C)

> He took us with all our suitcases to a private language school. And there they were already waiting; they had these mattresses on the floor. And they met us there and said you could stay for a maximum of three nights, and we spent those three nights there.
>
> (PL_04_D)

In the initial phase of their stay in host countries, refugees often lived with private individuals, sharing their homes. This form of accommodation varied greatly in terms of experience, ranging from very positive and supportive situations, where refugees were warmly welcomed and integrated into daily family life, to very difficult and negative ones, where issues such as lack of privacy, cultural misunderstandings, or interpersonal tensions created significant challenges for both guests and hosts:

> The French landlady and her daughter are still friends, very good people, extremely decent. When we were leaving, they gave us a bed, linens, and a whole bag of food. She slowly put it back in my bag.
>
> (PL_02_D&C)

> I live in a large private house. One floor is occupied by the family of the owners, and two floors are rented out. And we lived like in a prison, on the minus one floor. There was not enough light, no balcony, it was damp and cold. All this and all this noise upstairs – it gives me a headache. And so we fight with them over time. In general, I don't know if they have some kind of practice like we do, that there should be silence at twelve o'clock in the evening, parties at two o'clock in the morning, that is, no peace at all. And you pay for it.
>
> (PL_04_D)

In Warsaw, long-term accommodation centres were often organised in office spaces that are not adapted for everyday living. These buildings were originally designed for administrative or commercial purposes rather than for housing, so they often lacked the basic facilities needed for daily life. Residents usually did not have access to kitchens and were not allowed to cook in their rooms. The meals they received were often insufficient, and they could not afford to eat out regularly.

For this reason, hostels can be a much better form of long-term accommodation. In hostels, residents typically had access not only to

bedrooms but also to bathrooms and, very importantly, shared kitchens. This allowed them to prepare their own meals, significantly improving both their independence and overall quality of life:

> This is a hostel, this is a hostel here. Well, we have everything, a room, we have a shower, a toilet, and this what's-his-name. Well, the kitchen. [...] They gave us two big rooms!
>
> (PL_01_D)

However, conditions in hostels also varied significantly, ranging from very good, as described above, to very poor:

> In that hostel there were no windows. Do you understand? There were only three rooms that had windows. We had small holes made because there was nothing to breathe in the intense heat.
>
> (PL_15_D)

Conditions in long-term accommodation centres vary considerably, as reflected in the respondents' experiences. Some emphasised that some centres have been renovated and are now better adapted to the needs of the people staying there, with modern facilities and newly furnished interiors. In such places, everything is clean, well-maintained, and relatively new, which significantly improves the overall living conditions. Additionally, organisers or staff members are responsible for maintaining order, ensuring rules are followed, and keeping the environment organised and safe for residents:

> Lunch is very good, very good food. The hostel brings us food when we arrive. Everything is well packed, everything is checked. There have been no incidents. We've been living here for a year

> now, because we lived in other hostels. There has never been anything like this. Cleanliness, order, basic hygiene products are not provided in the same quantity as they were in the early days, but still, the attitude, for example, to the disabled, pensioners, is, one might say, at the highest level. [...] It was all done, everything was completely new. When we came to the room, we were given new beds by us. We don't carry around, you know, all the old stuff. No, no, they will give you everything, they will give you everything clean, so that there are no bedbugs, no cockroaches, no lice, so that everything is clean.
>
> (PL09 D&C)

However, in most cases, respondents emphasised that the conditions in long-term accommodation centres were better at the beginning, but, over time, they began to deteriorate. The respondents were also transferred to places with significantly worse conditions:

> Well, and then we were moved to the third hotel with bedbugs.
>
> (PL_02_D&C)

Although long-term accommodation centres were equipped with basic household appliances, when something broke, there was often no clear system or designated person to arrange and pay for repairs. As a result, broken equipment often remained unfixed for extended periods, further reducing residents' living conditions. This lack of maintenance coordination created additional uncertainty and inconvenience in everyday life, as essential items such as kitchen appliances, heating systems, and washing machines would break down and not be repaired quickly:

> Now, let's say, we haven't had a washing machine for more than six months, we wash by hand. Because it's broken, no one will fix it. Then our cooler broke too, and we also had to figure out how to deal with this water, you know.

(RO_04_D)

In general, the respondents lived in several long-term accommodation centres, and some of them moved as many as three or even four times. This frequent relocation was often linked to changes in available housing options, administrative decisions, or shifting conditions within the centres themselves. As a result, many individuals experienced instability in their living situations, making it more difficult for them to establish routines, build a sense of security, or fully settle into their environment. At the same time, for some respondents, moving out of collective accommodation was simply not possible due to financial constraints. They were unable to afford either independent housing or shared rental accommodation, leaving them dependent on collective housing for a prolonged period, regardless of their preferences or needs:

> I can't even pay part of the money for the apartment.
>
> (RO_04_D)

Respondents emphasised that renting an apartment is very expensive. In Romania, for 250–300 euros, it was possible to rent a flat in poor condition. Renting accommodation requires very good financial management, as well as careful water and electricity conservation. This also applied to situations in which family members lived together with the respondent:

> Every day we think about how to pay the landlady. And we save electricity and water.
>
> (RO_16_D)

There was also a respondent who was unable to rent an apartment because they had fled Ukraine without any personal documents. As a result, they faced serious administrative and legal barriers and had not yet been able to obtain new identity documents in Romania. This lack of documentation significantly limited their access to the private rental market, as landlords typically require formal identification and proof of legal status, making it impossible for them to secure stable housing:

> I couldn't even show my documents to the landlord.
>
> (RO_14_C)

Rented apartments are often very small, yet occupied by several people at the same time, including parents, children, and sometimes grandparents. As a result, multiple generations are forced to share limited living space, creating significant challenges for privacy, comfort, and everyday functioning. Such crowded conditions often make it difficult to maintain personal space and can increase stress in daily life:

> Five of us left. I left with my two sons, my husband and my mother. That's how we live. The five of us live there. We have a kitchen-living room and two very small bedrooms.
>
> (PL_10_C)

Respondents also try to apply for public housing, but it is very difficult to obtain. Another problem is that public flats are often in old buildings, which are not adapted to the needs of persons with disabilities. Respondents also reported that these apartments often require renovation.

> I also applied for public housing, [...] Where we live, letters don't arrive. I'm starting to harass them. And my neighbours told me, "So you're on the list for an apartment, I see you are there, you

> already have a place." I say, "Yeah, I didn't even know." So, they showed me the place, I don't know, 2x2, I guess, well, there's a little kitchen. It stinks so bad there, it's so awful. But they're supposed to renovate it
>
> (Group_interview_2_PL)

Chapter conclusions

The analysed accounts show that housing was one of the key challenges faced by refugees in the host countries. In the initial phase, many people were placed in short-term collective accommodation, often in facilities not adapted to everyday living, or lived with private hosts, which led to highly varied experiences. Over time, long-term accommodation also proved unstable, with respondents frequently changing centres and, in some cases, being moved to worse conditions. Although some facilities were renovated and relatively well organised, maintenance problems and a lack of clear responsibility for repairs often reduced living standards.

Access to private housing was strongly limited by financial and administrative barriers. Renting apartments was described as very expensive, with low-quality housing still unaffordable for many. As a result, some households remained in overcrowded flats shared by several generations, while others were unable to leave collective accommodation at all. Additional difficulties, such as a lack of documentation, further excluded some individuals from the rental market. Overall, the findings highlight persistent insecurity, limited affordability, and structural obstacles to securing adequate, stable housing.

Language and Access to Information

Arriving in a new country involves the need to rebuild life from scratch and is a process that requires significant psychological and organisational resilience. This challenge becomes even more difficult when migration results from a sudden evacuation caused by the outbreak of an armed conflict. In such circumstances, refugees often do not have the opportunity to prepare in advance, familiarise themselves with conditions in the destination country, or make informed plans regarding their future.

The lack of time to “survey the terrain” places displaced individuals in a situation of considerable uncertainty and disorientation. As a result, issues related to knowledge of the host country’s language, the ability to communicate effectively, and access to reliable and understandable information become crucial. These factors largely determine the ability to adapt quickly, access public services, and navigate the new social and administrative environment.

This chapter focuses on broadly understood communication aspects in the adaptation process of refugees as well as on the various methods

of obtaining information in the host country, including both formal and informal channels.

Lack of language proficiency

From the collected statements, one clear conclusion emerges: a lack of knowledge of the host country's language is a major barrier to everyday functioning. Migrants emphasised that limited language proficiency often prevents them from handling basic matters such as administrative procedures, renting accommodation, and, most of all, medical appointments:

> It's really a language barrier: to make an appointment with a doctor, you have to call the reception desk and explain everything in Romanian. To come to the doctor, the doctor doesn't accept even with a phone; it's not clear, only with an interpreter.
>
> (RO_01_C)

When visiting a doctor, refugees often need to rely on an interpreter, over whom they usually have no control in terms of assignment. It frequently happens that each appointment involves a different interpreter. As a result, they are required to retell their entire medical history from the beginning every time they meet a new person.

A much more effective solution would be to assign a specific interpreter to an individual patient. This would prevent refugees from repeatedly sharing sensitive health information with strangers, which often causes discomfort. A dedicated interpreter would already be familiar with the patient's medical history and treatment process and would naturally understand the context of previous visits.

Such an approach could have a positive impact on refugees' mental well-being by strengthening their sense of stability, while also improving the overall quality of medical consultations and communication during

appointments. A key factor in this context is not only the availability of interpretation services but also the interpreter's familiarity with medical terminology and healthcare settings.

Participants frequently emphasised the importance of having a consistent and reliable interpreter – someone they could build a relationship with over time and who already understood their situation:

> Of course, it would be very desirable for the translator to be somehow attached. A person you can turn to, and you already know what to say.
>
> (RO_01_C)

Positive experiences were also linked to interpreters with relevant professional preparation:

> There was a telephone interpreter. A very good interpreter. My daughter took notes. Good, competent. Probably a medical background. The girl translated very well.
>
> (RO_02_D & 03_C)

In contrast, limited knowledge of medical terminology was seen as a significant problem:

> If the translator speaks only pure Romanian, he doesn't know many [medical] terms and of course, the results are made very bad.
>
> (RO_06_D)

These issues become particularly evident in emergencies, such as surgery, or complex treatment, where accurate communication is crucial. In such cases, the lack of immediate access to a suitably qualified interpreter can lead to delays, stress, and uncertainty. Participants also noted that access to professional interpretation is often limited and requires advance booking, which further reduces flexibility in urgent situations.

This is illustrated by one account describing serious difficulties during a surgical procedure, where treatment was initially delayed due to the absence of an interpreter with appropriate medical competence:

> And where we had the surgery, we encountered big difficulties... They didn't want to do the surgery because there was no interpreter... The interpreter should have had a medical education. They found one for us.
>
> (RO_02_D & RO_03_C)

It appears that the linguistic situation of migrants in Poland is somewhat easier than in Romania, mainly due to the linguistic proximity between Polish and Ukrainian. At the level of basic communication, mutual understanding is often possible, especially in cases where Polish speakers have previously been exposed to Russian, which further facilitates communication.

At the same time, many Ukrainians, even if they do not actively speak Polish, are able to understand it at a basic level. Over time, as their stay in Poland becomes longer and they are increasingly exposed to the language in everyday situations, their comprehension skills gradually improve. Even if their active command of the language remains limited, passive understanding tends to develop significantly, making everyday functioning easier.

> Polish doctors prescribed everything needed for me. I understand that I'm not good. I speak Polish poorly, but I understand Polish as I study it. There, I understood what they were saying, so I understood almost everything they said, but I spoke badly.
>
> (PL_01_D)

Due to the specific nature of our study, language-related problems primarily concerned situations related to medical appointments and the organisation of healthcare services. However, it should be remembered that these were present in all areas of life.

Access to information

An essential aspect of life in a new country is access to reliable information regarding legal status, housing opportunities, the labour market and access to education. For refugees in general, the ability to understand and navigate these areas is fundamental for successful integration and everyday functioning.

In the case of refugees with disabilities, access to information becomes even more critical. In particular, clear guidance on the available medical services and the administrative procedures required to obtain a disability certificate plays a key role. Without such information, individuals may face significant barriers in accessing healthcare, social support, and other forms of assistance to which they are entitled.

It is a truism to say that communication is a two-way process: a sender transmits a message, while a receiver interprets and processes it. In practice, this involves both the provision of information and it being actively searched for. In the context of the present study, problems related to access to information were observed on both sides of this communication process.

Various stakeholders and institutions provided important information; however, it was not always available through the channels used by

refugees, or it was presented in a way that was unclear and difficult to understand. At the same time, the refugees themselves often did not know where to look for relevant information, had limited access to appropriate sources, or faced language barriers that hindered their ability to independently obtain knowledge.

As a result, one of the key coping strategies was the diversification of information sources and reliance on so-called collective knowledge within the refugee community. In practice, this meant sharing experiences, exchanging information, and depending on individuals who had previously encountered similar challenges and could offer practical guidance.

NGOs as an important institutional source of information

One of the key sources of information for refugees are non-governmental organisations (NGOs), which play an important intermediary role in the early stages of settlement. These organisations often combine online communication – through social media channels and websites – with direct, face-to-face support. For many newcomers, especially in the initial period after arrival, NGOs become a first point of contact with the host country's institutional system and a guide for navigating administrative procedures.

This is illustrated by the experiences of participants who reported receiving concrete, step-by-step guidance during visits to such organisations. In situations of uncertainty, these encounters helped them understand what actions to take and how to proceed with formal requirements:

> And we visited the Ukrainian House once at the beginning, when we did not understand what to do or where to go. There was a passport renewal. They told us everything and we started to do it.
>
> (PL_10_C)

Peer-to-peer information network

A very important and frequently used source of information is other refugees living in the same country. This form of knowledge exchange is particularly significant because it is based on shared experience, linguistic proximity, and trust. Compared to institutional sources, peer-to-peer communication is often perceived as more accessible, immediate, and easier to understand.

Refugees frequently rely on informal conversations in everyday settings such as dormitories or shared housing. Job opportunities, for example, are often transmitted through personal recommendations rather than formal recruitment channels:

> How did you find the job? Oh, it was in the dormitory, I think, a girl offered it to me.
>
> (RO 11 C)

Similarly, long-term and complex procedures – such as applying for disability status – are often navigated through advice from peers who have already gone through the process, rather than through professional consultation:

> I: Who do you consult about receiving disability in the future?
>
> R: From my friends who started doing it here. I haven't contacted a professional person yet. Only my girlfriends, my female friends, who have taken up this issue, who have already achieved it, who are still only at this stage.
>
> (RO_16_D)

Another important form of information exchange takes place within small, closed support networks, particularly among families of children with disabilities. These groups often function as highly trusted environments where sensitive information is shared freely and frequently.

Such communities provide not only practical guidance on healthcare and services, but also emotional support and everyday advice, including leisure activities and childcare-related recommendations. In this sense, they combine informational and social functions:

> So, they have their [mothers] own chat, they exchange information about medicine and excursions. And where to entertain children.
>
> (PL_02_D&C)

The findings also indicate that refugees with disabilities in Poland increasingly engage with Polish-language sources of information, particularly online groups and forums. Over time, they learn to navigate these resources more effectively, often using them to identify specialised services or location-specific support.

Access to such groups enables them to connect with individuals facing similar challenges, including people with comparable medical conditions. In some cases, this leads to practical advice that directly influences important life decisions, such as choosing a place of treatment or support:

> Luckily, there are Polish groups on Facebook, so I searched for people with my diagnosis. And one Polish woman advised me to go to Krakow.
>
> (PL_03_D)

The internet as a central and multi-layered information space

The internet represents one of the most important and comprehensive sources of information, allowing refugees to access both official announcements and community-based knowledge. It is often used in a very systematic way, combining multiple platforms such as social media, messaging apps, and official government websites.

For many participants, online platforms serve as a primary tool for continuous information gathering, enabling them to independently verify procedures, follow updates, and stay informed about administrative requirements:

> First, I read everything on the Telegram channel. I read everything on Facebook. I go to the mayor's office website. I read. That's how it is. I read everything.
>
> (RO 19 D)

Social media and Telegram as a decentralised communication infrastructure

Social media platforms, particularly Telegram, play a crucial role in the everyday communication practices of refugees. These platforms are not only used for interpersonal communication but also function as decentralised information networks where users actively share practical advice, updates, and opportunities.

In many cases, communication takes place in group chats where information is exchanged informally and rapidly. These groups often become a substitute for official information channels:

> In chats, in chats they write, sometimes.
>
> (RO_11_C)

Telegram is also used by various actors beyond the refugees themselves, including intermediaries such as real estate agents, who create dedicated channels to facilitate housing searches and access to services. This illustrates how the platform has evolved into a broader ecosystem of migration-related services:

> There are Telegram channels here that Ukrainian realtors created, and through them, you can choose for yourself.
>
> (RO_12 _D)

Access to tailored information for refugees with disabilities

Information prepared specifically for refugees with disabilities is typically developed depending on the policy area and institutional context. However, the data suggests that such targeted communication remains limited in scope and unevenly distributed. One of the participants (RO_19_D) noted that she had not encountered any events explicitly designed for people with disabilities in relation to employment. Instead, the available initiatives tended to focus more broadly on disability-related benefits and financial support.

This emphasis may reflect a certain institutional and societal perception of disability, in which people with disabilities are primarily associated with welfare systems and benefit entitlement rather than with labour market participation or active employment. In other words, informational activities often appear to be framed around the assumption that disability is linked mainly to dependency and support needs, rather than to diverse life trajectories that also include professional activity and autonomy. Importantly, this framing does not always correspond to the actual experiences, aspirations, or capacities of people with disabilities.

As the participant further explained, even when events or seminars are organised, they are rarely designed specifically with disabled people in mind, particularly in the context of employment. She described encountering general announcements of such initiatives, but not dedicated, accessible formats addressing the needs and realities of disabled refugees:

> I didn't see any seminars specifically for disabled people [about employment]. I saw that there are some like this; they post them at ROMEXPO, but I didn't see any specifically for people with disabilities. There has never been anything for disabled people. So why isn't there anything like that? After all, there are a lot of disabled people here, and they work somehow...
>
> (RO_19_D)

Chapter conclusions

The analysis of the collected material highlights that language, communication, and access to information are fundamental determinants of refugees' everyday functioning in the host country. Difficulties in this area extend beyond formal barriers and affect multiple spheres of life, particularly healthcare, administrative procedures, housing, and access to support systems. Communication challenges are also two-sided: they result both from the limited accessibility and clarity of institutional information and from refugees' difficulties in locating, understanding, and effectively using available resources.

In response, refugees rely on a combination of adaptive strategies. Informal peer networks remain one of the most important and accessible sources of knowledge, often replacing or complementing formal channels. The internet and social media platforms – especially messaging applications such as Telegram – play a central role in the rapid exchange of practical, experience-based information. NGOs also act as

key intermediaries, particularly in the early stages of settlement, helping refugees navigate complex administrative systems. Over time, increasing use of host-country language resources indicates gradual linguistic adaptation and growing independence in information-seeking behaviour.

A further important finding concerns the limited availability of information tailored specifically to refugees with disabilities. The data suggests that such initiatives are relatively rare and tend to focus primarily on disability-related benefits and financial support rather than broader areas such as employment or social participation. This may reflect a narrower institutional framing of disability, in which people with disabilities are implicitly associated with welfare dependency rather than active inclusion in the labour market. As a result, informational activities do not always correspond to the diverse realities, capabilities, and aspirations of people with disabilities.

Overall, communication and access to information emerge as a multi-layered system combining formal institutions, digital platforms, and informal community networks. The effectiveness of this system significantly shapes the quality and speed of refugees' adaptation and social inclusion in the host society.

Employment and Economic Activity

The integration of Ukrainian war refugees into the labour markets of host countries like Poland and Romania presents a complex set of challenges, particularly for those living with disabilities. While many refugees seek financial independence and social integration through work, individuals with disabilities encounter multi-layered barriers that often exclude them from formal employment. These obstacles are not merely individual but structural, stemming from a lack of suitable job vacancies and a mismatch between the refugees' professional backgrounds and the physical demands of available roles.

Furthermore, the intersectionality of disability with factors such as advanced age, language barriers, and caregiving responsibilities creates a "compounded exclusion". For many, the transition from professional careers in Ukraine – such as teaching or psychology – to the low-skilled manual labour typically offered to non-native speakers is physically impossible or economically unviable. This chapter explores the lived experiences of these refugees, examining the systemic failures of employment offices, the limitations of short-term vocational training, and the personal dilemmas regarding long-term settlement versus the hope of returning home.

Ukrainian refugees with disabilities find it difficult to get employment in the host-country labour markets. There are several reasons for this. The first one mentioned by one interviewee is of a structural nature, namely, there are no jobs for Ukrainians with disabilities on the job market. Even

though this person was registered with the employment office for six months, there were no job offers:

> Here, and here, they also say we can't find anything for them. So, I was registered at the employment centre for six months and they didn't find anything for me.
>
> (PL_01_D)

This interviewee then went to one of NGOs hoping that they would help them find employment, but this was not successful either.

The respondents are convinced that they cannot find a job because they are unwanted in the labour market, especially when disability is combined with advanced age:

> But they don't take it, they see that I walk with a cane, and I'm 70 years old, that is, you understand. Who needs such workers?
>
> (RO_04 _D)

Elderly refugees are also not able to take up just any kind of job, due to their health condition and physical capabilities:

> We are only offered cleaning here. And this is already very physically difficult. My legs can hardly walk anymore. I'm already feeling short of breath, and my heart is pounding. And it's already hard to work somewhere. I've worked all my life as a teacher and music teacher in a kindergarten.
>
> (RO_16_D)

Apart from health issues, another obstacle to finding a good job is language; Ukrainians who do not know the language of the host country are mainly offered cleaning jobs:

> I would like to work, but because of the retirement age, no one is interested in disabled people. The work offered here to Ukrainians who do not know the language is some kind of cleaning, paid at 200 lei, that is, very little. There is no point in going to work there.
>
> (RO_13_D)

Some of the refugees with disabilities do not want to work anymore; this is especially typical of those who are pensioners:

> I didn't try anything else; I physically can't. I am no longer an employee in any way. No, that's definitely out of the question.
>
> (RO_06_D)

Young women who are caring for small children (often with disabilities) and are alone in the host country are in a particularly difficult situation when it comes to taking up employment:

> I: Okay. Yes, regarding work, I understand that you don't even consider this issue, because this is the situation with the child.
>
> R: Yes, I was offered (31:30) by many organisations to work here. I am a psychologist by profession, but they offered me 8 hours and asked me to bring a child with me to work. I just don't know how they imagine it. I can't put a child like that in a chair and tell her to sit for 8 hours.
>
> (RO_08_C)

This mother was offered a job, and it was agreed that she could bring her child with her to the workplace, but she could not imagine such a situation in which the child would be with her at work, as she would not be able to care for the child while working at the same time.

A different story was told by a Ukrainian mother in Poland. She was ready to take her child to a workplace with her, but she was given no such opportunity:

> With a disabled child, nobody wants to take me to work. When they hear that I have to take her with me, well, they don't want to at all. But now she only goes to kindergarten twice a week, so I can't work anyway because she is with me all the time.
>
> (PL_10_C)

For caregivers, it is important that a job is flexible or part-time; otherwise, they find it difficult to balance work and caregiving responsibilities:

> I'm currently looking for a job. I used to work 8-hour shifts—a full-time position. But I realised I couldn't keep working like that while taking care of my child and my mom. It was really, really hard. I just couldn't handle it anymore. So now I'm looking for a part-time job—something like three hours a day.
>
> (Group_interview_2_PL)

Mothers are in a better situation when they have a family member with them, such as a grandparent, who can take care of the child. In that case, the woman can take up full-time employment without any limitations on working hours. However, when this support ends, women are forced to give up their jobs:

> The first year even I worked, because we lived with one lady. She helped us, picked up the kids from school, and then she couldn't help anymore and I had to give up my job.
>
> (PL_07_C)

People who want to take up employment try to acquire skills that would allow them to enter the labour market. Many NGOs have offered various courses and training programmes to refugees from Ukraine. However, according to our interviewees, these courses did not actually improve the respondents' position in the labour market. A course alone is not enough to find a job in a new profession:

> We did the same thing in the hostel; they told us at the reception, sent a message to our group on Telegram that there were free places for manicures, hairdressers, and massages, and it was all free. If you want to do something without any problems, you just have to be on time. Yes, so that you have time to go and study. And despite the fact that we didn't have many classes there, you won't be a professional hairdresser. They issued a certificate on a computer, and I went to our hairdressing studio, we had in a very large hostel and I was also working full time in that room. I have certificates of completion. I don't know if it's all that complicated, but it's some kind of optimal basics. How can you get in? What can you do? You will be trained as a hairdresser; you can hold scissors. You will already know the basics, what you can't do, what you can do, what kind of hygiene you should use, how you should do it. Because I cut his hair myself. Well, maybe not the right way, but I manage. I don't have to go to a hairdresser.
>
> (PL_09_D&C)

A similar situation applied to learning Polish. Even if the interviewees attended courses and managed to achieve a given language level, the lack of opportunities to practice the language in everyday life meant

that they did not have sufficient language skills to take up, for example, an office job:

> I would like to return to an office somewhere to do administrative work, but I realize that, unfortunately, my level of Polish is not sufficient. Although I took courses the first year and the second year and reached the B1 level, but since I don't use it on a daily basis, I can come and talk to the doctor. We communicate in Polish, but it is conversational and I understand that it is not for work.
>
> (PL_03_D)

There are Ukrainian refugees with disabilities who do what they can to stay active. Many of them have non-official work which is either permanent or temporary:

> I had to make money somewhere all the time. Obviously illegally. For now, I go to one lady and help her. I like her a lot too.
>
> (PL_07_C)

One of the refuges could not find a job, but to stay active he volunteered:

> I: I wanted to ask you about employment. Have you tried looking here?
>
> R: I help Ukrainians find employment.
>
> I: So it's paid?
>
> R: No. I help everyone find employment for free.
>
> (RO_07_D)

There is also a group of interviewees who do not want to take up work, as it would mean for them that they intended to start building a life in Poland or Romania. Taking up employment was, for them, a sign of putting down roots and a decision to remain in the host country:

> You know, if I wanted to open a place for myself, I would have already opened one. But I realise that if I start something of my own here, I won't be able to return home at any time. I don't even rent out my mother's apartment or my own in Ukraine. People say to me: "You could at least get paid for your utility bills! But I have a feeling that if I rent out my apartment, I won't be able to come back to it at any time. So, my house is waiting for me. I don't know, it's just something I have.
>
> (PL_02_D&C)

> But I don't work here and I don't plan to live [here].
>
> (RO_01_C)

Chapter conclusions

The evidence from Poland and Romania suggests that the current labour market infrastructure is largely ill-equipped to accommodate Ukrainian refugees with disabilities. Structural gaps are evident, as both state employment centres and NGOs frequently fail to secure placements for this demographic, leading to a sense of being "unwanted" or "invisible" in the workforce. This is particularly acute for elderly refugees and those who do not speak the local language, as they are often funnelled towards physically demanding cleaning jobs that their health conditions do not allow them to perform.

Key findings from the interviews highlight:

- Vocational and language training gaps: While training programmes exist, they often provide only “optimal basics” that are insufficient for professional certification or specialised office work.
- Caring constraints: Mothers of children with disabilities face a “double burden”, where the lack of flexible childcare or inclusive workplaces makes full-time employment an impossibility.
- Informal and voluntary work: In response to formal exclusion, some refugees turn to “unofficial” work or unpaid volunteering to maintain a sense of agency and contribution.
- The psychology of return: For a specific group, the refusal to seek work is a symbolic choice; avoiding employment represents a refusal to “put down roots” and a commitment to returning to Ukraine as soon as possible.

Ultimately, without more tailored support, flexible working arrangements, and better recognition of existing professional qualifications, refugees with disabilities remain at high risk of long-term social and economic marginalisation in their host countries.

Stigma, Discrimination, and Redefinition of Identity

For refugees, fleeing to a new country involves not only a change of geographical space, but also a change of social space. Refugees experience a decline in social status (so-called downward social mobility or declassification); often, from being active and independent individuals, they become – or are perceived as – passive, dependent, and in need of support. Upon arriving in a new country, they become strangers and frequently have to confront negative attitudes from the host society. All these processes, along with seeing themselves through the eyes of the host society, compel refugees to redefine who they are.

Stigmatisation and the redefinition of identity

Refugees who, in Ukraine, perceived themselves as self-reliant individuals helping others, in the refugee situation begin to see themselves as dependent and in need of support, which also affects their overall well-being:

> But I am actually not the kind of person who ever asks for anything. On the contrary, I liked to give more. Since childhood, my soul has ached for all the homeless, for all these grandmothers and grandfathers. I tried to help them; I tried to do something. You know, that's the kind of soul I have. I feel sorry for everyone. And here I walk and you know, like a beggar...Give me my diapers, give me that. I felt bad about it, but it was a hopeless situation.
>
> (RO_20_C)

The process of stigmatisation also affects Ukrainian children who begin attending Polish schools. The admission of a Ukrainian child is a process that is left entirely in the hands of school principals. Since there is often a lack of funding for preparatory classes and/or for hiring assistants, a fairly common practice is to place children in lower grades. This leads to double stigmatisation: the child is not only a foreigner (a Ukrainian in a Polish school), but is also one or sometimes even two years older than the other children. If the child additionally has a disability or other health-related problems, another dimension of stigmatisation is added:

> Yeah. I was a little surprised. He's sitting there, getting a little bit dumber. Why go to first grade a second time, learn numbers and letters that he's counting in his mind... three-digit numbers. And he has to sit in school for two years, learning to count to 100, it's a little silly. My son also started crying, hysterical: "Why should I sit in the first grade? I don't want to be stupid. My classmates at the Ukrainian school follow a normal program. Well, and plus this attitude. Children seemed to know that the boy goes, a boy with problems. That's how we were announced.
>
> (PL_12_D)

Despite individual redefinitions of identity, the image of Ukrainians as a group remains fairly consistent. Respondents emphasised that

Ukrainians work hard in host countries and take on various jobs that are often far below their qualifications:

> Ukrainians are hardworking. They are responsible people. They are committed. That is why our workers have probably already established themselves as some of the best in the entire group.
>
> (RO_13_D)

At the same time, the same respondent emphasised that Ukrainians with disabilities and elderly Ukrainians remain invisible and that no one is interested in them.

> And pensioners and disabled people are of practically no interest to anyone.
>
> (RO_13_D)

This most likely stems from the image of Ukrainians as economic migrants. It is as if there is no place in the social imaginary for a migrant-refugee who requires support.

Attitudes towards refugees with disabilities: From invisibility to dignity

The following analysis of attitudes towards refugees is based not on declarations made by members of the host society or on observations of interactions. Rather, it is a story about how, in the opinion of the respondents, refugees with disabilities are perceived. Sometimes these perceptions are stated directly, but more often they are described through references to specific situations. What is important is the fact that what refugees perceive as negative attitudes is often embedded in

systemic solutions and frequently affects Poles in a similar way – something the respondents, for obvious reasons, are unaware of. At times, attributing negative attitudes towards people with disabilities stems from misunderstandings, inadequate expectations, or a lack of understanding of how the system operates:

> R: [...] with tears, screams, "I want disability, I'm sick, very sick, only I have nothing, I haven't applied to anyone for three years."
>
> Well, how is that? So, for three years, you never needed all these things, and now you're, like, putting on a comedy act, playing theatre, like, what do you want, who knows what you want. Prove that you want it. Where are your translations, where is your medicine? There's nothing. Well, what do you want?
>
> These are such bad Romanians; they don't give disability benefits.
>
> I: You hear that often, right?
>
> R: Yes, practically everywhere.
>
> (RO_07_D)

Remaining invisible and unrecognised

The initial period of receiving refugees from Ukraine was based on broad social involvement and grassroots initiatives with a low degree of formalisation. Over time, social engagement weakened, and assistance moved from a "state of emergency" phase and became normalised, primarily in the sense that it was offered mainly by specialised organisations and institutions (provided that refugees met specific conditions). As a result, paradoxically, many people became invisible to the system. NGOs supporting refugees with disabilities, due to increasingly limited financial resources, began to reduce the assistance they provided.

Those who remain invisible to the support system are primarily refugees with disabilities who do not possess disability certificates issued in the host country. The reasons why they do not have such certificates vary, but the outcome is the same: they cannot receive disability-related support offered by state institutions. Refugees would like to retain their disability certificates from Ukraine; however, this is not possible:

> [...] to be disabled in Romania, you have to take your disability documents, go home, refuse disability, close it, close the account in the pension fund, close all the pensions, bring all these documents here, and they will start considering whether or not to make you disabled in Romania. And all this was before August of 23. And then they had a ton of money. They can't do anything with it, because according to the documents, there are a few disabled people like that. There aren't any anywhere, in any country. Not in Holland, not in Germany. This is all a European pattern. And then they decided together that it is possible to obtain disability benefits in Europe without being denied benefits in Ukraine.
>
> (RO_07_D)

Here, invisibility has a double dimension: on the one hand, the system does not see people who are not part of it (those who do not have a disability certificate); on the other hand, refugees' need to retain their Ukrainian disability certification remains unrecognised.

A group that is sometimes invisible and at other times unrecognised consists of children with autism, neurodivergence, and "invisible" disabilities. In such cases, there is a greater likelihood that people around them do not understand certain behaviours of the children and judge them as being rude or attempt to interfere in the relationship between the mother and the child:

> I put my daughter on the bus here in Poland. And there was a lady sitting opposite. How she started and it was impossible to stop

> her. How is it that I sat the child down, and I'm standing alone. I explain to her that the child has a disability. I pulled out my ID card, but her mouth wouldn't close. I had to find a place where I could take out all my anger! So my husband sat opposite her and calmed her down. That was the only time it happened in the transport.
>
> (PL_02_D&C)

Older people also experienced being invisible in the labour market, even though they believed they could still be valuable because of their wisdom and experience:

> This is already difficult given our age. Although we are in our golden age. We are still able to share our wisdom. We can share our knowledge and skills. [...] I went to classes organised by one of the organisations. Meetings with employers. What did they offer? Only cleaning or washing dishes somewhere or working somewhere in the kitchen. It's hard. 'Grandma, where are you going?' 'You have no business here.
>
> (RO_16_D)

Positive experiences

The respondents also spoke about situations in which they received good advice, help, or were treated with dignity:

> The fact that the subway has elevators for the disabled is good. And the attitude of bus drivers to the disabled is good! They get up, open the ramp themselves, help them get in, help them get out. I really liked this attitude. You know, respect. A disabled person feels like the same person. He has to go, he goes!
>
> (PL_15_D)

The respondent also appreciated solutions related to the design of urban spaces and buildings, as well as public transport facilities, which are much more accessible and disability-friendly than the solutions used in Ukraine:

> They accept people, and it's normal for them to see people with disabilities living their happy lives in society among them and not sitting at home so as not to visually annoy someone there, let's say. Just look at this place - everything here is made for people. The elevators. At first, when I arrived, you know what I was surprised at: a low curb, this low curb on the sidewalk. I mean, here [in Ukraine], it's a high curb. And in general, that's it. As a mother of a child with a disability, and let's say I have a mobile child around us, but we've had different children around us, so I pay attention to a lot of things. Everything is done for people here. That is, if a person cannot hear, cannot see, he/she came up, pressed a button. They listened to the information at the bus stop. If they can't see, they also walk freely, and they will always be helped and directed. They have landmarks there on the ground. Well, I was in a pleasant shock.
>
> (PL_10_C)

It is difficult to identify any clear patterns in these positive situations. According to the respondents, the factors that contributed to good treatment and receiving help include knowledge of the Polish or Romanian language, which facilitates communication:

> [...] he is treated very well, and he speaks fluent Polish, so we have no bad experiences.
>
> (PL_04_D)

> But there were very kind people there, and with my mother. They were probably surprised that she spoke Romanian well, my mother, yes.
>
> (RO_15_C)

Attitudes towards Ukrainians: Between compassion and hostility

Similar to attitudes towards refugees with disabilities, attitudes towards refugees themselves can be observed across a wide spectrum, and it is difficult to identify clear patterns.

Among the positive experiences described by respondents was the willingness to help once someone learned that a person was from Ukraine. This was particularly visible during the first weeks after the outbreak of the war. Over time, however, this began to change:

> At first, as soon as we came to Cluj, there was even something like that, that the taxi driver brought us for free, when he realised that we were from Ukraine. [...]. My daughter booked a hotel, and the hostess, when I found out that we are from Ukraine, only wanted to take half the price. And we say: "No, no, we have money." That's how strong the people here are. spiritual. Well, it's changing now, but that's right. These are already our problems. I am deeply grateful to Romania, to the Romanian people.
>
> (RO_05_D)

Also, during longer interactions, such as in shared accommodation, the respondent emphasised the positive attitude of Romanian flatmates and their attempts to communicate in Russian:

> No. No, no one offended me. Even the neighbours in that apartment, when we lived 50/20, felt so sorry for me. My Romanian neighbours brought me chocolates. Well, I didn't know the language at all back then. And it turns out they once learned Russian. And they write to me that they are welcome. In Russian, you understand.
>
> (RO_19_D)

Ukrainians experienced negative attitudes as well. One form of expressing a negative attitude is ignoring refugees' needs, such as the necessity for translation, as well as simply being rude:

> We were served only by Romanians, without translators. They were very rude and impolite.
>
> (RO_06_D)

Sometimes Ukrainians heard imagined accusations of a political nature. But there were some workers there who treated Ukrainians badly. They said:

> You have Zelensky mafia there; you are all bandits. You kill Romanians.
>
> (RO_07_D)

Sometimes, a negative attitude towards Ukrainians also manifested itself in microaggressions and verbal altercations. The respondent, who was under supervision at a playground, experienced a situation where an exchange of views concerning safety ended with Ukrainians being told to go home, but she tried not to be provoked:

> [And the woman replies:] Oh, what are you Ukrainians doing here? Go back to Ukraine, I say. Dear lady, the child is here for 10 to 15 minutes. Do not start. Because I'm going to call the police right now. Explain what I have the right to and what I don't have the right to in Poland.
>
> (PL_02_D&C)

Discrimination was sometimes the result of lacking trust in Ukrainians and an attempt to avoid risk. This was particularly visible on the rental housing market, when locals were unwilling to rent apartments to Ukrainians:

> They don't really trust our Ukrainians. Because they think that someone won't pay. That's why it's very difficult with apartments. They don't want to let all Ukrainians in, basically. They are afraid that people are not financially secure and will not be able to pay.
>
> (RO_13_D)

Discrimination also affected children in schools:

> For example, [name of the boy] still can't make friends. He can't make friends. At first, he said that everyone calls him names. No one wants to be friends with him. What if, on the court, in football, no one wants to play with him? If there are some projects, no one wants to take him into a group.
>
> (RO_09_C and RO_10_D)

Perceptions of attitudes towards refugees are also influenced by relations and assessments within the incoming group itself. One respondent felt discriminated against because, in her view, staff at the reception

centre favoured Ukrainian refugees of Roma origin. The following quote illustrates not only an example of perceived discrimination, but also tensions between Ukrainian and Roma refugees:

> Well, there were both the police and social services. "Look after your children." It seems that if they are Roma, then everything is allowed to them. Well, how is that? They came to their country; they are the same Ukrainians who came from Ukraine. Why is it allowed that they can take other people's things, and beat them? It was very unpleasant. And they gave more preference to the Roma because they complained, went to the city hall, that there was discrimination, that white people were being helped more, and they were being helped less. But they gave them everything, and they helped everyone. And it turns out that when they bring fruit, they only give it to the Gypsy children, and our children just stand there watching. So that they wouldn't leave again, wouldn't complain. Well, you know, there was something going on in this centre that I couldn't stand anymore. They brought children's bicycles, counted them for all the children, but they didn't give my child a small one. Everything is over. And I see those boxes being loaded and taken to another city. They gave it to the Gypsy children, they gave it to someone else, but my child is standing there, tears rolling down his face, but they didn't give it to him.
>
> (RO_14_C)

The second story concerns Ukrainians themselves, who, according to the respondent, behaved inappropriately. At the same time, the respondent expressed gratitude to Poles and the EU for their assistance:

> But the way the Poles treated us, I have to bow to them and the European Union for treating us the way they did to this day. There is so much talk that they hate us. Well, I'll tell you, some Ukrainians behave in such a way that I have a negative attitude towards them. [...] They extort and make scenes at the humanitarian aid

> centre. They have insulted both employees and volunteers. And it's also a shame that they disgrace our Ukrainian nation.
>
> (PL_02_D&C)

Chapter conclusions

The chapter highlights the psychological and social challenges faced by Ukrainian refugees in Poland and Romania, centred on the forced redefinition of identity and the experience of stigmatisation. Individuals who were previously independent often struggled with "downward social mobility", transitioning from self-reliant roles to being perceived as passive or dependent "beggars" within the host society. This stigmatisation is particularly acute for children – who faced "double stigmatisation" when placed in lower school grades due to systemic gaps – and for refugees with disabilities or the elderly, who frequently remained invisible to support systems due to bureaucratic hurdles regarding disability certification. While the chapter notes significant positive experiences, such as improved urban accessibility and early waves of grassroots hospitality, it also documents a shift towards negative attitudes over time, including microaggressions, housing discrimination, and internal tensions within the refugee community itself.

Uncertainty and its Consequences

Uncertainty and its consequences in everyday life

Refugees conduct their lives in contexts dominated by uncertainty. In relation to Ukraine, estimations, expectations and fears about the war itself and its duration are doubled by the other unknown that comes after the war ends and reconstruction begins. In relation to Romania and Poland, uncertainty is fostered by the regulations that often change and the constant worry about how long the protection mechanisms for Ukrainian displaced populations will be in place. The temporal dimension of everyday life is thus impacted, and thinking about the future often becomes a luxury: learning to take things step-by-step, keeping options open and avoiding being trapped by expectations appear to be key elements of adaptation to refuge.

Plans for the future: Staying, moving back, going further

Going to Poland or Romania was not always a conscious decision made by Ukrainians trying to flee the war. Rather, situational and fortuitous factors were at play, and those who ended up in Poland or Romania could have easily ended up elsewhere, in another destination:

> “And when we arrived, there were thousands of people, there was not a single bus, no one knew how to get anywhere. And we were

> so frozen. The child is small. They froze there. And suddenly there was a bus to Bucharest. And we got there. We were so happy that we were going to the capital of Romania and it's warm in the bus.
>
> (RO_06_D)

In some cases, refugees with disabilities, together with their caregivers, explored new destinations, in search of places that would best suit their needs. This circulation, part of a resource consuming process of trial and error, is an indicator of both individual agency, that manifests itself even in contexts in which structural constraints are severe (such as war and refuge), and the fluidity of migration/mobility across borders. The quote below illustrates the case of a family who moved to Switzerland for a while but then returned to Poland due to the lack of employment opportunities in the new destination. This episode contributed to them realising that they had already built something for themselves in Poland, in terms of social environment and overall sense of familiarity:

> "I want to tell you that we have become very accustomed to Warsaw because we tried to gain experience in another country, because it took so long for us. We left Warsaw and went to Switzerland to try to find ourselves there. But, unfortunately, it didn't work out. It didn't work out because it's very difficult to find work. We never counted on benefits to get by. So we came back after six months. You know, as they say, it's like a second home, we've gotten used to it. We've gotten used to this rhythm, we've gotten used to it. We know these places. We already have friends and acquaintances here. Everything has become a little familiar.
>
> (PL_19_C)

Perspectives on future mobility are dominated by uncertainty and are a result of different forces/dynamics at play. One of the most important pull factors, keeping people linked to the idea of returning to Ukraine, is the attachment to both extended family and ancestry and heritage (e.g., the graves of the parents, as mentioned in the quote below). At the

same time, push factors contribute to creating a more nuanced reality: even after the war ends, there will probably be a period of rebuilding, but the general state of health of some refugees with disabilities makes it harder for them to change countries of residence/destinations (e.g., due to treatment constraints, overall needs and access to services), and younger generations are already integrated at the destination:

> I will try to return to the place where my parents' graves are, if possible. Of course, it will have to be restored and a plant will have to be built. But I don't know what will happen next, neither with my health nor with my daughter. And my granddaughter, because she already has a job here. Much depends on the job, and we depend on our condition. But after I've already been on excursions and gotten to know the people, the city is, of course, wonderful. And when I have lived among people, I perceive everything a little differently, closer to myself.
>
> (PL_06_D)

Even though the intentions of someday returning to Ukraine are common and seem to constitute the norm, there is also a tendency to stay, particularly rooted in trying to offer better prospects for the children. What is also important here is the perceived attitude of the destination country and its willingness to continue providing support for Ukrainian refugees:

> Well, we want to stay because our son is studying here. And we would like to go further. Once you've adapted, you know the language, and you know everything. So it's like a second home. I can say that I can't even imagine going back, and we don't want to at all. Well, it all depends on Poland, how it will continue to provide us with this shelter.
>
> (PL_04_D)

The support available for the development of children with disabilities also contributes to refugees considering the idea of not going back:

> Because it is impossible to capture everything. If it is possible, we will return to Ukraine. If it is not possible, we will look for ways to stabilise in Poland. Because the development that the child has here chained us to Poland.
>
> (PL_02_D&C)

Complementing push and pull factors, there is the transversal aspect related to familiarity and ease of getting by in specific social systems/structures. In this sense, mobility outcomes are also influenced by the need or by being accustomed to a certain place. Sometimes, having to live in a society whose fabric and norms are not easily accessible requires amounts of resources (including energy, time, money) that are not easily accessible for individuals and families who manage personal situations of disability:

> We started thinking about moving somewhere else, then changed our minds. To another country. But we had a problem. I couldn't get foreign passports for my nephews. I don't understand these electronic services. If I sit down for a long time, I can do it. But I don't like doing it. I like live communication.
>
> (PL_17_C)

Other elements that influence decision-making

Apart from this general climate of uncertainty, the interviews reveal specific aspects that shape/influence refugees' plans for the future: children and the extended family; the availability of treatment in various locations and destinations; resources necessary for adapting to a new country of

destination; a person's general state of health that might prevent them from changing destinations too often.

Even though some destinations might be appealing, sometimes refugees estimated that they do not possess the necessary skills to be able to live there. The language barrier appears to be prominent, and those who know the language are eventually those who manage to get by:

> I have relatives in Germany. Let's say, my relative's husband adapted quickly; he knows German, and they left before the war. She already gave birth to her second child there, but she doesn't know German. Without knowing the language you can't get anywhere. Do you understand?
>
> (RO_05_D)

The availability of treatment in terms of specific medicine and therapeutic protocols is an important element in the lives of people dealing with disabilities (including chronic illnesses). As the excerpts below suggest, having access to the required medication is sometimes easier in Poland or Romania than in Ukraine. This aspect seems to partially outweigh issues of familiarity with the Ukrainian (medical) system:

> Here I can work a little bit and get by and I'll have money for medication. That's the difference. This is another reason why I can't go back to Ukraine yet.
>
> (PL_14_D)

> We don't have the money to get treatment in Ukraine. As I said, chemotherapy doesn't suit us, and immunotherapy is paid.
>
> (RO_21_D)

The war is a key factor that refugees have in mind when thinking about both their current situation and their future. For most, as already explained, *it's not just a question of living, it's a question of staying until the war is over* (PL_10_C). But it is all a matter of circumstances and nothing is certain for now. The quotes below introduce some important notions that impacted decision-making, notions that were recurrent in the interviews: prospects in Ukraine, the support provided in Romania and Poland, the evolution of the war and, when the war ends, the evolution of the reconstruction process:

> It depends on the circumstances, of course. If everything is fine there, of course we will go back. If there is hunger and cold, there is no point. There are almost no prospects in Ukraine. It depends on the circumstances. Because after a war there will always be a time of hunger.
>
> (RO_10_D)

> Well, I don't know, to be honest, I'm sure it won't end this year. And it may be, I think so, if they extend [temporary protection] until the twenty-seventh, it means something. It will not end there. And if there is no help at all, it's terrible.
>
> (PL_04_D)

The proximity of Romania to Ukraine and the similarities between countries

Interviews conducted in Romania show that the country's proximity to Ukraine is an important variable for refugees, as well as the similarities between the two countries in terms of mentality. Choosing a host country that allowed them to remain close to Ukraine and thus maintain circulation seems to be an important factor for the refugees interviewed

in Bucharest. The undetermined stay was made acceptable by the prospects of returning for good, after the war ends:

> We didn't choose it for life. Maybe we came for a week just to wait for the war to end there. And only for years, because it's the closest to Ukraine.
>
> (RO_08_C)

This proximity seems to be more important than some benefits or support measures that refugees heard are in place in other countries. Germany, especially, was mentioned in the interviews, but respondents explained that, even if there was more support there, language was a barrier and the fact that it was farther away from Ukraine was also a negative:

> You know, some people say, I would move to Germany, because there are also payments there, and the help is better, more. But I've already gotten used to Romania, so to speak, you know, or it borders Ukraine, If anything happens, you can go back home.
>
> (RO_05_D)

Essentially, it made more sense for some refugees to wait for the war to end, just outside the borders of their homeland:

> We came here initially, we're still waiting for the war to end, it's not far from here, well, it's relatively close to go home. Although they offered to go to Germany when they were evicting us, well, two weeks to go wherever you want from the center, they came and offered to go to Germany, no. Who thought that the war would drag on like this? Everyone thought that it would be quick. Yes, that it would end and we would go home, yes.
>
> (RO_19_D)

Interviewees mentioned the similar mentalities of Ukrainians and Romanians as reasons for them remaining in Romania, even though, for example, in Poland it is easier to learn the language. In this context, the importance of social norms and of models of understanding disability or vulnerability become visible:

> They called me in and tried to explain something. I went to those meetings, but I realised that I don't understand them. Not in terms of language, but in their general mentality.
>
> (PL_04_D)

The extended quote below provides a narrative of similarities, journeys in various refuge countries in search of familiarity in spite of differences (e.g., linguistic). It also sheds light on the meaning of home, the constant reference to Ukraine as a structuring element in refugees' lives:

> Well, my sister, when they also left at the beginning of the war, they lived in Poland for a year. Then we returned back to Odessa. And then my niece came here to me. She's been here for a year, more than a year already. I also went there to visit them. And I wanted to stay there. But still, Romania is closer to home. You can be at home more often. And here...My daughter was here. That's why I decided to stay here after all. And then they left Poland. And for some reason they also came to Romania. Here our mentality is very similar to the Romanian people. We find contact with them faster. Although the language is more complex. In Poland you can learn this language quickly. It looks very much like Ukrainian. The language is more complex, but our mentalities are the same. Family values are the most important thing for Romanians, and their own safety and children are the same for us, Ukrainians. Generosity, family, and children are the most important things for us, too. We have the same values; we have the same mentality. What is nearby, not far from home. You've crossed the border, you're already home, in Ukraine. Here for now, and then home. Here for now, and then home. I never thought about moving anywhere.

(RO_16_D)

Altered temporality

As shown so far, the ability to make plans is heavily affected by numerous questions whose answers are not within reach: How long will the war last? How will things evolve at the destination in terms of support for refugees? The temporal dimension of everyday life seems to be especially connected to these uncertainties: an altered temporality emerges, in which refugees find themselves still abroad, still displaced, even though years have passed in a war that they thought would be very brief.

This is visible at the family level – often, plans for the (im)mobility of spouses are constantly reshaped as time goes by:

> Then nothing changed. We thought, let's stay until the New Year. And so it went on and on and on. And a year later, it was difficult. I was alone with two children. And we had already decided that my husband would come to us.
>
> (PL_03_D)

It is also visible at an individual level – the idea of integration at the destination, as an active process, is sometimes associated with not going back to Ukraine in the (unknown) future. In this sense, keeping (at least symbolic) distance from the social system at the destination becomes a psychological means of reassurance of return intentions, and an attempt to create a sense of certainty:

> Well, how can I tell you, there is probably some kind of psychological barrier as if I start learning this language seriously, then I will stay here.
>
> (RO_01_C)

At the same time, living from day to day becomes a response to altered temporality – if planning ahead is made difficult, if the future is blurry, it is preferable to concentrate on the present and on what is known, even though not for long. However, this affects every aspect of everyday life and places refugees in a state of limbo, catalysed by the fact that they are not far from Ukraine and could easily go back:

> We're in a foreign country, and there are rules. Since [name of her daughter] is on disability, she could've studied individually, one-on-one with a teacher. That was the plan. But we also planned to move, and we didn't know where to look or how to arrange anything. It's hard to plan ahead now—only from day to day.
>
> (PL_20_C)

Another way of dealing with the altered temporality is to live on tight schedules, to build structure where it is missing. In the quote below, the interviewee mentioned keeping a diary with to-do lists for every day:

> The days are scheduled. Yes, you can say it's minute-by-minute. I have a diary where I open it, and I have Thursday, Wednesday, where I'm going to go here, there's where I'm going to go there, my children, my husband, summer, summer.
>
> (PL_03_D)

Constructing predictability – homemaking and individual agency

In this broad context of uncertainty and insecurity, a sense of predictability is constructed through individual agency. In the quote below, for example, interviewees discussed their attempt to secure more permanent employment and (as a consequence) housing by taking courses and retraining:

> I'm thinking of retraining. I've signed up for courses now. Because I'll be trying to grab onto something more permanent. Because I haven't had anything permanent up until now. That's why there's this tension. No permanent housing, no permanent job. You don't feel prepared enough. And there's a child who needs a lot... Yes. That's why I wouldn't say it's very good. Not very good at all.
>
> (RO_09_C RO_10_D)

Sometimes, home is what is left behind at the origin, and while being displaced, a person feels homeless and a stranger, not able to communicate properly and having to live in unfamiliar environments. In turn, this affects the psychological health of refugees, and it thus becomes harder and harder to escape trauma and anxiety:

> My psychological state has worsened a bit. Because home is home. You live in your own place, communicate in your own language. And here everything is different. You live in a rented apartment and feel a bit homeless. It's not clear what's next. What has changed? Only my psychological state.
>
> (RO_18_D)

Concomitantly, ample processes of constructing a sense of home through specific activities and routines that keep things/days together

were described by some interviewees. Small things, such as starting to grow flowers or buying some specific dishes, changed everyday life by adding a sense of individuality. And once these routines are established and refugees start to transform and symbolically own the environment they live in, it all becomes easier and life at the destination seems less like a constraint. In some cases, the eventual return to Ukraine is postponed:

> I think the conditions are perfect. And if the first year, maybe a year, maybe until my husband arrived, we lived like this, like on our suitcases, like they're going to say tomorrow that the war is over and we're coming back, I mean, I didn't want to do anything in everyday life. And then I somehow switched, started having flowers, and changed a lot of things. I bought some dishes. I love all kinds of little things. It's like we're at home now. I've already said that we are home. And before I start, I'll be frank, because my health and medicines are at stake. And security is at stake. And if tomorrow they say that the war is over or there is some kind of break, then we are not ready to go back.
>
> (PL_03_D)

Even if homemaking becomes visible through concrete actions and activities, as shown in the excerpt above, it all starts with embracing a perspective that allows for flexibility and construction across borders. The example below talks about the necessity of making your own home when your family is not all in one place. The place-based perspective, associating home with a certain country, a certain region, is replaced by a perspective focused on individuals, rather than on places:

> Suddenly it turns out that Romania will become my, I don't know, home. As I said, for me, home is where the family is. And my family is scattered all over the planet. Some are in America, some in Germany, some in Ukraine. I have to make my own home. And I don't know where my home will be.

(RO_12_D)

Chapter conclusions

Uncertainty is felt in every instance of refugees' lives, in decision-making and in the way that they see and project their plans for the future. Even though they are confronted with a lack of predictability both related to the evolution of the war in Ukraine and to the way the legal and general frameworks for offering support to refugees will evolve, interviewees found/put in place mechanisms for managing the unknown and generating predictability. Homemaking seems to be important for day-to-day lives in the host country and for successfully managing the trauma of displacement. Daily routines, as manifestations of individual agency, are also ways of dealing with shifting realities and expectations.

As for the plans for (im)mobility, while most of the interviewees thought about returning to Ukraine in the future, there is no clear idea about how the war will evolve and what the reconstruction period will be like after the war ends. Exploring new destinations is not as common, as it would need significant amounts of resources (time, money, energy). Factors such as the availability of proper treatment for some chronic diseases or specialised support for the development of children with disabilities become anchors keeping refugees in Romania and Poland. The family is also relevant: while the thought of children's prospects tends to favour the destinations, ancestry and familial heritage keep refugees linked to their homeland.

Coping Mechanisms and Life Strategies

This chapter analyses findings documenting how participants sustained functioning and pursued continuity under displacement. Coping operated across individual, familial, and communal registers, constrained everywhere by financial precarity and health deterioration.

These findings show that coping was not a single or fixed response to displacement. Rather, respondents described different ways of managing everyday life under conditions of uncertainty, including personal endurance, family responsibility, peer support, online information-seeking, financial adjustment, healthcare navigation, and continuing attachment to Ukraine.

Across the interviews, respondents' life strategies were shaped by the interaction of disability, health status, financial insecurity, family separation, institutional barriers, and the continuing effects of the war. Respondents did not describe their situation only in terms of vulnerability. They also described practical actions taken to sustain themselves and their families. However, these actions were often carried out under considerable pressure and with limited resources.

Individual coping: Endurance, comparison, and self-management

One of the most visible individual coping strategies was endurance. Some respondents explained that they tolerated difficult conditions in displacement because they compared their present circumstances with the direct danger of remaining in Ukraine during the war. This comparison helped them to frame their situation in Poland as difficult but still safer than life under bombardment. One respondent stated:

> We endure it because what's there to complain about, you know, bombs don't fall on our heads, thank you very much.
>
> (RO_04_D)

This quotation shows that safety from direct violence was an important point of reference. The respondent did not deny hardship, but placed it within a wider comparison with war. In this sense, endurance was linked to the perception that survival outside the war zone required acceptance of discomfort, uncertainty, and inconvenience.

At the same time, individual coping was not only emotional. Respondents also described practical actions, especially the search for information and services. For example, one respondent explained how she looked for people with the same medical condition through online groups:

> Luckily, there are Polish groups on Facebook, so I searched for people with my diagnosis. And one Polish woman advised me to go to Krakow.
>
> (RO_03_D)

This shows that respondents often had to become active navigators of unfamiliar systems. They searched for medical information, contacted people with similar diagnoses, and followed advice from informal sources. Such actions helped some respondents access healthcare or understand the available options. However, this form of coping required energy, internet access, digital skills, and the ability to communicate across language and institutional barriers.

The findings, therefore, show that individual coping involved both emotional endurance and practical resourcefulness. Respondents tried to manage distress by comparing their situation with the war, while also taking concrete steps to access information, treatment, and support.

Family responsibilities and care-based life strategies

Family was central to respondents' life strategies. Respondents described family not only as a source of support, but also as a major responsibility that shaped decisions about movement, settlement, employment, healthcare, and future plans. For respondents caring for children or relatives with health conditions, decisions were often organised around the needs of the dependent family member.

One respondent explained the importance of her son's illness in determining her mobility:

> "The most important connection here is precisely my son's illness, because nothing can stop me anymore. I can't go anywhere and stay without medication."
>
> (RO_11_C)

This quotation shows that the respondent's life strategy was directly shaped by access to medication. Her child's illness limited the possibility of moving elsewhere and made continuity of care the central priority. In

this case, the future was not planned only according to preference, employment, or housing, but according to medical necessity.

Family responsibility was also closely connected to financial survival. Respondents described the pressure of sustaining family life with limited income and declining resources. One respondent described how the household had exhausted its available assets:

> We already have a ton of credits. We've handed over all our gold. Everything. Just to survive. There is nothing left to hand in.
>
> (RO_11_C)

This statement shows how family survival depended on using remaining personal resources. Credit, jewellery, and other assets were converted into means of everyday subsistence. The quotation also shows that financial coping was not sustainable over time. Respondents were not only managing present expenses; they were also losing the resources that could have helped them in the future.

The findings show that family was both protective and constraining. It provided motivation, emotional attachment, and practical support, but it also increased responsibility. For carers, especially those supporting children with illness or disability, everyday life was shaped by the need to secure medication, attend appointments, manage documents, and maintain household survival.

Informal peer support and community-based guidance

Informal peer support was another important coping mechanism. Respondents relied on friends, other Ukrainian refugees, online communities, and people who had already gone through similar procedures. These networks helped them understand where to go, what documents were needed, and how to approach medical or administrative systems.

One respondent described relying on friends rather than professional support:

> I haven't contacted a professional person yet. Only my girlfriends who have taken up this issue, who have already managed to achieve it. So they tell me, go ahead, go do what you are sitting here for.
>
> (RO_16_D)

This quotation shows that peer networks provided encouragement as well as information. Respondents who had already navigated a procedure became informal guides for others. The advice was practical, direct, and based on lived experience. In this context, friendship became an important substitute for formal casework or institutional guidance.

Digital networks also played a similar role. Respondents used online groups to identify services and receive advice from people with similar experiences. One respondent described this process in relation to healthcare:

> Luckily, there are Polish groups on Facebook, so I searched for people with my diagnosis. And one Polish woman advised me to go to Krakow.
>
> (RO_03_D)

Together, these quotations show that informal and digital networks were central to how respondents accessed knowledge. Information moved horizontally through communities rather than only through official institutions. This was especially important for disability recognition, specialist healthcare, and social support.

However, the findings also indicate that informal support was uneven. Respondents who were isolated, physically limited, emotionally exhausted, or digitally excluded had fewer opportunities to benefit from these networks. Peer support helped many respondents, but it did not fully replace formal and accessible institutional assistance.

Financial survival and material depletion

Financial insecurity was one of the strongest themes across the findings. Respondents described difficulty covering everyday expenses such as housing, food, medicine, transport, documents, and rehabilitation. Financial problems were not presented as a temporary inconvenience, but as a continuing pressure that shaped everyday choices.

One respondent described the exhaustion of financial resources in clear terms:

> We already have a ton of credits. We've handed over all our gold. Everything. Just to survive. There is nothing left to hand in.
>
> (RO_11_C)

This quotation shows that financial coping involved borrowing, pawning, and using up remaining personal assets. The phrase "just to survive" indicates that these resources were not being used for long-term investment or integration, but for basic subsistence.

Material loss also began at the point of flight. Some respondents left Ukraine with very few belongings, carrying only essential items, children's belongings, medication, and documents. One respondent recalled:

> I had a backpack, my kids had backpacks, and I had a cat. I had enough injections for one month.
>
> (PL_03_D)

This quotation shows how displacement reduced a household to what could be carried. It also shows the importance of medication for respondents with health conditions. The mention of injections indicates that medical continuity was already a concern at the moment of departure.

The findings show that financial survival was closely connected to disability and health. Respondents needed money not only for ordinary household costs, but also for transport to medical appointments, medication, rehabilitation, documentation, and care-related expenses. Financial insecurity, therefore, affected healthcare access, mobility, social participation, and future planning.

Health, disability, and everyday functioning

Health and disability strongly shaped respondents' ability to cope. Respondents described chronic illness, fatigue, post-surgical recovery, cancer-related treatment, depression, trauma, and the health needs of children. These health conditions influenced what respondents could do on a daily basis, including work, language learning, mobility, social contact, and administrative tasks.

One respondent described the effect of constant fatigue:

> One of my symptoms is constant fatigue. I can wake up in the morning and have no energy. I look like a normal, healthy person, but my life is shorter.
>
> (RO_12_D)

This quotation shows the difficulty of living with an invisible condition. The respondent appears healthy to others, but experiences serious physical limitations. This invisibility can make it difficult for others to understand the respondent's reduced capacity.

Health also shaped mobility and settlement decisions within the family. Disability and illness were not separate from life strategy. They directly influenced decisions about where to live, whether to move, how to access services, and how to organise family life. Health conditions also affected emotional well-being, because respondents had to manage uncertainty about treatment, income, and future stability.

The findings show that respondents' coping capacity depended heavily on their physical and mental reserves. Those experiencing fatigue, illness, or caring pressure had less capacity to search for information, attend offices, complete paperwork, or participate in integration activities.

Emotional strain and psychological coping

Respondents' accounts also show emotional strain linked to displacement, uncertainty, health problems, and financial insecurity. Some respondents coped by reminding themselves that they were no longer under direct attack. This form of comparison helped them to manage distress, even when their daily conditions remained difficult.

One respondent expressed this coping position as follows:

> "We endure it because what's there to complain about, you know, bombs don't fall on our heads, thank you very much.
>
> (RO_04_D)

The quotation shows how respondents sometimes minimised their own hardship because they compared it with the danger of war. This did not mean that their problems disappeared. Rather, it shows how emotional coping involved balancing gratitude for safety with the reality of ongoing hardship.

Another respondent's description of fatigue also reflected emotional strain:

> One of my symptoms is constant fatigue. I can wake up in the morning and have no energy. I look like a normal, healthy person, but my life is shorter.
>
> (PL_03_D)

This quotation shows that physical symptoms also carried emotional weight. The respondent's daily life was shaped by reduced energy and awareness of a shortened life. Such experiences affected the capacity to plan, work, participate socially, and maintain optimism.

The findings show that psychological coping was closely linked to material and health conditions. Emotional well-being was affected by illness, uncertainty, lack of money, separation from family, and the burden of navigating unfamiliar systems.

Life in Ukraine before displacement and biographical loss

Respondents frequently compared their current lives with their lives in Ukraine before the full-scale invasion. These comparisons were important because they showed the scale of disruption caused by war and displacement. Respondents did not only describe the loss of housing or income, they also described the loss of ordinary family life, routine, stability, work, and belonging.

One respondent reflected on life before the invasion:

> I lived with my family, with my family, with my children, with my husband in Kyiv before the full-scale invasion. Basically, we led such a normal, happy life. It is only now that we realize that we were happy. How happy we were then, when we faced what we have now.
>
> (PL_03_D)

This quotation shows how ordinary life became visible as valuable only after it was lost. The respondent's memory of Kyiv was not only geographical; it was connected to family life, normality, and emotional security.

The findings show that memories of Ukraine continued to shape respondents' present life strategies. Ukraine remained a point of emotional reference, comparison, and attachment. Respondents evaluated their current situation in relation to what they had lost, what remained in Ukraine, and whether return might become possible.

Transnational ties and visits to Ukraine

Some respondents maintained active ties to Ukraine through family, documents, property, medical needs, and occasional visits. These ties were important for emotional continuity, but they also reflected the unfinished nature of displacement. Respondents were not fully disconnected from Ukraine, even when they remained in the host country.

One respondent described short visits to Lviv to see her husband:

> Yeah, I think I went to Lviv twice in the first year for a few days. I left my children with my sister, because we lived together in one apartment here at the time. It was just for three days, just to see my husband, to go for a walk.
>
> (PL_03_D)

This quotation shows that family separation continued after displacement. The visits were short and organised around the need to maintain a marital relationship across borders. It also shows the practical complexity of such mobility, as the respondent had to leave her children with her sister.

The same respondent's description of pre-war family life shows why these ties remained emotionally important:

> I lived with my family, with my family, with my children, with my husband in Kyiv before the full-scale invasion. Basically, we led such a normal, happy life. It is only now that we realize that we were happy. How happy we were then, when we faced what we have now.
>
> (PL_03_D)

Together, these quotations show that visits to Ukraine were not only practical journeys. They were connected to family, memory, loss, and the desire to preserve continuity with a disrupted life.

The findings show that transnational ties influenced future plans. Respondents remained connected to Ukraine while also depending on the host country for safety, healthcare, education, or support. This produced life strategies that were neither fully oriented towards permanent settlement nor fully oriented towards an immediate return.

Integration and partial settlement

Respondents described integration as partial and uneven. Some respondents used Polish services, searched for healthcare, engaged with online Polish groups, or relied on local advice. However, integration was limited by language barriers, disability, poor health, caring responsibilities, lack of money, and uncertainty about the future.

One respondent's account of finding medical advice through Polish Facebook groups shows one form of practical engagement with the host society:

> Luckily, there are Polish groups on Facebook, so I searched for people with my diagnosis. And one Polish woman advised me to go to Krakow.
>
> (PL_03_D)

This quotation shows that integration was sometimes practical rather than social. The respondent engaged with Polish networks in order to access healthcare. This form of contact was problem-oriented and linked to survival needs.

Peer support within Ukrainian networks also remained central:

> From my friends who started doing it here. I haven't contacted a professional person yet. Only my girlfriends, my female friends, who have taken up this issue, who have already managed to achieve it, who are still only at this stage. So they tell me, go ahead [name].
>
> (RO_16_D)

This quotation shows that while respondents interacted with host-country systems, they often continued to rely mainly on Ukrainian friends and networks for guidance. Integration, therefore, did not replace co-ethnic support. Instead, respondents moved between Polish institutions, Ukrainian networks, online spaces, and personal contacts.

The findings show that integration was shaped by practical necessity. Respondents learned to access services, search for information, and manage procedures, but full social and economic integration remained difficult for those facing disability, illness, caring responsibilities, and financial insecurity.

Chapter conclusions

The findings indicate that the coping mechanisms and life strategies adopted by Ukrainian refugees with disabilities were shaped by a complex interplay of interconnected challenges. Respondents had to navigate the consequences of war alongside the demands of disability and chronic illness, financial hardship resulting from the loss of income and assets, family separation, and the need to adapt to unfamiliar institutional environments.

In response to these pressures, participants employed a range of coping strategies, including resilience, perseverance, and active information-seeking. Their plans and decisions were strongly influenced by family responsibilities and concerns for the well-being of relatives, while financial insecurity often constrained the options available to them. At the same time, disability and health conditions significantly affected everyday functioning, limiting mobility, access to services, employment opportunities, and overall independence.

The findings further reveal that respondents maintained strong connections to Ukraine through memories, family relationships, periodic visits, and the continuing hope or possibility of return. These transnational ties remained an important reference point in shaping both their present experiences and future aspirations.

Overall, the life strategies developed by respondents were characterised by pragmatism, adaptability, and resilience, but also by significant structural constraints. Participants made creative use of available resources, including family support, peer networks, online sources of information, and personal determination. Nevertheless, their choices and opportunities were frequently restricted by disability-related needs, health concerns, financial difficulties, family separation, institutional barriers, and the ongoing uncertainty surrounding the war and their future prospects.

Overall Conclusions

The aim of the report was to analyse the experiences of Ukrainian refugees with disabilities living in Poland and Romania. We examined how these individuals coped in a new and unfamiliar environment, how they evaluated the support provided by NGOs and state institutions, and what barriers – both structural and social – shaped their everyday lives. The study shows that the process of adaptation is closely linked to uncertainty about the future, and that refugees' successes in rebuilding and organising their lives often stemmed from individual agency and informal support networks rather than from well-designed assistance systems.

Our results show that even though services are provided, obtaining these can pose a challenge. The caregivers of refugee children with disabilities have to navigate a landscape in which institutional regulations are misaligned with practice. The procedures are typically unclear, and various actors must cooperate to bring those in need closer to the benefits they need. Services are either not delivered effectively or refugees are unable to learn about them due to uncertainty of provision, unpredictability, and funding shortages, observable both in the public sector and among NGOs. Paid services are reported to exist, but interviewees mentioned and accessed them only rarely.

There is a striking difference between the evaluation of service provision for children and that for adults. In the case of adult refugees, while the procedures were also described as complex, narratives around access to services were predominantly positive and indicated a degree of satisfaction, despite persistent difficulties. This difference may be related to the heightened sensitivity surrounding child-related issues. As children are not fully able to advocate for themselves, they are also perceived as being in greater need of protection, which may explain why difficulties in accessing services for them are represented as more salient. In addition, this imposes an additional burden on adults, beyond their own needs, which may make this strain more acute.

Our interviewees used various frames of reference to evaluate the services they accessed both in Poland and Romania. The most important is the comparison with Ukraine. In most instances, this comparison favoured the country of refuge, despite the personal trauma of leaving everything behind and starting life from scratch. Even when Ukraine was described as better, this was mainly due to the presence of friends and relatives left behind, or to expressions of national attachment. The comparison between systems primarily highlights better quality in Poland and Romania, despite existing shortcomings.

Findings show that the barriers encountered by refugees with disabilities are interconnected. While their intersectional character makes it difficult to disentangle their consequences, a taxonomy of barriers could be defined by several criteria. The first type of barrier is based on the source, among which barriers based on disabilities and on refuge have been identified. The second type is that based on the activation mechanism, where we can find structural, situational, and individual barriers. And finally, the third type of barrier, which is based on the scope of its manifestation: diffuse/continuous barriers – such as the those related to the general health status of refugees with disabilities, or economic and discrete barriers – such as the those that manifest on certain occasions, but do not last, such as access to healthcare or education.

Among the particular spheres of life, the most visible in the interviews were housing, languages and access to information, the labour market,

and self-reidentification. As for housing, the refugees either used collective accommodation or, if they could afford it, they rented. Renting does not guarantee a high-quality living environment. The findings highlight persistent insecurity, limited affordability, and structural obstacles to securing adequate, stable housing.

The command of language appears to be the most silent issue. Whether a person does or does not speak the language of the receiving country affects all aspects of life: from contact with the health system, through social contacts and finding a job. Commonly, it seems that communication in Poland is easier due to the proximity of the languages, but our results reveal that when it comes to finding a proper job or having a doctor's appointment, a higher level of language proficiency is required.

The main source of information for refugees with disabilities is social media platforms, where they exchange information. Another problem is the framing of refugees with disabilities and the tailoring of information to that frame. As a result, informational activities performed by NGOs and institutions do not always correspond to the diverse realities, capabilities, and aspirations of people with disabilities.

As for employment, the evidence from Poland and Romania suggests that the current labour market infrastructure is largely ill-equipped to accommodate Ukrainian refugees with disabilities. Without more tailored support, flexible working arrangements, and better recognition of existing professional qualifications, refugees with disabilities remain at a high risk of long-term social and economic marginalisation in their host countries.

Ukrainian war refugees with disabilities experience forced redefinition of identity and stigmatisation, which results from both downward social mobility and the negative attitudes of receiving societies, which are revealed among others in microaggressions and housing discrimination.

Uncertainty is felt in every aspect of refugees' lives, in decision-making, and in how they see and project their plans for the future. Even though they are confronted with a lack of predictability both related to the evolution of the war in Ukraine and to the way the legal and general

frameworks for offering support to refugees will evolve, interviewees found/put in place mechanisms for managing the unknown and generating predictability. As for the plans for (im)mobility, while most of the interviewees thought about returning to Ukraine in the future, there was no clear idea about how the war will evolve and what the reconstruction period will be like after the war ends. Exploring new destinations was not as common, as it would need significant amounts of resources (time, money, energy).

Finally, the respondents' life strategies were practical, adaptive, and constrained. They used available resources creatively, including family support, peer networks, online information, and personal endurance. However, their choices were limited by disability, health needs, financial hardship, family separation, institutional barriers, and continuing uncertainty about the war and the future.

The report gives a broad overview of the experiences of Ukrainian refugees with disabilities in host countries. Not all aspects are covered, and those that are could be a separate research topic and require further investigation. What is important is that the interviews were carried out while the legal solutions were still quite in favour of refugees with disabilities. Recent changes in the legal system have left refugees with disabilities, especially those who, for various reasons, did not obtain a disability certificate in the receiving country, in an impossible position with almost no support. This is also the case for Ukrainians with chronic diseases who either lost access to the healthcare system or will lose it in the near future. It seems that the new normal for refugees with disabilities from Ukraine brings more challenges than in the chaotic times of providing support at the beginning of their refuge. As the situation is constantly changing, further research is necessary.

Recommendations

The aim of the recommendations is to make the everyday life of refugees with disabilities less challenging

The information presented in this report, based on the perceptions of Ukrainian refugees with disabilities in Warsaw and Bucharest, allows us to make a series of recommendations to stakeholders active in service provision and reception and integration systems.

At the highest level of generality, the main recommendations for host countries are:

- To foster sensitivity to cultural differences between countries of origin (in this case, Ukraine) and host countries;
- To ensure easy access to information regarding not only the resources for refugees (with disabilities), but also to procedural aspects;
- To systematically record data on disability within the flow of refugees, as the only way to provide relevant services suited to individual needs. This would make it possible for host societies to adopt an intersectionality framework regarding refugees.

Going into more detail, each of these broad categories contain more specific suggestions.

Sensitivity to cultural differences

- **Consider differences in healthcare cultures**. How illness is approached, how treatments are seen, which treatments are prescribed, as well as patterns of interactions between patients and doctors are all manifestations of specific healthcare cultures. In the data, there are accounts of how the relations between patients and

medical professionals are different in Ukraine compared to Poland and Romania. Differences in the routine use of medicine are also described – Ukrainian refugees are accustomed to heavier medication, and not a reliance on generic drugs such as paracetamol.

- **Differences regarding how disability is perceived.** How disability is seen, either as a burden or as something that is not negative in itself, but put in a negative light through social definitions and conventions, impacts the everyday lives of people with disabilities. Obligations of care associated with disability can also vary, from an emphasis on family to a reliance on external service providers. These differences contribute to making the host country less intelligible and generates additional layers of confusion for refugees.
- **Transparency/clarity regarding the correspondence between the disabilities recognised in Ukraine and those recognised in Poland or Romania.** In numerous cases, Ukrainian refugees with disabilities found out that their disability, which was officially recognised in Ukraine, has a different status in Romania or Poland (usually considered to be milder or not recognised at all). This has immediate consequences in their daily lives in terms of the benefits they are entitled to and of the expectations that the society has of them in terms of self-reliance.

Access to information

- **Accessible databases/catalogues with relevant information.** The lack of systematic information about what is available and how to access potential resources seems to be one of the most important issues presented by the interviewees. Possible solutions are: online catalogues with important information, with a clear structure, to ease navigation through the document; information points/hubs where the supply of services is presented in a centralised manner.
- **Predictability concerning the process of obtaining a disability certificate.** Predictability, hand in hand with access to information, is a crucial aspect, albeit often missing, in the lives of refugees. It is

important in every aspect of daily life and its absence is a direct consequence of the changes in legislation and reception infrastructures. Specifically, in the case of refugees with disabilities, the process of obtaining a disability certificate must be clear, with predictable steps to be followed and instructions throughout.

- **Clear methodologies and rules for accessing services.** Not only about how to obtain a disability certificate, but also how to qualify for the available benefits and resources must be made available to all refugees.
- **Support for interpreting the laws.** Given the cultural and structural differences between the home country (here, Ukraine) and the host country (here, Poland or Romania), attention must be paid to the legal framework in the country of refuge. Refugees can easily be unaware of the new laws and regulations, thus access to support for interpreting the laws is required.
- **Simplified bureaucracy.** This is a recommendation that takes into account the trauma of displacement and further problems related to the accessibility of different documents. Confronted with a new social environment, refugees find it even harder than natives to deal with the seemingly endless bureaucracy. Simplified procedures would be highly welcomed.

Intersectionality – taking disability into consideration within the refugee flow

- **Eliminating situations of misalignment between the actual provision and the legal prescriptions.** This is particularly challenging for refugees with disabilities, who might have limited personal resources to cope with stressful situations, such as significant waiting times or standing in line.
- **Adaptation of infrastructure and modes of provision.** The support for refugees does not regularly take into account the disability status of displaced people. Thus, adaptations are required, in terms of infrastructure and modes of provision of services, to enhance

accessibility. An example: adapting housing conditions (in collective accommodation centres) to the needs of refugees with disabilities and chronic illnesses.

- **Valuing informal networks of support.** Our research suggests that informal networks of support are present in the lives of Ukrainian refugees with disabilities. These networks can be valuable resources to be used by service providers or public institutions, both for managing caregiving activities and for providing information to the refugee community.

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