

Discussion note

Migrants with Disabilities: Ensuring access to quality services

EASPD is the European Association of Service Providers for Persons with Disabilities. We are a European not-for-profit organisation and represent over 12,000 social service provider organisations across Europe and disability. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.

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The following paper will be the first of a series of reports on the situation of migrants and refugees as a whole. This first paper aims to raise certain specific issues related to access to quality health and social services for refugees with disabilities and their families. Although there is much to say about access to services for migrants and refugees as a whole, this particular paper will also emphasise on refugees coming from warzones or zones of conflict. It also calls on the European institutions to pay more attention on adequately responding to the needs of refugees with disabilities, in accordance with the UN Convention on the Rights of Persons with Disabilities (UN CRPD).

I. General comment and recommendations

Access to quality health and social services, employment and education remains a significant issue for refugees with disabilities; be it for those in a conflict zone, in neighbouring countries and the European Union. EASPD therefore calls on the European Institutions to

- Develop a detailed action plan focusing on the protection and empowerment of refugees with disabilities in the European Agenda on Migration, based on the Council of Europe's [publications](#) on disaster preparedness for people with disabilities and developed hand-in-hand with organisations representing disabled people and -where relevant- support services and other stakeholders;
- Better inform on what is currently being done to support refugees with disabilities and their families, through better communication and additional research and data. An improved



involvement of the disability sector is also necessary. A special session of the High Level Group on Disability could contribute to this process.

- Support projects to bridge the gap between organisations working in the field of humanitarian affairs and support services for persons with disabilities at national and European level.
- Ensure that integration and inclusion measures towards refugees and asylum seekers do not lead to subtracting financial resources from programmes targeting other disadvantaged groups.

Internally, EASPD also calls on our members, social service providers for persons with disabilities, to contact their public authorities (local, regional and national) to offer expertise on how to support the well-being and inclusion of refugees with disabilities into the community.

II. General context and experience on-the-ground

The Syria and Iraq conflict has resulted in the largest humanitarian crisis since World War II.

According to the latest [report](#) by Handicap International (January 2016), in December 2015, 4.6 million Syrians and 3.1 million displaced Iraqi were registered as refugees with the UN Refugee Agency. Although there is a lack of up-to-date comprehensive data regarding the number of refugees with disabilities, [research](#) by Handicap International and Help Age in April 2014 found that 30% of refugees in Jordan and Lebanon are people having suffered trauma, injury or are persons with disabilities. Another [report](#) by Handicap International shows that 20% of Syrian refugees in Lebanon had an impairment in 2014. The difficulties in developing clear data about the amount of refugees with disabilities has various explanations; the most significant being stigma towards persons with disabilities, especially persons with intellectual disabilities.

What does the UN CRPD have to say about Migrants and Asylum?

The [UN Convention on the Rights of Persons with Disabilities](#) obliges “State Parties (to) take, in accordance with their obligations under international law, (...) all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters” (Article 11).

Can targeted measures help refugees with disabilities?

The reason for this particular article is clear: persons with disabilities are among the most vulnerable or disadvantaged in any community, a context made worst when in a situation of risk or humanitarian emergency. In a conflict, many persons with disabilities are unable to flee due to the perilous nature of the journey.

The UN CRPD clearly states that in and around these conflict zones, specific effort must be made to reach persons with disabilities to provide them with necessary support and protection. For those



displaced and living in vulnerable situations, both in and out of humanitarian camps, similar targeted measures should be taken to help refugees with disabilities have access to health and social services, education and employment on an equal basis to all others.

The Council of Europe developed in July 2014 a [publication](#) and a [toolkit](#) on how to best support people with disabilities in disaster situations. It recommends the development of Action Plans looking into three main areas: a preventative phase looking at disaster risk reduction, a protective phase looking into the emergency action to be put in place and a follow-up phase when rehabilitation and inclusion must be developed.

Do refugees with disabilities have access to quality health and social services ?

In addition to the support provided by the national authorities and the United Nations, organisations such as [Handicap International, for instance, provides](#) much needed rehabilitation services, psychosocial support, accessibility capacity-building and help the most vulnerable to regain financial autonomy.

Despite this, there are indications that the needs on the ground far outweigh the available services. A [report](#) developed by REACH looking into access to essential services for persons with disabilities in Camps in Iraq in 2014 states that “almost every household (99%) including a member with a disability reported that this member had difficulties accessing essential services”. According to the [World Rehabilitation Fund in 2015](#), there is a particular assistance gap related to addressing the needs of persons with intellectual disabilities and mental health problems.

Access to employment, inclusive education and social housing also remains a significant problem for refugees with disabilities, a matter reinforced by the little emphasis given to provide opportunities for persons with disabilities in these areas.

What is the situation in the European Union?

The poor conditions and perspectives for many refugees in Turkey are pushing many towards taking the perilous trip to seek asylum in the European Union. In [2015](#), over 850 000 people arrived in Greece by sea, with over 100 000 additional people in the first two months of 2016 alone, the majority being Syrians. Given the high percentages in persons with disabilities among refugees, it is clear that 1,000s of refugees with disabilities must be among those having arrived in Europe. Yet there exists –to EASPD’s knowledge- no data regarding their precise numbers, nor any detailed information at European level regarding their access to adequate health and social services. At national level, many social service providers for persons with disabilities are ill-informed about how they can provide support to refugees with disabilities and families. This could be explained by a disconnect between the emergency response for refugees with disabilities and the development of



medium to long-term responses to ensure the social inclusion of refugees with disabilities into the labour market and education systems. There are concerns that migrants and refugees waiting to obtain their asylum status are not able to gain access to health and social services. There are also concerns that already limited public expenditure into social services will be stretched even further to support the equally needed inclusion of refugees. It is therefore essential that the constrained budgets allocated to the inclusion of persons with disabilities in Europe are not diverted away from these people and that the necessary additional expenditure comes from other budgetary areas.

Has the EU adequately responded to the needs of refugees with disabilities on the ground ?

In May 2015, the European Commission adopted a [European Agenda on Migration](#) (EAM). The EAM developed four pillars to better manage migration to the EU: (1) Reducing the incentives for irregular migration, (2) Saving lives and securing the external borders, (3) a strong asylum policy and (4) a new policy on legal migration. Not once does the [Communication](#) on the European Agenda on Migration mention a response to the needs of refugees with disabilities, referring only to the broader need to pay “particular attention to the needs of vulnerable groups, such as children”.

In October 2015, the European Commission adopted the [EU-Turkey Joint Action plan](#), which indicated the intention of the EU to “provide immediate and principled humanitarian assistance (...) on the basis of their vulnerability” and Turkey to “ensure that vulnerable people continue to be identified and taken care of”.

In November 2015, the European Commission presented the €3 billion [Refugee Facility for Turkey](#) (RFT). Whilst the RFT obliges the European Commission to take appropriate steps to prevent any discrimination, notably on disability, in obtaining access to the projects supported by the Facility, it fails to identify persons with disability as a priority for receiving project support despite the evident needs on the ground.

What can be improved to ease access to quality social and health services for refugees with disabilities ?

Although the European Union does seem to understand the importance of paying attention to the needs of vulnerable groups, very little information or targeted action responding to the needs of refugees with disabilities seem to be in place at European level; at least to public knowledge.

For this reason EASPD calls on the European Institutions to

- Include planned actions contributing to the protection and empowerment of refugees with disabilities in the European Agenda on Migration (similarly to the [Planned actions contributing to the protection of children in migration](#)), developed hand-in-hand with organisations

representing disabled people, migrants (as peers) and -where relevant- support services and other stakeholders;

- Better inform on what is currently being done to support refugees with disabilities and their families, through better communication and additional research and data. Any research should pay particular attention to the issue of “how to see the invisible”, referring to “invisible at first sight” disabilities. An improved involvement of the disability sector is also necessary;
- Support projects to bridge the gap between organisations working in the field of humanitarian affairs and support services for persons with disabilities at national and European level;
- Ensure that integration and inclusion measures towards refugees and asylum –including access to health and social services- are available and affordable to all people, irrespective of their status. It is essential that this be done through additional social investment rather than from subtracting financial resources from programmes targeting other disadvantaged groups.

Internally, EASPD also calls on our members, social service providers for persons with disabilities, to contact their public authorities (local, regional and national) to offer expertise on how to support the well-being and inclusion of refugees with disabilities into the community.

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