

Policy Paper

Displacement, Disability and Care: Needs, Challenges and Political Priorities for Germany and Poland



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Executive Summary

Russia's full-scale invasion of Ukraine has displaced millions, including persons with disabilities and their family caregivers. Germany and Poland have mobilised significant resources, yet refugees with disabilities still encounter persistent barriers in healthcare, social protection, housing, employment and community-based support. Caregivers – mostly women – remain largely invisible in migration and disability policies despite sustaining daily care, coordinating services and enabling social participation.

This policy brief draws on the "[Invisible Care, Unmet Needs](#)" study and expert discussions in Berlin (28–29 May 2026) and Warsaw (9–10 June 2026). The evidence reveals a structural gap: refugee, disability and care policies operate in parallel rather than as an integrated support ecosystem. Addressing this divide requires disability-inclusive integration strategies that identify families early, prevent benefit traps and invest in sustainable, community-based support developed with refugees with disabilities and their caregivers.



Key Messages:

- Early and systematic identification of disability and care needs remains inconsistent, leaving families without timely referrals to specialised services.
- Employment and social protection systems rarely accommodate long-term caregiving, suppressing labour market participation and economic independence.
- Access to healthcare, psychosocial support, accessible housing and coordinated services continues to depend on location rather than need.

1. Introduction

Since the invasion of Ukraine, Germany and Poland have become principal destinations for refugees within the EU. Among them are many persons with disabilities and their family caregivers whose needs fall between humanitarian, migration and disability frameworks. Although extensive measures exist, access to healthcare, rehabilitation, housing, education and social protection is still fragmented by differing disability assessments, administrative complexity and uneven capacities.

The “[Invisible Care, Unmet Needs](#)” research shows that caregivers — while enabling independent living and social participation — are seldom recognised as a distinct policy group. Expert discussions in Berlin and Warsaw underscored that disability, displacement and informal care remain siloed. This policy brief synthesises common challenges and advances actionable recommendations for national governments, public authorities and civil society to foster sustainable inclusion of refugees with disabilities and their caregivers.

2. Policy Challenge I: Fragmented Support and Invisible Caregivers

Despite formal commitments to the UN Convention on the Rights of Persons with Disabilities (UN CRPD), assistance for refugees with disabilities is dispersed across multiple systems. Germany benefits from comprehensive legislation but faces uneven implementation because of decentralised responsibilities and lengthy procedures. In Poland, a shift from emergency support towards more restrictive policies has increased uncertainty, particularly where national disability certification is pending. Participants in the Warsaw consultation highlighted the risk of losing access to social protection and accommodation, particularly where the person receiving care remains outside the formal disability recognition and support system. Civil society organisations continue to bridge gaps, yet declining funding constrains their reach.

Family caregivers remain largely unacknowledged in both countries. They coordinate healthcare, education and rehabilitation, often at the expense of employment and wellbeing. Recognising them solely as beneficiaries misses their potential to contribute skills and experience to strengthening inclusive services.



Priority Actions – Policy Challenge I

- Introduce systematic early identification of disability- and care-related needs upon arrival, ensuring referrals to accessible accommodation, healthcare and community-based services.
- Guarantee equal access to healthcare, social protection and support services irrespective of disability certification status.
- Recognise family caregivers as a defined policy target group and address their support needs alongside those of the persons they assist.
- Establish coordinated referral pathways across migration, disability, healthcare and social protection systems, engaging civil society partners.
- Secure multi-annual funding for specialised counselling and disability support services to transition from emergency to long-term integration responses.
- Enable meaningful participation of refugees with disabilities and their caregivers in policy development and service design in line with the UN CRPD.

3. Policy Challenge II: Employment Systems Misaligned with Care Responsibilities

Family caregivers consistently report willingness to work, yet employment and benefit systems rarely accommodate intensive caregiving duties. Responsibilities extend beyond personal assistance to navigating healthcare, rehabilitation, education and administration, leaving limited scope for language learning, training or formal employment.

Polish benefit rules may penalise caregivers who enter the labour market, while in Germany barriers stem from limited flexible work options, insufficient respite services and slow recognition of Ukrainian qualifications. Accelerated credential recognition – particularly in health, education and psychosocial support – would address labour shortages and expand culturally responsive services. Flexible learning formats, including online language courses, would allow caregivers to upskill without abandoning care.



Priority Actions – Policy Challenge II:

- Reform employment and social protection systems so that labour market entry does not trigger disproportionate benefit losses for caregivers.
- Expand flexible employment arrangements, including part-time, remote and adaptable working hours compatible with long-term caregiving.
- Increase respite care and community-based support to free caregivers for employment, education and training.
- Accelerate recognition of Ukrainian qualifications in healthcare, education, rehabilitation and psychosocial services.
- Provide accessible language courses, vocational training and digital learning designed for individuals with caregiving responsibilities.
- Formally acknowledge unpaid caregiving as a social and economic contribution within integration and labour market policies.

4. Policy Challenge III: Unequal Access to Essential Services

Progress since 2022 has not eliminated disparities in healthcare, housing and community-based support. Families frequently navigate multiple agencies with divergent eligibility criteria. In Poland, access to services increasingly hinges on national disability certification, whereas in Germany regional variation and administrative complexity delay specialised support. Shortages of medical interpretation and Ukrainian-language psychosocial care exacerbate stress and isolation.

Accessible housing remains scarce. Refugees with disabilities are often placed in facilities that fail to meet accessibility standards, and financial or administrative barriers hinder independent living. Participants in both consultations emphasised that person-centred, community-based support should replace fragmented crisis responses.



Priority Actions – Policy Challenge III:

- Guarantee equal access to healthcare, rehabilitation and psychosocial support regardless of disability certification.
- Allocate accessible accommodation based on assessed support needs, not availability of accessible apartments alone.
- Expand community-based, person-centred services, including respite care, personal assistance and supported living.
- Increase the supply of accessible housing and remove administrative obstacles to independent living.
- Strengthen medical interpretation, multilingual information and digital entry points to public services.
- Build integrated referral pathways that connect healthcare providers, municipalities, employment services and civil society organisations.

5. Strategic Directions Across Policy Areas

Cross-cutting Priorities:

1. Integrate disability, migration and informal care policies through long-term strategies that treat these domains as interdependent.
2. Recognise family caregivers as partners in inclusion and embed their needs into migration, disability and employment frameworks.
3. Institutionalise early needs assessments at arrival, linking families to accessible housing, healthcare and specialised support.
4. Remove labour market barriers by aligning benefit systems, expanding flexible work and accelerating recognition of qualifications.
5. Invest in coordinated community-based services, including psychosocial support, respite care and accessible housing, via joint action between public authorities and civil society.
6. Ensure structured participation of refugees with disabilities and caregivers in designing, implementing and evaluating policies and services.

6. Conclusion

The evidence presented in the [*Invisible Care, Unmet Needs*](#) study and the expert discussions in Berlin and Warsaw demonstrates that **disability, displacement and family caregiving can no longer be addressed through separate policy frameworks**. While Germany and Poland have made significant efforts to support refugees from Ukraine, existing systems remain fragmented and frequently fail to respond to the interconnected realities of disability and informal care.

Future policies should therefore move beyond short-term humanitarian responses towards coordinated, long-term integration strategies. This requires recognising family caregivers as key partners in support systems, ensuring equal access to services irrespective of disability recognition procedures, strengthening cross-sector cooperation and investing in sustainable community-based services.

Ultimately, improving support for refugees with disabilities and their families is not solely a matter of social protection. It is an investment in social inclusion, labour market participation and more resilient public services. Policies that enable persons with disabilities and their caregivers to participate fully in society will benefit not only refugee communities but also the long-term social and economic development of host countries.

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