

Article

Barriers to Social Service Access for Ukrainian Refugees with Disabilities in Georgia: Outreach and Communication

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Abstract: This paper aims to identify the barriers to accessing social services for persons with disabilities among Ukrainian refugees and to examine how stakeholders can reach them through communication channels. The article analyzes the challenges faced by disabled Ukrainian refugees in Georgia. We employed a mixed methods approach to address this objective, combining quantitative and qualitative research methods. We surveyed 114 Ukrainian refugees with disabilities, aged 18 to 60+ ($n = 114$), residing in Georgia, and conducted semi-structured interviews with 26 experts from civil society organizations assisting Ukrainian refugees, as well as 6 caregivers with diverse roles (e.g., mother, daughter, husband). The findings reveal significant difficulties faced by Ukrainian refugees with disabilities in accessing essential services such as healthcare, employment, psychological counseling, rehabilitation, early intervention services, legal aid, and information. The primary strategies employed by stakeholders providing humanitarian aid include individualized approaches and communication. However, while many nongovernmental organizations (NGOs) assist Ukrainian refugees, there are currently no NGOs specifically focused on supporting children and adults with disabilities in this population.

Keywords: people with disabilities; refugees; war in Ukraine; humanitarian protection; access to healthcare services; communicative strategies



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1. Introduction

Persons with disabilities consistently face certain risks and challenges during armed conflict, regardless of the geographic location or type of conflict. Inability to flee, abandonment, lack of accessible warnings, and inaccessible evacuation processes and shelters can all leave persons with disabilities at heightened risk of direct harm and death from hostilities (UNHCR 2019). Those who manage to escape the fighting face barriers in accessing short- and long-term humanitarian assistance and aid. Armed conflict also often exacerbates preexisting impairments and leads to the emergence of secondary impairments, particularly for children with disabilities and people with psychosocial and intellectual disabilities (United Nations Children's Fund (UNICEF) 2022). The loss of or damage to essential infrastructure during armed conflict amplifies existing barriers to accessing critical services (WHO 2023).

Moreover, the rate of disability in conflict-affected populations is much higher. It includes individuals with newly acquired impairments who face these risks and challenges without previous experience or understanding of inherent barriers. Significantly, in societies that have experienced war, armed conflict, or other large-scale violence and human rights violations, there will almost certainly be large numbers of people—whether they have

preexisting or acquired conflict-related impairments—who fall within this broad definition, even if they do not self-identify as disabled (Clark 2023). In this regard, it is essential to strengthen the protection of persons with disabilities in forced displacement through various disability models, with particular emphasis on the social model (UNHCR 2023).

Since the launch of the military offensive by Russia on 24 February 2022, more than 8 million Ukrainians have been forced to flee to neighboring countries and offered temporary protection by all EU countries, while an additional estimated 5.3 million people have been displaced internally (UNHCR 2023). According to international data (UNHCR 2023), as of April 2023, approximately 24,000 refugees from Ukraine reside in Georgia. Among these, around 25% are minors, 9% are over the age of 60, and 62% of adults are female. Healthcare remains a significant priority for Ukrainian refugees. Up to 34% of respondents reported having a household member with a severe or chronic illness, 7% reported disability, and 6% of respondents' households include pregnant or lactating women. Of the families with a member with a disability, 86% reported having official documentation or a disability card. Among the top priorities identified by Ukrainian refugees are affordable accommodation, food, healthcare, utility costs, clothing, and information about available assistance and services (World Vision Georgia 2023).

We argued, following Pisani and Grech (2015), that a critical approach to understanding forced migration and disability must consider broader geopolitical and historical contexts. Georgia's geographical position, coupled with the difficulties some individuals face when attempting to leave Ukraine through its western borders, has led many Ukrainians to enter Georgia from severely devastated, non-government-controlled areas via the Russian border. Many have no prospect of returning home after the war. This situation, combined with the heightened vulnerability to violence experienced by refugees with disabilities, underscores the need to examine the barriers they face in accessing social services and the role of communication in facilitating outreach to Ukrainian refugees with disabilities in Georgia.

In this research article, the authors build on the work of other scholars in the field (Aslanifard 2023; Pisani and Grech 2015; Duda-Mikulín 2024; Meekosha and Soldatic 2011). Duda-Mikulín (2024) emphasizes significant knowledge gaps concerning disabled refugees, highlighting the limited integration of migration and disability studies. These two areas have rarely been examined together despite the substantial challenges faced by disabled migrants and refugees and the overlapping issues affecting both groups. This paper aims to address these gaps and further explore the intersection between disability and forced migration, as underscored by Pisani and Grech (2015).

This paper aims to identify the barriers to accessing social services for persons with disabilities among Ukrainian refugees and to examine how stakeholders can effectively reach them through communication channels. Analyzing existing frameworks and policies also seeks to provide insights into how humanitarian responses can be better aligned to address the needs of this vulnerable group, ensuring their inclusion and protection in forced displacement contexts.

2. Methodology

This research employs a mixed methods approach, combining quantitative analysis ($n = 114$ Ukrainian refugees with disabilities living in Georgia, ages 18 to 60+) and qualitative insights from civil society organizations ($n = 26$ experts) assisting Ukrainian refugees in Georgia. In addition, six respondents (carers) participated in in-depth interviews; carers had diverse roles, such as mother, daughter, or husband. Through structured interviews and online questionnaires, valuable perspectives from stakeholders and refugees with disabilities are gathered.

We also explored various information sources regarding Ukrainian refugees, collecting secondary data from websites, Telegram chats, and Facebook groups managed by national and international agencies involved in refugee assistance. Additional data were sourced from other publicly available platforms.

Moreover, one of the hypotheses of our research methodology was based on the human rights and social model approach, and questions were designed based on these models to search for answers about accessing human rights for persons with disabilities among refugees. We agree with [Lawson and Beckett \(2020\)](#) that the social and human rights models of disabilities are different in situations of rapid emergency reaction and depend on the influence of circumstances. In particular, this model contests the influential view that the latter develops and improves upon the former (the improvement thesis) and argues instead that the two models are complementary (the complementarity thesis).

However, followers of the medical model, disability studies scholars such as [Crow \(1996\)](#), [Crowther \(2007\)](#), [Shakespeare and Watson \(2002\)](#) have claimed that the social model of disability does not provide enough explanatory value to the analysis of disability and impairment. For this reason, we will use the term “social model” here to refer to the approach to overcoming the needs of refugees through organizing conditions and lifting civil society to create inclusion and diversity. Another hypothesis of the study is that communication plays a vital role in overcoming barriers and in the inherent dignity of the human being. The study sheds light on the intersectionality of disability and displacement, often overlooked in research ([Crawford et al. 2023](#)). We also emphasized the importance of relationships between individuals with disabilities and the social system of advocating activity against segregation ([Union of the Physically Impaired Against Segregation \(UPIARS\) 1974](#)).

The sampling strategy targeted adults with disabilities, individuals with one or more chronic health conditions, and guardians of persons with disabilities (aged 18 and over who could understand, read, and speak Ukrainian). Participants were invited to take the survey in person, online, or by telephone. Convenience sampling was used to align with the study’s objectives. Partner organizations (“Unite Together”, “Volunteers Tbilisi”, “Volunteers Batumi”, “Svitanok”, and “Ukrainian House”) supported recruitment by distributing advertisements through their communication channels. The study invitation was also posted on the research team’s social media and professional networks.

The questionnaire for refugees with disabilities was designed to rapidly assess the availability of essential services and examine the communication strategies of service providers. The authors reviewed various refugee-related surveys before creating a unique questionnaire for this study. The Washington Group Short Set on Functioning (WG-SS) was utilized, grounded in the World Health Organization’s International Classification of Functioning, Disability, and Health (ICF). The WG-SS, consisting of six questions, is designed for censuses and surveys and is well-suited for disaggregating outcome indicators by disability status. Additionally, a modified RAD Questionnaire—Adults Confidential Rapid Assessment of Disability—was employed ([National Center for Health Statistics n.d.](#)).

Thus, the questionnaire used in the current study was designed based on the above-mentioned questionnaires to examine the following variables (V): (1) health conditions, (2) access to community services (barriers), (3) needs assessment, (4) outreach, and (5) humanitarian inclusion and recommendations. We also collected demographic information, including age and gender.

A purposive convenience sampling strategy was employed to select participants, including persons with disabilities (PWDs), such as those with physical, hearing, or visual impairments, and leaders of disability-focused nongovernmental organizations. Institutional Review Board (IRB, R/332-23 from 18 October 2023) approval was obtained for this

research, and a local disability expert, also a PWD, served as a consultant. Consent was secured from all participants.

Data were collected for participants with hearing impairments through an online form on the Kobo platform, and sign language interpreters were not used. Individuals with cognitive impairments were not included in this study. With that considered, we used SPSS software to count quantitative data.

3. Results

The results are divided into five parts, following the questionnaire.

3.1. Health Conditions of Refugees

Below in the Table 1, the age and gender of respondents are discussed to understand better the demographic patterns among refugees with preexisting conditions, disabilities, and impairments. According to the study, 61% of all respondents ($n = 69$) were 60 or older, and the rest were under 60 ($n = 45$). The sample included 31% ($n = 35$) males and 69% ($n = 79$) females.

Table 1. Age differentiation of Ukrainian refugees with disabilities.

		Age Group			Gender (If You Are a Guardian, Select the Gender of Your Ward)	
		Total	Under 60 Years Old	60+ Years Old	Male	Female
How old are you? (If you are filling in for someone else, indicate their age)	Total	114	45	69	35	79
	Less than 18 years old	5%	13%	0%	11%	3%
	18–29 years old	2%	4%	0%	6%	0%
	30–39 years old	9%	22%	0%	3%	11%
	40–49 years old	12%	31%	0%	9%	14%
	50–59 years old	11%	29%	0%	6%	14%
	60+ years old	61%	0%	100%	66%	58%

Thus, the age of the displaced individuals shows that older women are a high-risk group. With age, the likelihood of developing chronic diseases increases. This group is also vulnerable to becoming victims of violence due to psychological characteristics. Elderly individuals, defined as those aged 60 and older, often experience significant physical and mental changes, making them particularly vulnerable. Many face disabilities such as vision impairment, hearing loss, and paralysis. Upon retirement, elderly individuals often struggle with psychological challenges such as loneliness, feelings of worthlessness, and depression (Charoenkiatkan et al. 2024).

In this research, respondents were asked to describe their impairments or disabilities in their own words. For example, one respondent shared, “I have been visually impaired since childhood and also have thyroid issues that require regular monitoring”.

Respondents identified their health conditions as chronic, with many reporting, “I cannot hear well”, “I cannot see”, “I have mobility issues”, and “I struggle with memory problems”. Specifically, 73% ($n = 84$) of respondents reported difficulties with independent mobility, 67% ($n = 68$) of respondents had memory problems, 73% ($n = 84$) persons had vision impairments, and 39% ($n = 45$) had hearing issues. It was revealed that 72% ($n = 82$) of respondents did not discern problems with hygiene (washing or dressing), and

83% ($n = 95$) of respondents said that they did not need help in communicating using sign language to be understood. Based on these data, it should be noted that the sensory impairments among Ukrainian refugees, including blindness, deafness, physical disabilities, and cognitive impairments, are highlighted (Table 2). Blindness and deafness were most frequently reported among individuals aged 60 or older.

Table 2. Kind of Disabilities and Impairments among Ukrainian Refugees.

Do you Have Vision Problems Even If You Wear Glasses?		Do You Have Hearing Problems Even with a Hearing Aid?		Do You Have Trouble Walking or Climbing Stairs?		Do You Have Problems with Memory or Concentration?	
No	Yes	No	Yes	No	Yes	No	Yes
30	84	69	45	30	84	46	68
26%	74%	61%	39%	26%	74%	40%	60%

Health challenges further exacerbate the difficulties faced by elderly refugees, with the most common concerns being musculoskeletal, respiratory, and cardiovascular diseases. A nationwide cross-sectional study examined the prevalence of stress, anxiety, and PTSD symptoms among Ukrainians after the first year of the Russian invasion. The authors report that 20.8% of NDPs, 21.0% of IDPs, and 27.7% of refugees were diagnosed with mental health issues, including specific disorders. Refugees reported previously diagnosed mental health issues more frequently than other groups and were also more likely to receive regular mental healthcare compared to NDPs and IDPs (Lushchak et al. 2024).

In the current study, one respondent, who works with Ukrainian refugees as a coordinator in the social shelter sector, noted signs of post-traumatic stress disorder (PTSD) in Ukrainian refugees, particularly in an elderly person:

“Somebody’s stress symptoms are severe. We have one case, for example. An older man and his daughter live in a social housing apartment. They have, shall we say, a fixation on collecting. Why has it become? Because as is a powerful person, not sick, and has psychological problems. Because they, during the bombing, got under such rubble and lived there for two weeks or something in the basement in a room piled up without water, without clothes, without anything. Died in the head, of course, the person already has, accordingly, fear and phobia. So they all they can, they are carried into the room. What if something suddenly happens again, that I have everything here, and it turns into inadequate behavior” (RNGO#9)

Respondents were asked to describe in their own words their physical, mental, or educational disability or if they have chronic diseases that require constant medical intervention. The most frequent words among the answers are chronic problems ($n = 17$), diseases ($n = 15$), hypertension ($n = 15$), and disability ($n = 11$). Then, respondents frequently mentioned the following illnesses and diseases: cardiovascular disease ($n = 3$), chronic pancreatitis ($n = 3$), cirrhosis of livers ($n = 3$), arthrosis ($n = 6$), types of diabetes (3), pain problems ($n = 4$), oncological symptoms and cancer ($n = 7$), chronic bronchitis and bronchial asthma ($n = 4$).

As it is revealed, most respondents have health problems and require additional equipment such as canes, glasses, wheelchairs, and other assistive devices, and medical treatment (“I have an oncological disease, I need medical treatment and examination” (woman, 60+ years old) Describing disability, it should be noted that a 64-year-old woman faces a complex of problems. She said:

“Complete hearing loss in one ear and limited hearing by 20% in the other create difficulties in communication and perception of the surrounding environment. Vision problems also complicate the situation. Physical difficulties include the protrusion of two vertebrae and their displacement, which makes movement difficult and leads to painful sensations. These back problems limit my ability to lead an active lifestyle. In addition, problems with memory and concentration make everyday tasks challenging. Taking into account chronic diseases and the need for constant medical intervention, I consider myself a vulnerable person who needs help and support in various aspects of life” (Woman, 60+ years old). Often, respondents mentioned the existence of complex impairments. “I have bronchial asthma, constantly take medication, second disability group. Additional problems in connection with the main disease—hypothyroidism and arthrosis of the joints” (Woman, 50–59 years)

More than half of the respondents were women, 69% ($n = 79$), with 58% aged 60 and above. Strong correlations between disability, age, and female gender highlight a significant association between these factors (Pearson Chi-Square Test).

Furthermore, the proposed research included respondents who were caregivers/guardians of children with disabilities. In total, 18 guardians/caregivers participated in the study (about 16%); 61% of these respondents were female. They describe the following symptoms of children:

- *“The child who is male, age under 18, hardly speaks, poorly understands spoken language” (Female, 33 years old);*
- *“My son is diagnosed with autism, he does not speak very well, his behavior needs correction, so the appointments of a psychologist and a speech therapist are constant” (Female, 39 years old);*
- *“My child (boy, under 18) has a Diagnosis of epilepsy” (Female, 48 years old);*
- *“My child (girl under 18 years old) has Acute myeloid leukemia in remission” (Female, 46 years old);*
- *“Son, seven years old, diagnosed with childhood autism. Needs constant support, lacks socialization, speech is developed at the everyday level (one-word speech or phrases of several words), lacks a sense of self-preservation, and partial self-care” (Female, 39 years old);*
- *“My disabled girl is 14 years old and has Down syndrome” (Female, 43 years old).*

In this research, caregivers of children with disabilities highlighted a range of conditions, which underscore the complex needs of children with disabilities and the importance of continuous care and therapeutic interventions. Parents of children with intellectual disabilities also say that they have a high range of healthcare needs but experience difficulties accessing preventative healthcare (Golder et al. 2024).

3.2. Refugees' Access to Community Services (Barriers)

An analysis of access to organizations and institutions that provide for the needs of people with disabilities showed that 13% of respondents with vision problems answered ‘yes’—they had difficulties accessing services. Persons with hearing impairments answered ‘yes’—13%; persons with disabilities who have difficulties with climbing—15%; and those with memory and concentration issues also stated that they had no opportunity to independently turn to organizations or institutions that assist them in any way—15%. See Table 3 below.

Table 3. Health conditions and opportunities to request help.

Conditions		Vision Problems Even If You Wear Glasses		Hearing Problems, Even with a Hearing Aid		Trouble Walking or Climbing Stairs		Problems with Memory or Concentration	
		No	Yes	No	Yes	No	Yes	No	Yes
Do you have the opportunity to turn to organizations or institutions that assist independently in any way?	Total	30	84	69	45	30	84	46	68
	Yes	83%	87%	86%	87%	90%	85%	87%	85%
	No	17%	13%	14%	13%	10%	15%	13%	15%

The data highlight the specific percentages of individuals across various disability categories who report having the opportunity or not to seek help independently.

As we mentioned when we described our methodology, we were based on the social model of disability. It is also important to emphasize, however, that different types of disabilities may require somewhat different responses to addressing accessibility issues, and this should be kept in mind when considering models of disability. There are different models of disability.

According to the medical model, disabilities are considered medical problems that need to be cured or treated in order for a person to live a “normal” life. It focuses on a person’s impairment as the reason they cannot access goods and services or participate fully in society. When disability is viewed from a medical model perspective, the focus is on what a person is unable to do and how to fix the impairment so the person can function in society. The International Classification of Functioning, Disability, and Health (ICF) describes and organizes information on functioning and disability. It provides a standard language and a conceptual basis for defining and measuring health and disability (2024). In this regard, accessibility by modalities includes hearing disabilities, visual disabilities, mobility impairments, speech, language, communication disabilities, intellectual, mental, and cognitive disabilities, and people after traumatic events or under stress.

While these different elements of accessibility are relevant to the human rights ([Convention on the Rights of Persons with Disabilities \(CRPD\) 2006](#)) of refugees with disabilities—particularly transportation, information, and communications—here, the questions were asked about a specific dimension of accessibility: access to health services, employment opportunities, psychological consultations, education or skills training, legal assistance, schools, rehabilitation services or early intervention, assistive devices, disabled persons organizations, social and religious activities, government social welfare services, disaster or emergency information, and transportation. Each of these areas is linked to a particular human right.

Respondents were asked about their level of access and inclusion in various services over the last six months, how often they had access to the services as much as needed, and the barriers to accessing them. The question, “In the last six months, have you had access to healthcare as often as necessary?” The answers were distributed in the following way:

- 30.7% responded, “Yes, as I need”.
- 18.42% responded, “Mostly”.
- 11.4% said, “Not at all”.
- 11.4% needed to learn about these services.
- 4.39% reported they “did not need access to services”.

Next, respondents were asked to list all the reasons that prevented them from accessing services as much as they needed, including services such as medical services, the

ability to work and earn money, psychological counseling, legal aid, education, access to rehabilitation and early intervention services, adaptive devices, access to organizations for people with disabilities, participation in community social activities, attending and participating in religious activities, public benefits, emergency information, and transportation. Respondents were asked to choose the most significant reason/barrier from the selected options. See Table 4 below.

Table 4. The main restrictions on access to different services.

What Are the Reasons for/Difficulties Leading to the Fact That You Could Not Use as Much as You Needed?	Lack of Information	No Service/Facility	Physical Accessibility Difficulties	Negative Attitude of the Services Towards You in the Institution	Cost of the Service/Facility	Lack of Personal Assistance	Family Did Not Want Me to Use the Services/Facilities
health services	19%	10%	13%	3%	80%	4%	0%
work and earn money	24%	18%	42%	1%	30%	7%	1%
psychological counseling	50%	8%	25%	0%	35%	10%	6%
legal aid	58%	16%	16%	0%	23%		3%
school	53%	29%	18%	0%	6%	6%	
rehabilitation or early intervention services	39%	15%	13%	0%	61%	2%	2%
adaptive devices	56%	4%	22%	0%	33%	7%	0%
organizations for people with disabilities	66%	13%	9%	0%	31%	9%	0%
participate in community social activities	49%	4%	31%	0%	18%	10%	0%
attend and participate in religious activities	54%	4%	21%	0%	18%	7%	4%
public benefits	54%	10%	25%	2%	25%	6%	2%
emergency information	71%	13%	10%	0%	13%	13%	0%
transport	22%	7%	33%	0%	33%	11%	0%

When asked about difficulties in accessing social services, respondents 50–59 (11%) have encountered difficulties or barriers when receiving social services, and those 60+ years old (78%) have a significant issue.

Have you encountered difficulties or barriers when receiving social services? “Yes”— $n = 18$ respondents (33% male and 67% female) out of $n = 96$ respondents said “no” (70% female vs. 30% male). The most obvious one is physical barriers. For refugees, some new aids and devices are expensive—a financial barrier. Physical barriers include flights of stairs, curbs, and doorways too narrow to permit a wheelchair to pass. So, it is true that in Tbilisi, many physically disabled people have difficulty getting to and from work (CRRC-Georgia 2022).

Among those facing challenges ($n = 18$), 78% had vision problems, and 6% had significant vision issues. Additionally, 28% reported hearing problems. Notably, 44% have significant mobility issues, 39% have minor mobility issues, and 6% cannot do anything. Almost half (50%) of those who faced problems accessing social services have memory issues, with 11% unable to perform any tasks. Personal hygiene difficulties, which indicate an inability to take care of oneself and perform essential self-care tasks, were reported by 17%. Only 6% of those not receiving social services require help with sign language communication to be understood.

Despite all this progress, the fact remains that most disabled people do not have full-time jobs. The obtained results show that barriers still keep them from obtaining

employment. Interviewed respondents claim that medical care is minimal and given that injured persons can only receive it according to the size of their insurance policy, many refugees with disabilities from Ukraine do not have access to it due to their difficult financial situations.

The respondents claim that attitude barriers are less obvious. Refugees arrive with prior experience of biased attitudes towards them that had formed in Ukraine. In 2023, the “League of the Strong” public union initiated the first national study on the perception of people with disabilities. The study focused on the following aspects: perception of people with disabilities, stereotypes, Assessment of various areas and initiatives, and identification of problems. The insufficient number of social payments and assistance from the state and the unsuitability of premises and the environment are the problems most often faced by people with disabilities in Ukraine (63% of respondents).

The value of the index of perception of stereotypes about people with disabilities shows that society’s attitudes toward this group are socially desirable. On the one hand, respondents declare a relatively high level of approval for the social integration of people with disabilities and personal comfort in communicating with them, but at the same time, the indicator of social stigmatization remains close to the average (League of the Strong 2023).

The perception of people who live with disabilities is often clouded by prejudice and stereotypes, primarily due to a lack of actual knowledge and exposure. Study shows that almost all organizations that aid Ukrainian refugees, including persons with disabilities, do not encounter and include people with disabilities in their strategy sessions. For the questions about strategies and approaches that organization uses to ensure the participation and involvement of refugees with disabilities in the planning and decision-making processes related to providing social services, the answers are distributed in the following manner:

“Joint strategic sessions are held infrequently. It has yet to happen with the Ukrainians”
(RNGO#13)

“There is no need for this. We are entirely open and provide free information services. However, it is easy to get to us physically, too; we are in the center near the metro, but there are steep slopes and a ladder” (RNGO#11)

“We support Ukrainian nongovernmental public organizations in the implementation of projects, which also give us feedback” (RNGO#12)

“There were no joint strategy sessions. Although we do not directly involve our beneficiaries in project planning, we have refugees from Ukraine working on the project who give feedback, give their vision of events, and understand the needs of refugees like no one else”
(RNGO#17)

In this research, caregivers of people/children with disabilities highlighted the barriers of the lack of assistants of teachers and, in this regard, the absence of classes. As a result, there is a lack of socialization of children with disabilities and a low communication culture in a part of society with people/children with disabilities:

“There is a problem with the school for my child. He needs special conditions and a teaching assistant to help him. It is difficult to find such support here, especially someone who speaks Russian or Ukrainian” (RCCwD#2)

3.3. Needs Assessment Strategies Used by Organizations

The proposed study identifies the main types of stakeholders (government and non-government) who provide humanitarian assistance and support.

Several institutions represent government support. One of the leading players is the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labor, and Social Affairs of Georgia (IDP agency)’s Department of Issues of the Internally Displaced

Persons; the Department of Migration Issues, Resettlement and Refugees; the Ministry of Education and Science, and local municipalities. This agency (IDP agency) regulates the issues related to obtaining asylum in Georgia. The law provides international protection for refugees with humanitarian status and the status of a person under temporary protection according to the UN's 1951 Convention (Chelidze 2013).

Nongovernmental organizations also offer essential services. Following the invasion of Ukraine and the arrival of Ukrainians in Georgia, many local refugee-led initiatives were established to provide humanitarian and psychosocial assistance to those in need. In Georgia, we noted four main types of stakeholders that provide humanitarian aid and support. We studied the following types of organizations:

- (1) Religious-based groups (IOCC/International Orthodox Christian Charity, ADRA, The Salvation Army Georgia, Caritas, SSK/The Samaritan Association of Georgia);
- (2) People's Organizations (POs)—these are grassroots volunteer organizations (Volunteers Tbilisi, Tvoia Ukraina, Choose to Help, Emigration for Action, Center for Help to Ukrainian Refugees in Batumi, Maidan Batumi);
- (3) Community-Based Organizations (CBOs)—CBOs are generally organized to directly address the immediate concerns of their members (“United Together”, “Consent”).
- (4) Operational CSOs include international nongovernment organizations (INGOs), usually headquartered in developed countries, and national-level NGO, whose attention is directed toward issues and interests in the countries in which they are based (INkuLtur, World Vision, UNFPA, PIN (People in Need), Save the Children, Care Caucasus, UNHCR).

See below Table 5:

Table 5. How was vulnerability determined by the agency or agencies?

		Do You Have Vision Problems Even If You Wear Glasses?		Do You Have Hearing Problems Even with a Hearing Aid?		Do You Have Trouble Walking or Climbing Stairs?		Do You Have Problems with Memory or Concentration?	
		No Problems	Has Problems	No Problems	Has Problems	No Problems	Has Problems	No Problems	Has Problems
Have your needs identified through		30	84	69	45	30	84	46	68
	medical record analysis	30%	32%	36%	24%	37%	30%	39%	26%
	self-care and mobility assessment	7%	6%	9%	2%	3%	7%	11%	3%
	filling in a particular survey/questionnaire	63%	58%	61%	58%	60%	60%	67%	54%
	consultation with a social worker	30%	32%	33%	29%	30%	32%	37%	28%
	visiting me at my home, where I currently reside	60%	50%	51%	56%	47%	55%	52%	53%
	a telephone survey	10%	30%	26%	22%	20%	26%	35%	18%
	other	3%	1%	3%	0%	3%	1%	2%	1%

Based on the data we received regarding the methods used by organizations assisting in assessing needs, it can be concluded that the most commonly used method is filling out specialized forms (58% of those with vision and hearing impairments, 60% of those with mobility issues, and 54% of those with memory and concentration difficulties). Additionally, stakeholders conduct home visits to check on and collect data on beneficiaries. Phone surveys are rarely used, and assessments of mobility and self-care are also conducted infrequently.

In this research, we focus on the content of the needs assessment that highlights the need for an expanded definition of the needs of Ukrainian refugees with disabilities in Georgia.

Questions were asked to identify criteria that help to understand gaps in the following priorities of the organization:

- Addressing the needs of vulnerable people, particularly people with disabilities.
- Improving access to quality healthcare services by raising awareness and knowledge about the health system and services and collaborating with other government and nongovernment organizations to deal with efficient referral pathways.
- Ensuring adequate preparation of members of organizations to respond to ongoing and new emergencies.

Qualitative interviews revealed that this organization does not use the needs assessment of people with disabilities as a complex approach. Humanitarian aid was given to all Ukrainian citizens who moved to Georgia on 1 January 2022. The data highlight gaps between the needs of beneficiaries and the delivery of assistance and violence. The next quote shows how volunteers cannot fill the gaps in vital and basic needs. As indicated by RNGO#6, one of the primary challenges is a significant financial gap between their resources and the medical needs of refugees. This financial constraint complicates the delivery of effective medical support for refugees.

“Now, more health services are needed, but we do not have the resources. In addition, refugees need help to integrate into communities, but few humanitarian organizations provide such services (job search, for example, and support from resume writing to interviews)” (RNGO#6)

Over time, the problems of volunteer organizations still do not define the primary purposes of needs assistance. It is the first stage, and for further strategic levels, they do not decide about critical issues, such as what kinds of data need to be searched for, what types of vulnerable groups of refugees need more support, and for what that support is needed (Bryman 2012).

“We are collecting information about names and surnames, date of birth, and date of crossing the border in Georgia. Also, we are asking for phone numbers or profiles in Telegram. We understand all duties, so we refused to collect personal data. We do not segregate on other criteria. We do not have specialists educated about needs assessment and humanitarian standards” (RNGO#1)

One of the respondents mentioned that the organization does not have the capacity for needs assessment and evaluates newcomers using the simplified scheme, which includes collecting personal data, family sizes, and the verification of identification documents. Interviewed stakeholders mentioned that they would welcome special training on improving their services, but they face fundraising challenges.

3.4. Outreach and Communication

Attitudinal, physical, and system-level barriers such as lack of access to information, reduced clinician–patient communication, discrimination, lack of reasonable accommodations, and rationing of medical goods have worsened health service accessibility for PWDs created due to the COVID-19 pandemic. Now, digital technologies are used by many social institutions and with refugees in emergencies.

Table 6, “Reaching people with disabilities among Ukrainian refugees by humanitarian organizations”, contains data on interaction methods with services and health issues, particularly vision, hearing, walking, and memory problems. First, the data are analyzed by emphasizing interaction methods with services. The most common method of interaction with services is visiting offices in person, which constitutes most cases. Other popular methods include phone calls and instant messaging.

In the “no vision problems” category, 46.67% of people primarily visit offices in person, 16.67% use phone calls, and 33.33% use instant messaging. In the “with vision problems” category, the corresponding percentages are 54.76%, 40.48%, and 45.24%.

In the “no hearing problems” category, 57.97% of people primarily visit offices in person, 36.23% use phone calls, and 36.23% use instant messaging. The corresponding percentages in the “with hearing problems” category are 44.44%, 31.11%, and 51.11%.

In the “no walking problems” category, 43.33% of people primarily visit offices in person, 33.33% use phone calls, and 40% use instant messaging. The corresponding percentages in the “with walking problems” category are 55.95%, 34.52%, and 42.86%.

Memory and Concentration Problems: In the “no memory problems” category, 50% of people primarily visit offices in person, 34.78% use phone calls, and 43.48% use instant messaging. In the “with memory problems” category, the corresponding percentages are 54.41%, 33.82%, and 41.18%.

Table 6. Reaching people with disabilities among Ukrainian refugees by humanitarian organizations.

		Do You Have Vision Problems Even If You Wear Glasses?		Do You Have Hearing Problems Even with a Hearing Aid?		Do You Need Help Walking or Climbing Stairs?		Do You Have Problems with Memory or Concentration?	
		No Problems	Has Problems	No Problems	Has Problems	No Problems	Has Problems	No Problems	Has Problems
Please choose the answer best describes how you communicate with service and aid providers.	Total	30	84	69	45	30	84	46	68
	We mostly visit in person at the offices of service providers	47%	55%	58%	44%	43%	56%	50%	54%
	By phone calls	17%	40%	36%	31%	33%	35%	35%	34%
	Through instant messaging	33%	45%	36%	51%	40%	43%	43%	41%
	Via video conferencing	0%	1%	1%	0%	0%	1%	2%	0%
	Specialists at home visit us	67%	55%	54%	64%	47%	62%	61%	56%
	Other	0%	1%	1%	0%	3%	0%	2%	0%
What formats and channels of communication are most accessible to you?	Total	30	84	69	45	30	84	46	68
	Personal visits to the helping organization	47%	40%	46%	36%	47%	40%	48%	38%
	Phone calls	43%	51%	59%	33%	53%	48%	59%	43%
	Messages via messaging apps (e.g., WhatsApp, Telegram, Viber)	60%	73%	68%	71%	67%	70%	72%	68%
	Social networks (Facebook, Instagram)	23%	15%	14%	22%	20%	17%	20%	16%
	Visiting us at home	37%	26%	29%	29%	17%	33%	33%	26%
	Video conferences or online platforms	0%	2%	3%	0%	0%	2%	2%	1%
	Other	0%	1%	1%	0%	3%	0%	2%	0%

According to the Convention on the Rights of People with Disabilities, article 2 defines communication as “Communication” including languages, display of text, Braille, tactile communication, large print, accessible multimedia, written, audio, plain-language, human-reader, and augmentative and alternative modes, means, and formats of communication, including accessible information and communication technology.

Overall, people with specific health problems are more likely to use personal visits to service offices than other interaction methods.

“We have an announcement on the Facebook page that a particular “Children’s Space” page has been created and on the Telegram pages of other organizations that our facilitators are subscribed” (RNGO#11)

3.5. Humanitarian Inclusion and Recommendations

Respondents were asked how humanitarian agencies can incorporate and prioritize humanitarian principles when addressing the needs of Ukrainian refugees with disabilities. The most frequent answers were: “Providing specialized medical services and rehabilitation” (80.7%) and “Consideration of the individual needs and opportunities of every person with disabilities” (31.6%).

The exciting part of analyzing possible interaction pathways with refugees relates to responses to the statement, “Providing access to education and creating conditions for learning for persons with disabilities”—19 from 114. This is 16.67%. At the same time, only 5 of the respondents chose the answer “providing information”, and 9 from 114 chose the answer “dissemination of special needs to persons with disabilities among humanitarian employees and volunteers”. A total of 17% (15 out 114) of respondents were deeply concerned about creating adapted infrastructure and aiding people with disabilities. The respondents believe that the role of the humanitarian agencies is “Promotion of social inclusion of persons with disability”, from the 14% (12 out 114) of refugees to the host communities, and “Involvement of the consultants and experts among people with disabilities before implementation projects and program planning”, according to 13% (11 out 114).

The next question was, “Have you received information or training from humanitarian organizations about your rights as a person with a disability?” An answer to this question follows:

“Representatives of a humanitarian organization came to us and talked about international Law in the field of refugees with disabilities. I do not remember which organization it was. They advised us to hire a lawyer and get them to provide us with free access to medical services, namely rehabilitation measures” (a woman, a caregiver, 0 years old)

The average score of 59% indicates that the participants received information or education about their rights as human beings with disabilities from humanitarian organizations.

However, all disabled people have abilities. They can and do use these abilities to obtain education, perform meaningful jobs, support families, and contribute to their communities.

Government services were seen by respondents mainly as providing information on preparing and communicating about what is happening on the side of the government, what changes in local legislation are regarding the rights and conditions of protection of refugees, and where to find aid. Some may interpret this as a lack of trust and capability in official government services and the need for more community cooperation to build trust and mutual respect. The following quotes prove the above finding:

“Insufficient coordination between organizations that work on a volunteer basis and, for example, government organizations that assist refugees and people with disabilities. Our help covers basic food needs approximately, but no more” (RNGO#5)

“There is a particular gap between volunteer public organizations and government ones, including the Ukrainian Embassy. They do not help or support, there is not enough attention and feedback, and there is not enough unity” (RNGO#5)

4. Discussion

The current study focuses on the “social model”, which examines external environmental, institutional, and attitudinal barriers preventing persons with disabilities from

equal opportunities and participation in society. The social model asks, “What can be done to remove barriers to inclusion?” (UNHCR 2019).

One of the main principles of the Convention on the Rights of People with Disabilities is accessibility and respect for the right of people with disabilities to preserve their identities. The CRPD adopts a very comprehensive and multi-dimensional approach to the concept of accessibility. Article 9(1) states that to enable persons with disabilities to live independently and participate fully in all aspects of life, governments, who are participants, shall take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (Convention on the Rights of Persons with Disabilities (CRPD) 2006).

We acknowledge Duda-Mikulin’s (2024) assertion that the intersection of migration and disability often results in heightened social vulnerability, contributing to marginalization from societal norms and mainstream services. This perspective is particularly salient in countries aspiring to EU membership, such as Georgia. In such settings, access to social services for disabled refugees plays a pivotal role in determining their inclusion or exclusion. The adequacy of these services significantly influences the promotion of diversity and the broader social integration of persons with disabilities. This research investigates these dynamics by engaging with Ukrainian refugees with disabilities to assess their access to social services and to explore the extent to which such access facilitates inclusion or perpetuates exclusion.

We fully support Duda-Mikulin’s (2024) observation that the intersection of migration and disability amplifies barriers, leading to compounded disadvantages and heightened experiences of social marginalization. In Georgia, most organizations participating in our research reported that they do not differentiate refugees with disabilities from the broader refugee population or conduct specific needs assessments. Only 7 out of 26 stakeholders indicated that they identify and address the needs of persons with disabilities among Ukrainian refugees.

A critical aspect of this discussion is clarifying the roles played by various organizations. Of particular importance is the role of organizations under the UN umbrella, specifically UNFPA and UNHCR, which were included in our study. These organizations adopt a perspective aligned with, rather than distinct from, the established typology of stakeholders.

The typology identifies three primary categories of stakeholders. The first category comprises government organizations, including ministries in Georgia, such as Health, Education, and Social Services. The second category encompasses nongovernmental organizations (NGOs) operating independently of government control. The third category includes global intergovernmental organizations (GIGOs), which function across multiple categories by integrating elements of governmental, nongovernmental, and intergovernmental frameworks.

Notably, UNFPA operates as a subsidiary organ of the UN General Assembly. It reports to the UNDP/UNFPA Executive Board, which comprises UN Member States and receives overarching policy guidance from the UN Economic and Social Council (ECOSOC). All CSOs aim to develop an inclusive society for sustainable development with the involvement of local communities and sustainable livelihoods for them. Addressing challenges requires the entire humanitarian community to strive for local capacity development (Frennesson et al. 2022). As has been revealed in our research, interviewed respondents prefer “grassroots organizations”, particularly those that are in contact with their beneficiaries at humanitarian aid points, such as “Volunteers Tbilisi”.

As refugees with disabilities face unique challenges due to displacement and limited resources, a comprehensive evaluation of their needs is essential. The nongovernment organizations should incorporate a needs assessment in their practice and use it in Community-Based Protection (CBP). Insights can contribute to a more holistic understanding of the support this vulnerable population requires.

In this research, refugees' needs, including shelter and accommodation, were a key priority for many new arrivals. Some initially came to live with family and friends already in Georgia. However, many did not have a destination in mind, and those without family support networks locally were likely to be more vulnerable. One local solution implemented was encouraging refugees to disperse to the resettlement hotels for Ukrainian citizens with three meals a day. Protection risks included family separation, loss of support networks, mental health trauma, potential discrimination, limited service and resource access, and gender-based violence risks (Ihnatenko and Sadzaglishvili 2023a).

Another pressing issue was the risk of infectious diseases and limited access to medical care. The absence of patient health records exacerbated disruptions in chronic disease management. Refugees endure significant psychological distress due to family separation, loss, fear, and uncertainty about the future. This distress often manifests as behavioral problems in children, anxiety in adults, and sleep disturbances. Awareness of available services among refugees remains inadequate, disproportionately affecting people with disabilities. According to the UNHCR (2023), 43% of respondents felt they lacked sufficient information about available assistance and services, while 44% highlighted the inadequacy and lack of clarity of information regarding healthcare services.

Although the refugee situation in Georgia has become less critical compared to 2022, addressing it will require sustainable long-term strategies. As part of this effort, there has been increased focus on enhancing the professional capacities of civil society organizations to tackle the complex challenges faced by refugees. However, existing reports continue to identify significant gaps between theoretical frameworks and their practical implementation (Popescu and Libal 2018).

The availability of resources within host communities plays a crucial role in protecting refugees, particularly those with disabilities. Effective community-based protection involves a comprehensive assessment of intrapersonal, interpersonal, and environmental factors within the host community. This approach integrates societal, community, organizational, family, and individual determinants to address the needs of both children and adults. It represents a system-based model of service delivery across micro, meso, exo, and macro levels (Ihnatenko 2023).

It has been revealed that nonprofit organizations lack a comprehensive approach to needs assessment for people with disabilities and have limited fundraising capacities. Concerning the interviews, we can suggest that nonprofit organizations lack a comprehensive approach to needs assessment for people with disabilities and have limited organization capacity building and fundraising. Insufficient government support and coordination with main humanitarian actors also pose challenges to providing social assistance to outreach programs and understanding beneficiary needs. To ensure inclusivity for vulnerable groups, such as individuals with disabilities, organizations should address and/or refer to these issues more effectively (Ihnatenko 2023).

In the context of humanitarian inclusion, the integration of disability within the global development agenda has garnered considerable attention. Disability is now recognized as a fundamental element of the global development framework, increasingly conceptualized through the lens of "rights-based development". While advocates and activists regard this mainstreaming as a progressive step towards equality, it also presents potential challenges.

These include the risk of superficial inclusion of disabled individuals and the possible erosion of their autonomy and equality (Meekosha and Soldatic 2011).

This study explores how Ukrainian refugees with disabilities engage with local Georgian disability movements and global mobilization efforts. Nongovernmental organizations (NGOs) play a pivotal role in addressing the health needs of migrants and refugees by adopting long-term perspectives, fostering innovation and flexibility, operating in a non-political manner in contested areas, and building trust among individuals who may distrust governmental authorities (Shoib et al. 2022). As noted by Meekosha and Soldatic (2011), the exclusion of disabled individuals from the decision-making process risks positioning them as “victims” of human rights initiatives rather than empowering them as active agents of social change.

Humanitarian interventions in refugee situations have been widely criticized for ignoring the needs of refugees with disabilities. Disability advocates have pointed out that, despite recognizing this gap, humanitarian agencies have been slow to respond (Mirza 2011). While this characterization is mainly accurate, we have yet to notice that something has changed in Georgia. The UNHCR rightly argues that humanitarian providers must identify the needs, practices, and concerns of persons with disabilities. However, they do not elaborate on how they might do this beyond underscoring the need for disability mainstreaming (UNHCR 2023).

Communication with people with disabilities, adopted during COVID-19, aimed to overcome attitudinal, physical, and system-level barriers, such as lack of access to information, reduced clinician-patient communication, discrimination, lack of reasonable accommodations, and rationing of medical goods (Agbelie 2023). The ubiquity of smartphones in most settings enabled social workers to scale up remote services and communicate with beneficiaries (Roitblat et al. 2022).

Building on the shift toward remote communication and services for people with disabilities during COVID-19, the increasing integration of digital technologies has become essential in social work, especially in crisis or displacement. Digitalization has quickly become integral to the daily lives of the general public and specialists, but social researchers still face challenges in examining how it affects social services, particularly in situations of war or crisis. As these technologies continue to evolve, they play an increasingly vital role in the delivery of services. This issue is especially pressing for vulnerable groups, such as internally displaced persons and refugees, who often encounter significant barriers in accessing essential support in both local and host communities (Ihnatenko and Sadzaglishvili 2023b).

However, it is essential to ensure that digitalization includes vulnerable populations who may not have access to technology. The problem of access is particularly relevant for refugees. They often depend on their mobile phones in many ways, such as to find their way to a safe region and take advantage of education, jobs, housing, and medical services upon arrival. Many refugees must stay in touch with friends and family left behind in their home countries (Ihnatenko and Sadzaglishvili 2023a).

The term “persons with disabilities” is widely recognized at the international level, notably within the framework of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), as highlighted by Meekosha and Soldatic (2011), who argue that this terminology has been central to the advocacy for the recognition of disabled individuals. While this assertion holds validity to some extent, our research reveals that Ukrainian refugees with disabilities identify as disabled based on various forms of impairment. They report receiving aid and support primarily when they possess official medical documentation verifying their disability or invalidity.

The second term is “an identity-first approach” and reflects the so-called social model of disability, which emphasizes the role of societal factors and norms in fostering disability

support (distinct from individual limitations caused by impairment) (Shakespeare and Watson 2002). From our research, we have noticed that organizations working with refugees, including those with disabilities, implementing humanitarian aid programs, use terms that are not tolerant and focus on a person's shortcomings, not their personality. Instead, individuals and communities often prefer person- or identity-first language (Clark 2023).

5. Implications and Future Directions

The findings of this study have significant implications for the provision of healthcare, social services, and overall support for Ukrainian refugees in Georgia, particularly those with disabilities. Additionally, these results highlight areas for future research to address persistent gaps and challenges. Below, we explore these implications and propose directions for further investigation.

Firstly, the research underscores the urgent need to address healthcare access for older refugees with chronic diseases such as cardiovascular disorders, diabetes, and respiratory conditions. Many Ukrainian refugees in Georgia have been residing in the country for several years, but remain classified as tourists rather than refugees, which severely limits their access to essential medical services. This uncertain legal status prevents them from benefiting from free healthcare, a situation that is especially problematic for individuals requiring ongoing medical care. The situation underscores the urgent need for policy reforms that more effectively address the healthcare needs of long-term displaced populations, such as Ukrainian refugees in Georgia (Shimoda et al. 2024). Future studies should examine the long-term impact of limited healthcare access on refugees with chronic conditions and explore policy reforms that could facilitate their integration into public health systems. Research should also consider strategies to improve healthcare accessibility, including mobile health services and community health initiatives tailored to displaced populations.

Secondly, this study highlights the lack of rehabilitation services for Ukrainian refugees with disabilities in Georgia. Structural barriers, including the cost of services, insufficient information, and inadequate physical accessibility, significantly hinder their access to healthcare. Bureaucratic obstacles further exacerbate these challenges, while disability stigma among healthcare providers remains a pervasive issue. A wide range of factors determine PWDs' health statuses, including existing health conditions, types of disability, livelihood, and access to services (Pisani and Grech 2015). Future research should focus on identifying effective interventions to reduce these barriers, such as implementing targeted training programs for healthcare professionals to combat disability stigma and streamline processes for accessing free health insurance. Investigating the role of community-based rehabilitation programs and their potential to enhance the quality of life for refugees with disabilities is another critical area for future exploration.

Communication has emerged as a crucial factor in addressing the needs of refugees with disabilities. Modern technology, including social media platforms and mobile applications, facilitates the dissemination of information about available services. However, the findings indicate a lack of verified and targeted communication from government authorities to key stakeholder groups. Outreach to Ukrainians in Georgia is well-organized, but helpers claim they feel a lack of verified key information and targeted communication from the government (Pisani and Grech 2015). Future research should examine how technology can be better leveraged to improve communication and information-sharing among refugees, service providers, and policymakers. Additionally, studying the effectiveness of community-driven initiatives, such as the Telegram group "Unbroken in Sakartvelo", in fostering information exchange and support networks would provide valuable insights into best practices for digital outreach.

The study also identifies the importance of inclusive environments and accessible communication methods for individuals with sensory impairments, such as deafness or blindness. Organizations such as “Unite Together” have demonstrated success in addressing these needs, but more comprehensive efforts are required to ensure inclusivity across all service providers. The respondents ($n = 48$) indicate that organizations such as “World Vision” and “Volunteer Tbilisi” have a positive impact on building trust and communication (Shimoda et al. 2024). Future research should evaluate the effectiveness of specific interventions, such as assistive technologies and accessible design principles, in improving service delivery for refugees with sensory impairments.

Additionally, the interaction between refugees with disabilities and social services highlights the importance of fostering social connections and participation. The data reveal that building personal relationships and engaging in community activities significantly enhance refugees’ integration and access to support. For instance, one respondent, a 67-year-old woman with a chronic illness, transitioned from participating in nonformal education classes to facilitating group activities for senior refugees. This example illustrates the potential for self-help and mutual support networks to empower refugees and bridge cultural gaps. Future studies should explore the role of community engagement in promoting resilience and self-reliance among refugees with disabilities (Aslanifard 2023).

Finally, the findings suggest that while grassroots organizations play a critical role in providing immediate assistance, their efforts often lack strategic direction and long-term sustainability. Future research should investigate ways to strengthen the capacity of these organizations through training in communication skills, fundraising, and needs assessment. Additionally, studies should explore mechanisms for fostering collaboration between grassroots organizations, larger NGOs, and government agencies to create more coordinated and effective support systems (Oviedo et al. 2022).

6. Conclusions

Our research highlights the critical importance of studying the accessibility of social services for refugees as a means of identifying gaps and directing the efforts of organizations operating in the humanitarian sector to address these shortcomings. Refugees with disabilities face particularly significant challenges in accessing such services. The psychological toll of war, including depression and trauma, coupled with the strenuous circumstances of evacuation, depletes the internal resources of Ukrainian refugees, making it difficult for them to navigate these barriers independently.

The primary barriers identified include language barriers, insufficient information about available services, and a general lack of proactive engagement. On the part of organizations assisting Ukrainian refugees, notable trends include the limited or sporadic efforts of nongovernmental organizations (NGOs) to locate and support individuals with disabilities. Such efforts typically involve providing assistive devices, training, access to specialized professionals, or health insurance. However, the majority of active organizations focus on immediate humanitarian aid to meet basic needs, such as food and clothing, or on development-oriented projects like mini-grants for small business initiatives, education for children, or business training for women.

Notably, the specific needs of refugees with disabilities are largely absent from the discourse and priorities of many stakeholders. Additionally, physical accessibility to organizational offices poses significant challenges due to inconvenient locations and inadequate infrastructure, such as the absence of ramps, call buttons, Braille signage, tactile tiles, and handrails.

Grassroots volunteer organizations demonstrate notable activity in addressing these challenges, often without formal funding. For instance, volunteers have organized emer-

gency support for Ukrainian refugees with disabilities, such as raising funds for a mother and her daughter, both refugees, to cover cancer treatment costs. However, such initiatives tend to be reactive and lack long-term strategic frameworks, such as advocacy for the rights of refugees with disabilities. These grassroots organizations often face staffing shortages, relying primarily on volunteers whose engagement is temporary. Respondents from these organizations have expressed the need for training in communication skills, fundraising, social support, and beneficiary needs assessment.

Furthermore, larger NGOs and international service providers frequently fail to account for the specific context of the conflict in Ukraine when designing their programs. This is exemplified by instances where services are provided in Russian or by foreign personnel unfamiliar with the unique circumstances of Ukrainian refugees.

The Georgian government provides limited support to Ukrainian refugees, offering selective financial assistance that fails to cover basic needs, such as food, clothing, medical care, and housing. Coordination among key actors, including the state, NGOs, and UN-affiliated organizations, is hindered by tensions, particularly state pressure on independent NGOs. No single entity currently acts as a mediator to facilitate effective coordination among these stakeholders.

Despite these challenges, many Ukrainian refugees, including individuals with disabilities, express a preference for remaining in Georgia over relocating to other European countries. This decision is influenced by the cultural affinity and empathy of the Georgian population toward their situation, even in the face of limited assistance and systemic barriers.

In conclusion, this research highlights several critical challenges faced by Ukrainian refugees in Georgia, particularly those with disabilities, and provides a foundation for future studies to build upon. Addressing these challenges requires a multi-faceted approach that considers the intersecting social, political, and economic factors shaping the experiences of displaced populations. By focusing on healthcare access, rehabilitation services, communication strategies, inclusivity, community engagement, and organizational capacity-building, future research can contribute to developing more effective policies and practices that support the well-being and integration of refugees with disabilities.

7. Limitations

This study had some limitations. The participants were not randomly recruited, which might have led to underestimating the disability incidence. Thus, the generalizability of our findings to other persons with disabilities among refugees might be limited.

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References

- Agbelie, Chris-Mike. 2023. Health system access challenges of people with disabilities increased during the COVID-19 pandemic. *Disability and Health Journal* 16: 101446. [CrossRef]
- Aslanifard, Marjan. 2023. Pathways to the Labour Market for Persons with Disabilities and Forced Migration Experience in Sweden and Germany. Master's thesis, Department of Culture and Society, Linköping University, Linköping, Sweden. ISRN: LiU-IKOS/EMS-A--23/14—SE.
- Bryman, Alan. 2012. *Social Research Methods*, 4th ed. Oxford: Oxford University Press.
- Charoenkiatkan, Chaloechai, Natthawat Khositditsayan, and Benchaporn Wannupatam. 2024. Training curriculum to enhance the quality of life for the elderly. *Journal of Education and Learning (EduLearn)* 18: 618–25. [CrossRef]
- Chelidze, Natia. 2013. Asylum Seekers, Refugees and Internally Displaced Persons (IDPs) in Georgia: The Challenges of Social Cohesion. pp. 2–5. Available online: <http://surl.li/qvgxy> (accessed on 1 January 2025).
- Clark, Janine Natalya. 2023. Where are the voices and experiences of persons with disabilities/disabled people in transitional justice research and practice? *Journal of Human Rights Practice* 15: 595–605. [CrossRef]
- Convention on the Rights of Persons with Disabilities (CRPD). 2006. *United Nations Human Rights*. December 12. Available online: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> (accessed on 1 January 2025).
- Crawford, Tonia, Ivy Yen, Kuo-Yi Jade Chang, Gwynnyth Llewellyn, Dale Dominey-Howes, and Michelle Villeneuve. 2023. How well prepared are we for disaster? The perspectives of informal carers of people with disability. *International Journal of Disaster Risk Reduction* 93: 103785. [CrossRef]
- Crow, Liz. 1996. Including all our lives: Renewing the social model of disability. In *Encounters with Strangers: Feminism and Disability*. Edited by Jenny Morris. London: Women's Press. Available online: www.roaringgirl.com/wp-content/uploads/2013/07/Including-All-of-Our-Lives.pdf (accessed on 5 December 2024).
- Crowther, Neil. 2007. Nothing without us or nothing about us? *Disability & Society* 22: 791–94.
- CRRC-Georgia. 2022. *Needs Assessment for USAID Independent Living Program in Georgia*. Washington, DC: United States Agency for International Development (USAID).
- Duda-Mikulín, Eva A. 2024. The intersections between migration and disability: Narratives by EU migrants to the UK, disabled British people, and disabled EU migrants. *Social Sciences* 13: 493. [CrossRef]
- Frennsson, Lina, Joakim Kembro, Harwin de Vries, Marianne Jahre, and Luk Van Wassenhove. 2022. International humanitarian organizations' perspectives on localization efforts. *International Journal of Disaster Risk Reduction* 83: 103410. [CrossRef]
- Golder, Janet, Reece Adams, Shenae Calleja, Michelle Templeton, and Abby Foster. 2024. Evaluation of an Australian community-based model of care for adults with intellectual and developmental disabilities undergoing procedures under sedation. *Journal of Policy and Practice in Intellectual Disabilities* 21: e12528. [CrossRef]
- Ihnatenko, Kateryna. 2023. The Needs Assessment of Ukrainian Refugees in the Work of Volunteer's Organisations. In *Conference Connecting Research and Practice in Social Sciences*. Tbilisi: Dimitri Uznadze Institute of Psychology. Available online: <https://eprints.iliauni.edu.ge/12317/> (accessed on 17 December 2024).
- Ihnatenko, Kateryna, and Shorena Sadzaglishvili. 2023a. The digitalization of social services in response to the war in Ukraine. *Social Work and Education* 10: 276–89. [CrossRef]
- Ihnatenko, Kateryna, and Shorena Sadzaglishvili. 2023b. The needs assessment of children and adults with disabilities among refugees from Ukraine. Paper Presented at the International Conference on Social Work & Social Research: Financial Capability and Asset Building for All, Baku, Azerbaijan, November 25; pp. 239–43. Available online: <https://au.edu.az/userfiles/uploads/058d05a58450921f575e0add68b5ad3c.pdf> (accessed on 24 November 2024).
- Lawson, Anna, and Angharad E. Beckett. 2020. The social and human rights models of disability: Towards a complementarity thesis. *The International Journal of Human Rights* 25: 348–79. [CrossRef]
- League of the Strong. 2023. *Analytical Report "National Study on the Perception of People with Disabilities"*. Available online: <https://ls.org.ua/doslidzhennya/how-ukrainians-see-disability/> (accessed on 18 August 2024).
- Lushchak, Oleh, Mariana Velykodna, Svitlana Bolman, Olha Strilbytska, Vladyslav Berezovskyi, and Kenneth B. Storey. 2024. Prevalence of stress, anxiety, and symptoms of post-traumatic stress disorder among Ukrainians after the first year of Russian invasion: A nationwide cross-sectional study. *The Lancet Regional Health—Europe* 36: 100773. [CrossRef]

- Meekosha, Helen, and Karen Soldatic. 2011. Human Rights and the Global South: The case of disability. *Third World Quarterly* 32: 1383–97. [CrossRef]
- Mirza, Mansha. 2011. Disability and humanitarianism in refugee camps: The case for a traveling supranational disability praxis. *Third World Quarterly* 32: 1527–36. [CrossRef]
- National Center for Health Statistics. n.d. Washington Group—Washington Group on Disability Statistics. Available online: <https://www.cdc.gov> (accessed on 18 August 2024).
- Oviedo, Lluís, Berenika Seryczyńska, Josefa Torralba, Piotr Roszak, Javier Del Angel, Olena Vyshynska, Iryna Muzychuk, and Slava Churpita. 2022. Coping and resilience strategies among Ukraine war refugees. *International Journal of Environmental Research and Public Health* 19: 13094. [CrossRef]
- Pisani, Maria, and Shaun Grech. 2015. Disability and forced migration: Critical intersectionalities. *Disability and the Global South* 2: 421–41.
- Popescu, Marciana, and Kathryn Libal. 2018. Social work with migrants and refugees: Challenges, best practices, and future directions. *Advances in Social Work* 18: i–x. [CrossRef] [PubMed]
- Roitblat, Yulia, Liliia Nehuliaieva, Roksolana Nedilko, Yurii Shashkov, and Michael Shterenshis. 2022. Immediate physical needs of refugees during the Ukrainian armed conflict. *Health Policy* 126: 1303–309. [CrossRef]
- Shakespeare, Torn, and Nicholas Watson. 2002. The social model of disability: An outdated ideology? *Research in Social Science and Disability* 2: 9–28.
- Shimoda, Takahiro, Kouki Tomida, Chika Nakajima, Ayuka Kawakami, and Hiroyuki Shimada. 2024. Combined effects of loneliness and diabetes mellitus on disability incidence among older Japanese adults. *Archives of Gerontology and Geriatrics* 126: 105544. [CrossRef] [PubMed]
- Shoib, Sheikh, Albina Zharkova, Arghya Pal, Nikhil Jain, Sheikh Mohd Saleem, and Pavlo Kolesnyk. 2022. Refugees and mental health crisis in Ukraine. *Asian Journal of Psychiatry* 74: 103169. [CrossRef] [PubMed]
- Ukrainian Refugees in Georgia Profile, Intentions, and Needs. The Report. 2023. Tbilisi: World Vision Georgia. Tbilisi: UNHCR Georgia.
- UNHCR. 2019. Working with Persons with Disabilities in Forced Displacement. Retrieved from Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement. Available online: <https://www.refworld.org/policy/opguidance/unhcr/2019/en/112054> (accessed on 17 December 2024).
- UNHCR. 2023. UNHCR Operational Data Portal for the Ukraine Refugee Situation. United Nations High Commissioner on Human Rights. Available online: <https://data.unhcr.org/en/situations/ukraine> (accessed on 17 December 2024).
- Union of the Physically Impaired Against Segregation (UPIAS). 1974. Policy Statement. December 3. Available online: <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-UPIAS.pdf> (accessed on 31 October 2024).
- United Nations Children’s Fund (UNICEF). 2022. Core Commitments for Children in Humanitarian Action. Available online: <https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20> (accessed on 17 December 2024).
- WHO. 2023. WHO Supports an Inclusive Response to Refugees with Disabilities in Georgia. News Release. Available online: <https://www.who.int/georgia/news/item/15-02-2023-who-supports-an-inclusive-response-to-refugees-with-disabilities-in-georgia> (accessed on 12 December 2024).

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