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# PROTECTION NEEDS OF REFUGEES WITH DISABILITIES IN TURKEY

**Research Report**

**2021**

Front Cover Photo: Refugees in Ankara, Turkey.



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# List of Acronyms

<b>ARSA</b>	Afghan Refugee Solidarity Association
<b>ASAM</b>	Association for Solidarity with Asylum Seekers and Migrants
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSO</b>	Civil Society Organisation
<b>DGMM</b>	Directorate General of Migration Management
<b>DRC</b>	Danish Refugee Council
<b>ESSN</b>	Emergency Social Safety Net
<b>EYHGM</b>	General Directorate of Services for Persons with Disabilities& the Elderly
<b>FGD</b>	Focus Group Discussion
<b>IDI</b>	In-depth Interview
<b>IGAM</b>	Research Centre on Asylum and Migration
<b>IOM</b>	International Organization for Migration
<b>IP</b>	International Protection
<b>KII</b>	Key Informant Interview
<b>KIZILAY</b>	Turkish Red Crescent
<b>LFIP</b>	Law on Foreigners and International Protection
<b>NGO</b>	Non-governmental Organisation
<b>PwD(s)</b>	Person with Disabilities
<b>RwD(s)</b>	Refugee with Disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>SMDD</b>	Relief Society for Syrian Refugees
<b>SuTPs</b>	Syrians under Temporary Protection
<b>TP</b>	Temporary Protection
<b>TUIK</b>	Turkish Statistical Institute
<b>UN</b>	United Nations
<b>UN DESA</b>	UN Department of Economic and Social Affairs
<b>UNHCR</b>	United Nations Refugee Agency
<b>WHO</b>	World Health Organisation

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# 1. Executive Summary

Persons with disabilities (PwDs) are considered among the groups most at risk in contexts of forced displacement. At the end of 2020, an estimated 12 million of the world's 82.4 million forcibly displaced people were PwDs. Loss of mobility or acquisition of new/additional physical and sensory impairments, psychological stress, being subject to various forms of abuse, and lack of access to medical assistance and assistive devices are some of the imminent effects of humanitarian crises on PwDs increasing their vulnerability, as well as dependency on others. Lack of accessible information and accessibility of mainstream services in host countries, financial difficulties, additional stigma and discrimination may hinder their social connectedness with the host society. These issues highlight the importance of identifying the needs of PwDs and developing disability-inclusive refugee policies and practices.

This report is the main research output of the project "Protection Needs of Refugees with Disabilities in Turkey".<sup>1</sup> As the world's largest refugee hosting country since several years, the dynamics of the refugee situation brings forth a new layer to the disability issues in Turkey given that refugees with disabilities (RwDs) comprise nearly half a million of the country's total refugee population.<sup>2</sup>

Based on primary and secondary sources, a key purpose of this research report is to increase evidence-based knowledge about RwDs in Turkey, while revealing obstacles and protection gaps they face in access to services such as education, health, work and employment, as well as in relation to social inclusion and exclusion. Through a review of secondary sources, the report intends to highlight that some of these gaps are also persistent problems faced by PwDs in the host community. Given that the existing literature mainly focuses on the Syrian refugee population with disabilities, the report also aims to contribute to filling a research gap concerning the understudied non-Syrian refugees with disabilities. Adopting a mixed methods research design, primary data was collected from July to September 2021 in Ankara, Kayseri and Izmir with Turkey's largest refugee groups (both Temporary Protection and International Protection beneficiaries): mainly Syrian and Afghan nationals, as well as Iranian and Iraqi nationals. The research team conducted surveys, in-depth interviews (IDIs), focus group discussions (FGDs) and key informant interviews (KIIs) with a total of 300 research participants.

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1. The project was supported by the Danish Refugee Council (DRC) with funding from the Ministry of Foreign Affairs Denmark and implemented by three civil society organisations working for the advancement of refugee rights in Turkey: the Research Centre on Asylum and Migration (IGAM) located in Ankara, Afghan Refugee Solidarity Association (ARSA) located in Kayseri and Relief Society for Syrian Refugees (SMDD) located in Izmir.

2. UNFPA and SDDG-ASAM (2021) [UNFPA and SGDD-ASAM support refugees with disabilities together with the European Union](#)

The analysis of the empirical findings in the report presents a wide range of factors that can help to identify the strategies that are essential for an improved inclusion of RWDs within existing resources, to expand resources where possible and to use existing resources to better serve their needs.

Some of the key research findings in relation to the main themes covered in the report (housing and living conditions, employment and livelihoods, access to health and social services, access to education/special education/special services, issues of social inclusion/exclusion and information about disability rights) are summarised as follows:

- Difficulties in finding accommodation and poor housing conditions often lead research participants to live in places that do not meet accessibility requirements. The majority of the respondents addressed the shortage of disabled-friendly services in their neighbourhoods and the lack of suitable means of transport for PwDs.
- Concerning livelihoods and employment, poverty is a common problem for all since most of the research participants indicated having a monthly household income below the national net minimum wage. Currently only one respondent had a full-time job, and a small group have a part-time job (9.3%) and the majority (90%) indicated not having a job. As the research results reveal, the barriers which exclude refugees with disabilities from employment are sometimes directly linked to their disability, but in most cases, they result from lack of supportive job opportunities, lack of accessible information, as well as lack of accessible surroundings and transportation means. Most respondents consider themselves to be “unemployable” due to being a migrant with a disability condition, highlighting that lack of self-esteem is also a considerable barrier.
- With reference to access to health and social services, the majority of the respondents indicated they need access to healthcare frequently and they are generally satisfied with the services provided. Financial difficulties and the language barrier were the two most cited barriers in access to health services.
- Although the majority of the research participants were of school/university age, an overwhelming majority (84.7%) indicated not attending a school/special education centre in Turkey, while a smaller number of respondents indicated either attending school/university (10%) or special education centres (5.3%). The distance and other transportation related difficulties in getting to schools/universities, including inaccessibility and financial cost, the language barrier, were among barriers mentioned by research participants in relation to access to education and special education centres. Apart from a few respondents who had access to special services, such as special education and rehabilitation centres, a vast majority either had no information on how to access or stated that they were not able to access such services.

- Concerning social inclusion/exclusion, “No one can hear us” was the most common phrase used by the research participants, which summarises how RWDs perceived their inclusion into social life. Many respondents expressed that they feel neglected, which often worsens their psychosocial conditions. Respondents mentioned that they have sought assistance from relevant institutions but were unable to get sufficient support. The issue of discrimination was frequently addressed by the research participants. “Being a refugee” is one of main recurring themes respondents perceive as the underlying reason of feeling discriminated. According to the narratives of the respondents, they experience various types and forms of discrimination in provision of services, at work, in social life. In the survey results, nationality (59.3%) and immigrant status (34%) came out as the major issues linked to discrimination.
- Most of the research participants have either very limited or no information about the rights of persons with disabilities. While some participants also indicated not knowing where to get information from, some others mentioned that they appealed to various institutions and organisations for information but were not given sufficient information about the legal framework. An overwhelming majority of the survey respondents (83.3%) stated that they have no idea about non-governmental organisations carrying out advocacy work for the rights of persons with disabilities. The disconnection between refugees, refugee organisations, disability organisations and disability service providers also result in assistance, service, and social gaps for RWDs.

In accordance with the findings, the following recommendations, which are elaborated further in the report, aim to contribute to the development of improved solutions for the multi-faceted challenges of refugees with disabilities:

- In line with the commitments agreed in the Global Compact on Refugees, the international community should take a more proactive approach in supporting major refugee hosting countries like Turkey (such as prioritising and increasing resettlement opportunities for RWDs) to mitigate protection and service access challenges for all those in need, particularly for the refugees with disabilities.
- The national and local-level public authorities in Turkey are encouraged to prioritise overcoming the persistent barriers persons with disabilities face in access to mainstream services, employment and social life. This also requires formulating inclusive strategies and policies that expand the scope of protection for refugees with disabilities.
- Service providers and relevant civil society organisations are advised to take necessary steps to minimise the language barrier.



- Relevant stakeholders such as the UN agencies, international organisations, governmental and non-governmental actors should facilitate access to legal employment for refugees with disabilities to minimise financial distress.
- Refugee organisations, disability organisations, disability service providers, and other stakeholders with specialised units in the field of disability (such as municipalities) should initiate a dialogue, networking and resource-sharing between refugee and disability service organisations, while also providing platforms in enhancing communication/social networking between the persons with disabilities in host communities and refugee communities, as well as among their families.

## 2. Introduction

At the end of 2020, an estimated 12 million of the world's 82.4 million forcibly displaced people were persons with disabilities (PwDs)<sup>3</sup>. In times of conflict and displacement, PwDs are considered among the groups most at risk. Loss of mobility or acquisition of new/additional physical and sensory impairments, psychological stress, being subject to various forms of abuse, and lack of access to medical assistance and assistive devices are some of the imminent effects of humanitarian crises on PwDs increasing their vulnerability, as well as dependency on others.<sup>4</sup> In forced displacement situations, it is often emphasised that PwDs face multifaceted barriers in access to mainstream assistance, protection and legal services, education and livelihood opportunities.<sup>5</sup> A commonly cited barrier in a new host country is the lack of accessible information and accessibility of services.<sup>6</sup> A research study presenting empirical data show that many refugees with disabilities (RwDs) - especially those with physical and visual impairments - experience higher levels of isolation than before displacement due to inaccessible physical environments both in camp and urban settings.<sup>7</sup> For refugees with psychosocial and intellectual disabilities, additional stigma, discrimination and barriers may hinder their social connectedness with the host society.<sup>8</sup>

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3. Of the total forcefully displaced population, 26.4 million are refugees, 48 million are internally displaced people (IDPs), and 4.1 million are people waiting for their asylum claims to be finalized. See, UNHCR Global Trends: [Forced Displacement in 2020](#).

4. Handicap International. (2015). [Disability in humanitarian contexts: Views from affected people and field organisations](#) (pp. 1–30).

5. United Nations High Commissioner for Refugees. (n.d.). [Persons with disabilities](#). UNHCR. Retrieved September 27, 2021; Human Rights Watch. (2015). [People with Disabilities at Added Risk in War, Displacement](#).

6. Handicap International (2015) [Disability in Humanitarian Contexts: Views from affected people and field organisations](#)

7. Women's Commission for Refugee Women and Children. (2008). [Disabilities Among Refugees and Conflict: Affected Populations](#). Resource Kit for Fieldworkers.

8. Luce, Amy (2018) [Asylum Seekers and Refugees with Intellectual Disabilities in Europe](#), Samuel Centre for Social Connectedness.

All in all, these issues highlight the importance of identifying the needs of PwDs and developing disability-inclusive refugee policies and practices. In line with the achievements of disability rights and advocacy in recent decades, there is increased awareness and commitment at the international level to improve the inclusion and participation of displaced PwDs, as endorsed in the United Nations (UN) 2018 Global Compact on Refugees.<sup>9</sup> Nonetheless, there is also need for more research on displaced PwDs to provide a framework for advocacy in country-specific settings.

This report is the main research output of the project “Protection Needs of Refugees with Disabilities in Turkey”. The project was supported by the Danish Refugee Council (DRC) with funding from the Ministry of Foreign Affairs of Denmark and implemented by three civil society organisations (CSOs) working for the advancement of refugee rights in Turkey: Research Centre on Asylum and Migration (IGAM) located in Ankara, Afghan Refugee Solidarity Association (ARSA) located in Kayseri and Relief Society for Syrian Refugees (SMDD) located in Izmir.

As will be elaborated further in the report, the legal framework in Turkey guarantees the rights of PwDs,<sup>10</sup> which has strengthened especially after the adoption of the Disability Act in 2005 and the ratification of the United Nations<sup>11</sup> Convention on the Rights of Persons with Disabilities (CRPD) in 2009. According to the Turkey Disability Survey conducted in 2002, an estimated 8.4 million PwDs<sup>12</sup> lived in Turkey, comprising at the time 12.29% of the total population. According to the more recent 2011 Population and Housing Census, which was prepared in line with the Washington Group Criteria, there were nearly 4.9 million PwDs, of whom 57% were women and 43% were men. In the meantime, Turkey has become the world’s largest refugee hosting country,<sup>14</sup> with over 3.7 million registered Syrians under Temporary Protection (SuTPs). The second largest group by nationality are Afghans<sup>15</sup> under international protection (IP) with an estimated population of 182,000. In response to the substantial refugee inflows, a series of legislative, institutional and policy developments have taken place in the last decade for the reception, protection and social integration of the refugee population. The dynamics of the refugee situation also brings forth a new layer<sup>16</sup> to the disability issues in Turkey. With an estimated population of half a million, there is a mounting need for addressing the needs of RWDs and developing inclusive strategies.

9. United Nations. (2018). (rep.). [Global Compact on Refugees](#). New York.

10. [Turkish Disability Act, Law no. 5378](#) (English version, unofficial translation)

11. Turkey ratified the Convention's optional protocol in 2015.

12. Total disabled population corresponded to 8,4 million, while the population distribution as per disability types were as follows: chronic illnesses (9.7%), orthopedical disabilities (1.25%), mental disabilities (0.48%), 0.38 speech and language disorders (0.38%), hearing disabilities (0.37%) and visual disabilities (0.6%). For further information, see [UN Committee on the Rights of Persons with Disabilities \(2015\) Initial Report submitted by Turkey under Article 35 of the Convention, due in 2011, CRPD/C/TUR/1](#)

13. TUIK (2015) [Dünya Nüfus Günü](#), Turkish Statistical Institute (TUIK)

14. DGMM (2021) [Migration Statistics](#), Ministry of Interior, Directorate General of Migration Management (DGMM)

15. Hürriyet Daily News (2021) [Turkey extends security wall along Iran border: Interior Minister](#), 15 September.

16. UNFPA and SDDG-ASAM (2021) [UNFPA and SGDD-ASAM support refugees with disabilities together with the European Union](#)

More to the point, little is known about the experiences of refugees living with disabilities despite the presence of numerous civil society organisations (CSOs) carrying out extensive advocacy for Turkish citizens with disabilities.

Based on empirical research, one main purpose of the report is to increase evidence-based knowledge about RWDs in Turkey, while revealing obstacles and protection gaps they face in access to services such as education, health, work and employment, as well as in relation to social inclusion and integration. Through a review of secondary sources, the report intends to highlight that some of these gaps are also persistent problems faced by PWDs in the host community, such as lack of up-to-date and inclusive data to better address their needs. Given that the existing literature mainly focuses on the Syrian refugee population with disabilities, the report also aims to contribute to filling a research gap concerning the understudied non-Syrian refugees with disabilities. As will be elaborated further in the Research Methodology section, primary data was collected from July to September 2021 in three provinces (Ankara, Kayseri and Izmir) with Turkey's largest refugee groups (both TP and IP beneficiaries): mainly Syrian (127) and Afghan (137) nationals, as well as Iranian (14) and Iraqi (7) nationals. With a total of 285 research participants, the research team conducted 150 surveys, 75 in-depth interviews (IDIs) and 6 focus group discussions (FGDs) with 60 participants. An additional 15 key informant interviews were conducted with specialists from national and local-level organisations working with PWDs and RWDs. In line with the approach to disability enshrined in the CRPD,<sup>17</sup> as also adopted by the UN Refugee Agency (UNHCR), persons with disabilities in this report refer to individuals who have long-term physical, mental, intellectual or sensory impairments, which impede their participation in society on an equal basis with others.<sup>18</sup>

The report is organised as follows. Following this introduction, Section 3 provides a brief background on some of the main conceptual models of disability in order to have a better understanding of the human-rights model, which lays the foundation of the CRPD. The human-rights model to disability is also the basis of Turkey's legislative and policy framework. Section 4 focuses on displaced PWDs, presenting an overview of primary and secondary sources, including policy documents, in an attempt to identify the main barriers they face in accessing humanitarian and legal assistance, education, livelihoods, health care and other services. Section 4 also investigates the legislative and policy context concerning PWDs in Turkey, while also reviewing the existing studies focusing on RWDs (Sections 4.1 and 4.2). Before elaborating on the research findings of this study, the research methodology is briefly explained in Section 5, providing information on data collection phase and data analysis. Section 6 initially presents the demographic profile of respondents, including gender and age, marital status, number of dependent children, nationality, language(s) spoken, education, income level and categories of disabilities.

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17. UN CRPD [The full text of Convention on the Rights of Persons with Disabilities and its optional protocol](#).

18. UNHCR (2019) [Working with Persons with Disabilities in Forced Displacement](#)

The remaining part of Section 6 is divided into themes reflecting the findings of the research. The main purpose is to elaborate on the experiences of RWDs in accessing services and support and to highlight the barriers they face as reported by themselves or their primary caregivers. The views from key informant interviews are also incorporated to show the supporting role of organisations where relevant. Following the discussion of the demographic profile (Section 6.1), the themes covered include housing, living conditions and getting involved in daily life (Section 6.2); employment and livelihoods (Section 6.3); access to health and social services (Section 6.4); access to education/special education (Section 6.5); access to special services available for individuals with disabilities (Section 6.6); social inclusion/exclusion (Section 6.7); and information about disability rights (Section 6.8). The final section summarises the main findings and provides policy recommendations. To reflect the research participants' views and perspectives more comprehensively, the report addresses findings from surveys, IDIs and FGDs throughout each section.

## 3. Background: The Human-rights based approach to disability and the CRPD

According to the World Health Organisation (WHO), disability refers to the interaction between individuals with a health condition and personal and environmental factors, ranging from negative attitudes, physical barriers, limited availability of services and social support.<sup>19</sup> The CRPD defines disability as an “evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.<sup>20</sup> These definitions aim to create an understanding and awareness that impairment and disability are not necessarily mutually inclusive concepts: while impairment coupled with barriers create disability, impairment combined with accessible environment leads to inclusion.<sup>21</sup> As highlighted in numerous studies that aim to advance disability inclusion in various settings, disability should be regarded as contextual, resulting from interaction between societal and individual factors. It is argued that impairments in most cases are irreversible with root causes ranging from childbirth, medical issues, accidents, war, to natural disaster.<sup>22</sup> Disability, on the other hand, is reversible when its key social, economic, political causes are effectively addressed, including lack of an accessible environment, poverty, poor educational and health opportunities, and discrimination.<sup>23</sup>

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19. WHO (2020) [Disability and Health Factsheet](#)

20. Preamble (e), UN (2006) [Convention on the Rights of Persons with Disabilities](#)

21. CBM (2017) [Disability Inclusive Development Toolkit](#), p. 13

22. Ibid.

23. Ibid.

The way the CRPD refers to disability as an “evolving concept” is also reflected in the academic and political debates over models of disability.<sup>24</sup> These various models not only frame theoretical discussions and discourses in disability studies, but they are also used as tools to shape public policies, disability policies and practices. Most prominently, there seems to be an initial shift from the medical model to the social model, and more recently from the social model to the human rights model especially since the adoption of the CRPD. One key aspect distinguishing one model from another is the way the dichotomy between impairment and disabilities is conceptualised. As one of the long-standing disability models, the medical model views disability as a problem of the individual, directly caused by disease, trauma, or other health condition which necessitates regular medical care.<sup>25</sup> Introduced in the early 1980s, the social model has been especially popular among academic circles and those focusing on the human rights of persons with disabilities, who argue that impairment should be defined separately from disability.<sup>26</sup> According to Shakespeare and Watson, the social model has been particularly influential in two ways.<sup>27</sup> First, the model empowered disabled individuals by replacing the traditional medical model view of disability which focuses on the person with the disability as the source of the problem due to their impairments. Second, the model raised attention to the social oppression as the root causes of disability, while enabling “removal of societal oppression” as a political strategy to promote the inclusion of people with impairments. And yet, the social model has also been criticised for overlooking the impact of ‘barriers that were not created by society’, particularly the impact of impairment on an individual’s daily life. In Shakespeare and Watson’s words, “We are not just disabled people, we are also people with impairments, and to pretend otherwise is to ignore a major part of our biographies.”<sup>28</sup>

As various scholars address, the CRPD endorses the social model but also expands it further by introducing a ‘new disability paradigm that aims to assist PwDs with every aspect of their lives’.<sup>29</sup> By creating a new rights-based discourse

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24. See also Mair, T. (2019) [Charity or rights? The UN Refugee Compact at the intersection of disability and forced](#), Espacios, June.

25. Disabled World (2010) [Models of Disability: Types and Definitions](#).

26. For the origins of the social model, see, Oliver, M. (2013). [The social model of DISABILITY: Thirty years on](#), Disability & Society, 28(7), 1024–1026.

27. Shakespeare, T., & Watson, N. (n.d.). [The social model of disability: An outdated ideology?](#) Research in Social Science and Disability, p. 4-5.

28. Shakespeare, T., & Watson, N. (n.d.). [The social model of disability: An outdated ideology?](#) Research in Social Science and Disability, p. 11.

29. Lawson, A., & Beckett, A. E. (2020). [The social and human rights models of disability: Towards a complementarity thesis](#). The International Journal of Human Rights, 25(2), 348–379; Harpur, P. (2010). [Embracing the new disability Rights paradigm: The importance of the Convention on the rights of persons with disabilities](#). Disability & Society, 27(1), 1–14.

it is suggested that the CRPD has made human rights more attainable for PwDs, while also empowering individuals and civil society actors advocating disability rights.<sup>30</sup> Lawson states that the CRPD demonstrates the increasing prevalence of the human rights model in disability law and context,<sup>31</sup> in which the PwDs becomes the subject rather than the object. Quinn and Degener further explain the human rights model:



*The human rights model focuses on the inherent dignity of the human being and subsequently, but only if necessary, on the person's medical characteristics. It places the individual centre stage in all decisions affecting him/her and, most importantly, locates the main 'problem' outside the person and in society. The "problem" of disability under this model stems from a lack of responsiveness by the State and civil society to the difference that disability represents. It follows that the State has a responsibility to tackle socially created obstacles in order to ensure full respect for the dignity and equal rights of all persons. "*<sup>32</sup>



As the first binding international human rights convention explicitly mapping out the protection framework for the human rights of PwDs, the CRPD was adopted in 2006 and came into force in 2008. With 164 signatories as of 2021, the Convention encompasses eight general principles guiding the universal disability rights framework: (1) respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (2) non-discrimination; (3) full and effective participation and inclusion in society; (4) respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (5) equality of opportunity; (6) accessibility; (7) equality between men and women; (8) respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.<sup>33</sup> Concerning displaced PwDs, Article 11 of the CRPD affirms the protection and safety of PwDs in situations of risk, including armed conflicts, humanitarian emergencies and natural hazards.

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30. Harpur, P. (2010). P. 14.

31. Lawson, A., & Beckett, A. E. (2020). [The social and human rights models of disability: Towards a complementarity thesis](#). *The International Journal of Human Rights*, 25(2), 348–379.

32. UN (2002), Human Rights and Disability. [The current use and future potential of United Nations human rights instruments in the context of disability](#), p.14

33. UN Department of Economic and Social Affairs, [Guiding Principles of the Convention](#)

The Convention also lays out the obligations of States, including the adoption of all related legislative, administrative measures for the implementation of the rights enshrined in the CRPD, development of policies and programmes for the protection and promotion of human rights of PwDs, as well as abolition of all existing discriminative measures.<sup>34</sup> In terms of national monitoring and implementation process, The CRPD requires states to set up both governmental and independent monitoring mechanisms (e.g. national human rights institution, CSO) that would guarantee the participation of civil society, the individuals with disabilities and their representative organisations. In addition, the CRPD has its own monitoring mechanisms at the international level: the Conference of State Parties and the Committee on the Rights of Persons with Disabilities. The most recent Conference of State Parties (14th Sessions) was held in June 2021. With a specific focus on the implications of the COVID-19 response and recovery on the needs and rights of persons with disabilities, the conference addressed the following three sub-themes: (1) protecting the rights of persons with disabilities in armed conflict and humanitarian emergencies; (2) living independently, being included in the community; (3) right to education; challenges with inclusive education and accessibility during COVID-19.<sup>35</sup>

The Committee on the Rights of Persons with Disabilities is composed of experts who assess the implementation progress reports submitted by the States Parties every two years. In Turkey's case, as will be elaborated in Section 4, these periodical reports are prepared under the coordination of the General Directorate of Services for Persons with Disabilities and the Elderly (EYHGM), the main focal institution for promoting and monitoring the implementation of CRPD.

## 4. Displaced persons with disabilities

Existing studies address the difficulties in obtaining accurate facts and figures on disability worldwide due to varying definitions provided for disability across countries, credibility of resources, as well as the quality and methods of data collection.<sup>36</sup> The WHO's 2011 World Report on Disability is a commonly used reference point in terms of data and statistics, which estimates that around 15% of the world's population have some form of disability and 80% of them live in developing countries.<sup>37</sup> According to the key findings of the report, aside from facing numerous barriers in accessing services, educational attainment and employment rates are lower for persons with disabilities than persons without disabilities both in developed and developing countries.

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34. UN Committee on the Rights of Persons with Disabilities, [Article 4 General Obligations of the Convention](#).

35. UN, [Conference of State Parties to the Convention of Persons with Disabilities](#)

36. CBM (2017) [Disability Inclusive Development Toolkit](#)

37. WHO (2011) [World Report on Disability](#).

The difference between schooling rates among disabled and non-disabled children ranges from 10% to 60%, and only 5-15% of people who require assistive technology/devices have the chance to receive them in many low- and middle-income countries.<sup>38</sup> In terms of socio-economic and gender inequalities, only 20% of women with disabilities in low-income countries are employed compared with 58% of men with disabilities.<sup>39</sup>

The knowledge gap regarding PwDs in Turkey, particularly the lack of reliable and up-to-date data, is also highlighted in the literature. The 2002 Turkey Disability Survey is a frequently referred source for baseline information on demographic and socio-economic characteristics of PwDs, albeit pursuing a medical approach to disability.<sup>40</sup> According to the more recent 2011 Population and Housing Census, which was prepared in line with the Washington Group Criteria, 6.9% of the total population indicated that they have at least one disability, 3.3% having difficulty in walking or climbing stairs, 1.4% difficulty in seeing, 1.1% difficulty in hearing, 0.7% difficulty in speaking, 2% difficulty in learning, doing simple calculations, remembering and concentrating when compared to their peers and 4.1% declared that having difficulty in holding or lifting something.<sup>41</sup> This corresponded to nearly 4,9 million PwDs, of whom 57% were women and 43% were men. Some of the key findings of the survey also demonstrate disability/non-disability, as well as gender-based differences. For instance, the rate of literacy is significantly higher in non-disabled population (95.5%) compared to the disabled population (76.7% - 89.1% among men and 67.6% among women). The education level of females with disabilities is also lower than the level of males at all education categories. Compared to an overall labour market participation of 47.5% (69.2% for men and 25.9% for women), labour force participation of PwDs was estimated at 22.1% (35.4% for men and 12.5% for women).

Disability is also a cross-cutting issue in the 2030 Agenda for Sustainable Development and it has been incorporated into various targets under the 17 Sustainable Development Goals (SDGs). And yet, there is still a long way to reach these targets concerning persons with disabilities, as shown in the 2018 Disability and Development report of the UN Department of Economic and Social Affairs (UN DESA). To mention a few issues, the poverty gap between PwDs and persons without disabilities is evident not only across countries but also within countries; persons with disabilities face higher risk of food insecurity, as well as multidimensional poverty, such as lower educational attainment, employment and living conditions.<sup>42</sup>

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38. WHO (2011), p. 207.

39. WHO (2011), p. 238.

40. For a detailed assessment of the 2002 Survey, see, Eser, E. and Aydemir, O. (n.d.) [DIS-OOL Project National Review of Disability and Quality of Life and its determinants](#), Turkish Society for Quality of Life Research.

41. UN Committee on the Rights of Persons with Disabilities (2015) [Initial Report submitted by Turkey under Article 35 of the Convention, due in 2011, CRPD/C/TUR/1](#), p. 6. See also, TUIK (2015) [Dünya Nüfus Günü](#), Turkish Statistical Institute (TUIK)

42. UN DESA (2018) [Disability and Development Report, Realizing the Sustainable Development Goals by, for and with persons with disabilities](#)



In many countries, the health needs of PwDs are reported to be unmet, reasons ranging from the lack of financial means to inability to afford healthcare to the lack of accessible transport/unaffordability of transport to the health facilities. According to EUROSTAT figures from 2016, 85% of PwDs in Turkey who needed but could not get healthcare cited affordability, distance and long wait lists as the major barriers.<sup>43</sup>

The UNHCR estimates that the disability rates may be even higher among displaced communities who have fled war, persecution and natural disaster.<sup>44</sup> According to the International Organization for Migration (IOM)'s data from 2017, 1 in every 10 refugee households had a member with disabilities (12.4%). Of the total population living with disabilities, 16% were estimated to have become disabled due to armed conflicts. More to the point, in parallel to the increase in numbers of wars worldwide, the number of PwDs increased from 680 million to 1 billion 80 million between 2003 and 2015.<sup>45</sup> Among refugees who have acquired new or additional disabilities after experiencing war, disability conditions range from physical, visual, auditory to language and speech disorders.<sup>46</sup> It is further noted that direct or indirect exposure of children to violence in war and conflict environments during or after birth increases the risk of permanent disabilities due to psychological traumas and severe injuries.<sup>47</sup> Some other studies demonstrate the linkage between higher prevalence of mental disorders in refugees/migrants and lack of social integration, particularly the issues of social isolation and unemployment.<sup>48</sup>

RwDs are often described as one of the most overlooked, socially excluded, and marginalised groups among displaced populations.<sup>49</sup> Some studies address that disabled migrants/refugees do not always have equitable access to immigration/resettlement programmes due to being considered as an economic burden by receiving countries like Australia and Canada.<sup>50</sup> Problems displaced persons with disabilities experience appear to have gained greater acknowledgment at the UNHCR level especially since the CRPD's entry into force.<sup>51</sup> The UNHCR has adopted several instruments that serve as guidelines for states, as well as for its own policy development targeting better inclusion of RWDs.

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43. UN DESA (2018), p.5.

44. UNHCR (2019) [Working with Persons with Disabilities in Forced Migration](#).

45. Alsancak, F., Kutlu, İ. (2020). [Çifte Mağduriyetin Özneleri Olarak Engelli Mültecilere İlişkin Bir İnceleme](#). Sosyal Bilimler Araştırmaları Dergisi, 15 (2), 590-598.

46. WHO, 2011, World Report on Disability.

47. Alsancak & Kutlu, Op Cit.

48. WHO Regional Office for Europe (2018) [Mental health promotion and mental health care in refugees and migrants](#)

49. Women's Commission for Refugee Women and Children. (2008) [Disabilities Among Refugees And Conflict-Affected Populations Resource Kit for Fieldworkers](#); Pearce, Emma. "Ask us what we need": [Operationalizing Guidance on Disability Inclusion](#). In Disability and the Global South, Vol. 2, No. 1, 460-478. 2015.

50. Soldatic, K., Somers, K., Buckley, A. , Fleay, C. (2015) [Nowhere to be found: disabled refugees and asylum seekers within the Australian resettlement landscape](#), Disability and the Global South, Vol. 2, No. 1, 501-522; El-Lahib, Y. and Wehbi, S. (2012). [Immigration and Disability: Ableism in the Policies of the Canadian State](#). International Social Work, 55 (1), 95-108.

51. Soldatic, K., Somers, K., Buckley, A. , Fleay, C. (2015) [Nowhere to be found: disabled refugees and asylum seekers within the Australian resettlement landscape](#), p.505.

These include 'Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR' (2010) which confirms UNHCR's commitment to protecting and assisting individuals with disabilities against all forms of discrimination,<sup>52</sup> 'Policy on Age, Gender and Diversity Accountability' (2018),<sup>53</sup> and 'Need to Know Guidance: Working with persons with Disabilities in Forced Displacement' (2019).<sup>54</sup> All the three documents underline that the PwDs needs to be considered as a diverse group with different impairments and identities, which may lead them to face multiple forms of discrimination and exclusion. UNHCR's Policy on Age, Gender and Diversity affirms that all persons under UNHCR's concern including those with disabilities, shall enjoy their rights on an equal footing with others, and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.

Despite progress for the adoption of policies on disability inclusion in displacement contexts, there continues to be a significant gap in practice. As addressed in various studies, RWDs encounter multi-faceted challenges in their migration experiences due to increased vulnerability.<sup>55</sup> These challenges include but are not limited to separation from or loss of a caregiver, lack of access to assistive devices and essential health services, such as chronic disease medication or rehabilitation services, psychosocial stress, and communication barriers.<sup>56</sup> Negative attitudes, perceptions and practices towards PwDs are also reported to become more widespread in the context of displacement.<sup>57</sup> A comprehensive study conducted by the Women's Commission for Refugee Women and Children demonstrates that physical, social and attitudinal barriers often lead to exclusion of displaced PwDs from mainstream assistance programmes and decision-making mechanisms.<sup>58</sup> According to the study findings, RWDs living in camps have better access to services than urban RWDs since the camps have a more convenient setting for the identification of RWDs, provision of specialised services and adjustment of programs for inclusion. Although the research participants of this study solely consist of RWDs who live in urban areas,<sup>59</sup> it could be asserted that many of them face transportation and cost barriers (such as travel costs), which may have been less significant in the case of RWDs living in camp settings.

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52. UNHCR Executive Committee of the High Commissioner's Programme (2010). [Conclusion on refugees with disabilities and other persons with disabilities protected and assisted](#)

53. UNHCR (2018) [Policy on Age, Gender and Diversity Accountability](#).

54. UNHCR (2019) [Working with Persons with Disabilities in Forced Displacement](#).

55. See, Karataş, K., & İncetahtacı N., (2017). [Engelli Mülteciler ve Sosyal Hizmet Gereksinimleri: Gaziantep Özelinde Bir Değerlendirme](#). Sosyal Hizmetlerde Güncel Tartışmalar, Ankara: Nika Yayınevi, pp. 151-162; UNHCR (2019) [Power of Inclusion: Mapping the Protection Responses for Persons with Disabilities Among Refugees in the Middle East and North Africa Region](#), November.

56. Shivji, A. (n.d.). [Disability in displacement](#). Disability in displacement | Forced Migration Review.

57. UNHCR (2019) [Power of Inclusion: Mapping the Protection Responses for Persons with Disabilities Among Refugees in the Middle East and North Africa Region, November](#).

58. Women's Commission for Refugee Women and Children. (2008) [Disabilities Among Refugees And Conflict-Affected Populations Resource Kit for Fieldworkers](#), p. 2.

59. As of 2021, refugees living in camps comprise only 1.4% of the total refugee population in Turkey. See, DGMM (2021) [Migration Statistics: Temporary Protection](#)

Concerning assistance and service gaps for RWDs, some of the contributing factors identified in the existing literature are also supported by this study's findings as will be addressed later. One commonly cited factor is the lack of national and sub-national disaggregated data by disability, keeping refugee service providers uninformed about special needs.<sup>60</sup> As Williams and Çetin point out, collecting reliable data on refugees with disabilities is further complicated by the unwillingness of refugees and their families to report disability due to concerns of social stigma, as well as fears over the implications of disclosing disability information on their refugee status determination processes.<sup>61</sup> Lack of primary information on refugees with disabilities is also linked to insecurity and personal safety concerns, language, environmental and social contextual differences. As some other research suggests, the limited knowledge and awareness of service providers about various types of disability and disability rights also result in unmet needs of RWDs.<sup>62</sup> Additionally, the disconnection between refugees and disability service providers resulting from limited resources of disability service providers, cultural differences, as well as trust issues are considered among factors associated with gaps in services.

The Covid-19 pandemic has also brought additional challenges to those who are exposed to multiple forms of vulnerability. Some recent research reveals that RWDs are at higher risk of Covid-19 due to difficult living conditions, depression and anxiety.<sup>63</sup> According to reports from the UNHCR operations, RWDs have been severely affected by social and economic effects of COVID-19 such as rising poverty, job losses, and school dropouts. Their wellbeing and self-sufficiency have been hit hard by the disruption of healthcare services as well as prolonged and repeated closure of education institutions and other essential services, including rehabilitation services.<sup>64</sup> They also face a greater risk of exclusion due increasing usage of digital spaces to access education and vocational training. Before discussing these issues in relation to the situation of RWDs in the context of Turkey, the following section will lay down the legislative and policy context concerning persons with disabilities in Turkey.

## 4.1. Persons with disabilities in Turkey: legislative and policy context

The national legal basis of Turkey's disability policy is the Turkish Constitution and the Disability Act of 2005, which was later amended in 2014 in line with the

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60. See, for instance, Harris, J. (2003) 'All Doors are Closed to Us': A social model analysis of the experiences of disabled refugees and asylum seekers in Britain, *Disability & Society*, 18:4, 395-410.

61. Williamson, R. L., & Çetin, B. (2019). [The Participation of Refugee Children with Disabilities in Educational Options in Turkey: A Systematic Review](#). *World Academy of Science, Engineering and Technology International Journal of Educational and Pedagogical Sciences*, Vol:13, No:6, , 899-904.

62. Mirza M, Heinemann AW. (n.d.). [Service needs and service gaps among refugees with disabilities resettled in the United States](#). *Disability and rehabilitation*.

63. International Disability Alliance. (n.d.). [How is it to be a refugee with disability during the pandemic? stories from Kenya to Myanmar](#).

64. Relief International Turkey (2020) [Impact of the COVID-19 outbreak on Syrian Refugees in Turkey - reliefweb](#).

obligations stipulated by the CRPD.<sup>65</sup> Articles 56 and 60 of the Turkish Constitution entitle every individual to social security and a healthy living environment.<sup>66</sup> The Disability Act defines a person with disability as an individual “who has difficulties in adapting to the social life and in meeting daily needs due to the loss of physical, mental, psychological, sensory and social capabilities at various levels by birth or by any reason thereafter and who therefore need protection, care, rehabilitation, consultancy and support services”(Article 3a). The main objectives of the Act include preventing disability, while taking necessary measures for better inclusion of PwDs into society by undertaking the necessary arrangements to overcome obstacles they face concerning health, education, rehabilitation, employment, care and social security. In addition, disability-based discrimination is subject to penal sanctions under the Turkish Penal Code (Article 122).<sup>67</sup> The Turkish Labour Act (Article 30) commands a 3% disability quota for the public sector and private employers of over 50 persons.<sup>68</sup> Concerning the right to education of PwDs, Basic Law on National Education stipulates that educational institutions are open to all regardless of language, nationality, gender, disability and religion (Article 4).<sup>69</sup> The Special Education Services Regulation regulates the methods and rules regarding children with disabilities and their right to receive an education while prioritising mainstreaming.<sup>70</sup>

Turkey ratified the CRPD in 2009 and its Optional Protocol in 2015.<sup>71</sup> Given the supremacy of international human rights agreements over national legislation as enshrined in the Turkish Constitution (Article 90), the CRPD lays down the legal foundation for regulations, practices and policies concerning the rights of PwDs. In that respect, the current policy framework in Turkey considers the rights of PwDs as an inseparable component of international human rights law with the objective of supporting the inclusion of PwDs in all areas of life on equal basis with other individuals.<sup>72</sup> As outlined in official policy documents, the main pillars of Turkey’s disability and practices are anti-discrimination, gender equality, independent living, accessibility, equal opportunities and full participation.<sup>73</sup>

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65. [Law on Disabled People and on Making Amendments in Some Laws and Decree Laws](#), Law No. 5378 adoption date: 01.07.2005

66. See, [Constitution of the Republic of Turkey](#).

67. [Penal Code](#), Law No. 5237 adoption date: 26.09.2004

68. [Labour Act](#), Law No. 4857 adoption date: 22.05.2003

69. [Basic Law on National Education](#), Law No. 1739 adoption date: 14.06.1973

70. For a detailed analysis of children with disabilities and their right to access education, see [The right of children with disabilities to education.](#) (2016).

71. Ratification of the CRPD was approved by Law No. 5825 in 2008 and the ratification process was accomplished by Council of Ministers Decision No. 2009/15137 in 2009.

72. Republic of Turkey Ministry of Family and Social Policy, General Directorate of Services for Persons with Disabilities and the Elderly. (n.d.). [Disability Policy in Turkey](#).

73. Republic of Turkey Ministry of Family and Social Policy, General Directorate of Services for Persons with Disabilities and the Elderly. (n.d.). [Disability Policy in Turkey](#).

The General Directorate of Disabled and Elderly Services (EYGHM) under the Ministry of Family, Labour and Social Policies is the main focal institution responsible for promoting the human rights of persons with disabilities, developing policies and services for their inclusion on equal basis with the others in coordination with other relative stakeholders. The Directorate is also responsible for the implementation of the CRPD and fulfilling its reporting obligations. To this objective, the Directorate implemented the project “Support to the Implementation and Monitoring of the CRPD in Turkey” in partnership with the UNDP between 2011 and 2015, which enabled the development of set of indicators to be used for the monitoring of the implementation of the CRPD for inclusive public and community-based services.<sup>74</sup> Concerning the non-discrimination framework, the Ombudsman Institution of Turkey (KDK) and the Human Rights and Equality Institution (TIHEK) are the two institutions with complaint mechanisms PwDs can directly apply when encountered with discrimination. The legislative and policy framework is explained in further detail in the Country Report submitted by Turkey to the Committee on the Rights of Persons with Disabilities in 2015.<sup>75</sup>

In addition to numerous civil society organisations (CSOs) carrying out advocacy activities in the field of disability, there are several disability federations and confederations operating as umbrella organisations. As one of the most prominent actors of the disability movement in Turkey, the Confederation of the Persons with Disabilities, also a member of the European Disability Forum, works on improving and strengthening the human rights of the PwDs, as well as promoting their participation in decision-making processes in various sectors, including employment, health, and education. The Confederation’s digital learning platform “Data Bank” is a valuable source of information for PwDs by offering a compilation of relevant international and domestic legislation, regulation and reports.<sup>76</sup> The Confederation is also the implementing partner of the project “Active Citizenship is Our Rights: Towards Turkey Assembly of Persons with Disabilities” funded by the EU, which aims to strengthen the rights-based disability advocacy network in Turkey.<sup>77</sup> Within the scope of the project, 54 local disability councils have been established in different cities with the participation of 737 disability organisations, universities, bars, relevant public bodies and local governments. As indicated in the official website of the project, the local disability councils intend to improve inclusiveness, such as by encouraging the participation of women with disabilities in decision-making positions, which is identified as a critical problem. The inclusion of RWDs and refugee organisations is not currently flagged as an objective in the operation of local disability councils.

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74. [UNDP Turkey Project Document](#) (2019).

75. [UN Committee on the Rights of Persons with Disabilities \(2015\). Initial Report submitted by Turkey under Article 35 of the Convention, due in 2011, CRPD/C/TUR/1](#)

76. Confederation of the Persons with Disabilities, [Data Bank](#)

77. For further information on the project, [see](#).

The UN CRPD Shadow Report for Turkey, prepared under the coordination of the Confederation, addresses some of the major challenges faced by PwDs.<sup>78</sup> One major issue addressed in the shadow report is the lack of up-to-date and inclusive data concerning PwDs in Turkey. The aforementioned surveys from 2002 and 2011 provide some information on demographics and major challenges, but these remain inadequate in identifying the current assistance and service gaps for PwDs. The shadow report also criticises the enduring “medical approach to disability” in issuance of disability health reports, which requires a disability degree equal to 40% or more for people to enjoy the rights of PwDs, such as allowance, employment, and cultural rights. It is also highlighted that the reporting process in some cases may depend on the doctors’ discretion despite the presence of a standard list to specify the type of disability. Some other issues addressed in the report include physical accessibility problems, accessibility of information and communication, lack of effective sanctions against discrimination, and lack of special measures to improve access to rights and participation of women and girls with disabilities. The report also underscores the need for inclusive policies for children with disabilities, the need for systematic and sustainable raising awareness strategies, and the need for tackling employment, independent living and community inclusion more effectively.

The 2016 Committee Report on the rights of PwDs in Turkey engaged in similar points of concern, such as the need for comprehensive and disaggregated data collection, including on women and children with disabilities, the need for comprehensive strategies for employment, more inclusive social protection as well as inclusive education, and accessibility problems in public spaces and transportation.<sup>79</sup> The Committee report also suggested more extensive awareness-raising campaigns on the rights of PwDs to combat stigmatization and discrimination more effectively.

Another report submitted to the UN CRPD by the Disability Rights Monitoring Group in 2019 provides some more detailed information on the status of PwDs in Turkey regarding accessibility, non-discrimination, education, work life and healthcare.<sup>80</sup> The report gives reference to the findings of two studies conducted by public institutions in 2010 and 2011. The first study by EYHGM and the Turkish Statistical Institute (TUIK) addresses some of the main problems faced by PwDs.<sup>81</sup> According to the study findings, PwDs experienced the highest level of problems in relation to accessibility and transportation, in which the majority indicated that the crosswalks, their own buildings and public buildings, stores, restaurants, banks were not suitable for their use.

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78. The Confederation of the Disabled of Turkey. (2018). [UN Convention on the Rights of Persons with Disabilities \(CRPD\)](#), Shadow Report Turkey

79. UN Committee on the Rights of Persons with Disabilities (2019) [Concluding observations on the initial report of Turkey](#), CRPD/C/TUR/CO/1, 1 October.

80. Disability Rights Monitoring Group (2019) [Report on the Current Situation of Disabled Persons in Turkey, Submission to the United Nations Committee on the Rights of Persons with Disabilities \(CRPD\)](#), 21th Session (11 March-05 April 2019).

81. This study titled “An Inquiry into Issues and Expectations of Persons with Disabilities” is currently not available in print or online. See, Disability Rights Monitoring Group (2019). [Report on the Current Situation of Disabled Persons in Turkey, Submission to the United Nations Committee on the Rights of Persons with Disabilities \(CRPD\)](#), p. 6

89.6% of the research participants mentioned not being able to go out without help of others, while 69.1% stated that they were unable to take the public transport without the help of others. 14.3% of the PwDs indicated being employed at the time of research. Concerning healthcare services, 45.6% stated they had difficulties in going to healthcare facilities and a slight majority (53.3%) mentioned not making sufficient contact with healthcare staff. According to the findings of the second study referred in the report, conducted by the former public unit responsible for PwDs, a majority of the PwDs (96.3%) stated they experienced discrimination (9.5% rarely, 14.1% occasionally, 40.3% for the most of time, and 31.5% for all the time), while 59.4% stated they experienced discrimination in the field of education either all the time or for the most of time.<sup>82</sup> These CSO-initiated reports assessing Turkey's progress concerning the implementation of the CRPD currently do not provide additional information on the situation of RWDs living in Turkey.

Among the most recent policy initiatives to improve the disability rights framework, the 11th National Development Plan (2019-2023) highlights the need for adopting a more inclusive approach to PwDs in line with the SDGs and introduced a set of policy targets for 2023. The Ministry of Family, Labour and Social Policies also announced that they have prepared a national action plan for 2030 (called 2030 Unhindrance Vision Document) soon to be released, which sets out policy priorities for strengthening the participation of persons with disabilities in social life, improvement of home and institutional care services, as well as accessibility, employment and education.<sup>83</sup> The priority themes outlined in the document include inclusive and accessible society, protection of rights and justice, health and well-being, inclusive education, economic assurance, independent life, emergencies from disaster and humanitarian care, and implementation and monitoring. The Document consists of 31 targets and 111 action plans including, revision/ adoption of legislation to strengthen accessibility, to strengthen the anti-discrimination framework, to enhance access to justice services and participation in political life, educational curriculum and materials will be revised, economic status of the persons with disabilities will be strengthened, web pages and banking services will be accessible, participation of persons with disabilities in social and cultural life will be strengthened.

## 4.2. Displaced persons with disabilities in Turkey

Turkey's most recent report on its implementation of the CRPD submitted in 2019 highlights that all persons with disabilities among the 4.6 million refugees and asylum seekers hosted by Turkey enjoy the services and benefits on an equal basis with citizens without any discrimination.<sup>84</sup>

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82. This study titled "A Study for Measurement of Acts of Discrimination Committed on Ground of Disabilities as of 2010" is currently not available via. See, Disability Rights Monitoring Group (2019) [Report on the Current Situation of Disabled Persons in Turkey, Submission to the United Nations Committee on the Rights of Persons with Disabilities \(CRPD\)](#), p. 7.

83. Ministry of Family, Labour and Social Policy (2020) ["2030 Unhindrance Vision Document" from the Ministry of Family, Labour and Social Services](#), 21 September.

84. UN Human Rights Office of the High Commissioner (2019) [Committee on the Rights of Persons with Disabilities considers the report of Turkey](#).

Once registered with the authorities, Turkey's legal framework provides access to a wide range of services, including education, health and social services, and to the job market employment temporary protection beneficiaries and international protection applicants, upon their registration with the authorities, access to a broad range of services (education, health, social services) and access to employment, subject to a work-permit. The Law on Foreigners and International Protection (LFIP) and the Temporary Protection (TP) Regulation entitle international protection beneficiaries and SuTPs access to social support and medical care.<sup>85</sup> As stipulated both in the LFIP and TP Regulation, an unaccompanied child, disabled, elderly, pregnant person, a single mother or father with his/her child, a person who has been subjected to torture, sexual assault or other serious psychological, physical or sexual violence are all categorised as "persons with special needs".<sup>86</sup>

The disability research within burgeoning refugee literature remains quite limited and is predominantly on SuTPs, while there is a research gap concerning PwDs under international protection. Nonetheless, the existing studies still help to identify a wide array of issues concerning RWDs in Turkey, including protection risks they face due to barriers in accessing education, healthcare, and humanitarian assistance.<sup>87</sup> A research study conducted with 67 households of SuTPs living in Gaziantep with at least one member with disabilities highlight that the research participants did not access any public services other than education and health services, mainly because they were unaware of the disability-related services provided by the Provincial Directorate of Family and Social Policies.<sup>88</sup> Although the majority of the research participants were of school age (78.4%), only 11% had access to education. Limited access to mainstream services is widely associated with physical inaccessibility of buildings and public areas, transportation challenges, financial constraints and language/communication barriers in the extant literature.<sup>89</sup> The research findings of this study also verify these as the main factors impeding access to services and assistance, while also pointing at the crosscutting role of communication/language barrier for Syrians and especially for non-Arabic speaking groups such as Afghans due to limited availability of information in their native languages.

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85. Law No. 6458 on Foreigners and International Protection (LFIP); Temporary Protection Regulation (Council of Ministers Decision No: 2014/6883)

86. Temporary Protection Regulation, 22 October 2014.

87. Crock M SB, McCallum R, Smith-Khan L, Çorabatır M. (2015) [Syrian refugees with disabilities in Jordan and Turkey](#). ; Curtis, Bruce, and Jennifer Geagan (2016). [Disability Inclusion Among Refugees in the Middle East and North Africa - A Needs Assessment of Libya, Egypt, Yemen, Jordan, and Turkey](#). International Research & Exchanges Board (IREX); Euro-Mediterranean for Human Rights Monitor York University. (2020). [The Risks That Refugee with Disabilities Face in Turkey: How to Mitigate Risks and Challenges to Shape an Apt Humanitarian Responses](#).

88. Karataş & İncetahtacı, Op Cit.

89. UNFPA and SDDG-ASAM (2021) [UNFPA and SGDD-ASAM support refugees with disabilities together with the European Union](#); AFPRD (2016) Arab Forum for the Rights of Persons with Disabilities; Curtis, B., & Geagan, J. (2016). Disability Inclusion Among Refugees in the Middle East and North Africa - A Needs Assessment of Libya, Egypt, Yemen, Jordan, and Turkey. International Research & Exchanges Board (IREX).



Some other studies elaborate further on the daily problems experienced by Syrian RwDs with reference to employment, housing, social inclusion and psycho-social issues. In a study examining the prevalence of disability and mental health issues among Syrian refugees living in the Sultanbeyli district of Istanbul, a total of 4000 people were selected through random sampling methods, in which the overall prevalence of disability was 24.7% (with a response rate of 77%).<sup>90</sup> According to the study findings, refugees with mental health issues and cognitive difficulties were least likely to report needing related support/services due to fear of stigma and hesitation to express their feelings of distress. Syrian RwDs who participated in another research study conducted in Şanlıurfa explained their reasons of rarely going out and socialising in relation to not speaking Turkish, feeling like a “foreigner” and the fear of being stigmatised, which in return triggered their mental health problems.<sup>91</sup> The study also highlights the problems experienced by family members who were primary care givers to their disabled family member. These problems include the lack of social support, the need for counselling, being constantly worried about the future, and feeling worried about protecting their family member with disabilities from accidents and injuries. The following section provides an overview of the research methodology before the discussion of the research findings in Section Six.

## 5. Research Methodology

The research process of the report involved three main phases: (1) desk research, (2) primary data collection, (3) data analysis and reporting. Primary data collection took place between July and September 2021 across the provinces of Ankara, Kayseri and Izmir. A total of 127 SuTPs and 158 IP status holders (137 Afghans, 14 Iranian and 7 Iraqis) were interviewed/surveyed.

By using purposive sampling to represent a diverse group across gender, age, impairment type and nationality, potential informants were identified among those registered in the databases of project partner associations (IGAM, ARSA, and SDMM) as persons with disabilities. After contacting and providing information about the project, those who gave consent participated in the research. Ankara, Kayseri and Izmir, are all hosting sizable and diverse refugee communities, and were primarily chosen for offering a convenient research environment for the partner associations in the context of COVID-19 pandemic conditions. All the meetings with research participants took place in-person either in the offices of IGAM, ARSA and SDMM or by making home visits.

To obtain comprehensive and complementary empirical data, the research team implemented a mixed methodology approach. With a total of 285 research participants, the research team conducted 150 surveys, 75 IDIs, and 6 FGDs with 60 participants (See, Table 1 and Table 2).

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90. London School of Hygiene and Tropical Medicine (LSHTM) (2020) [Disability and Mental Health among Syrian Refugees in Sultanbeyli. London: Relief International Istanbul – 2019 Survey Report](#).

91. Kaya, M., (2017). [Türkiye'deki Savaş Mağduru Engelli Mültecilerin Toplumsal Hayata Adaptasyon Süreçleri: Özel ve Kamusal Alan Engelleri](#). *Diyalektolog-Ulusal Hakemli Sosyal Araştırmalar Dergisi* 8(16): 127-144.

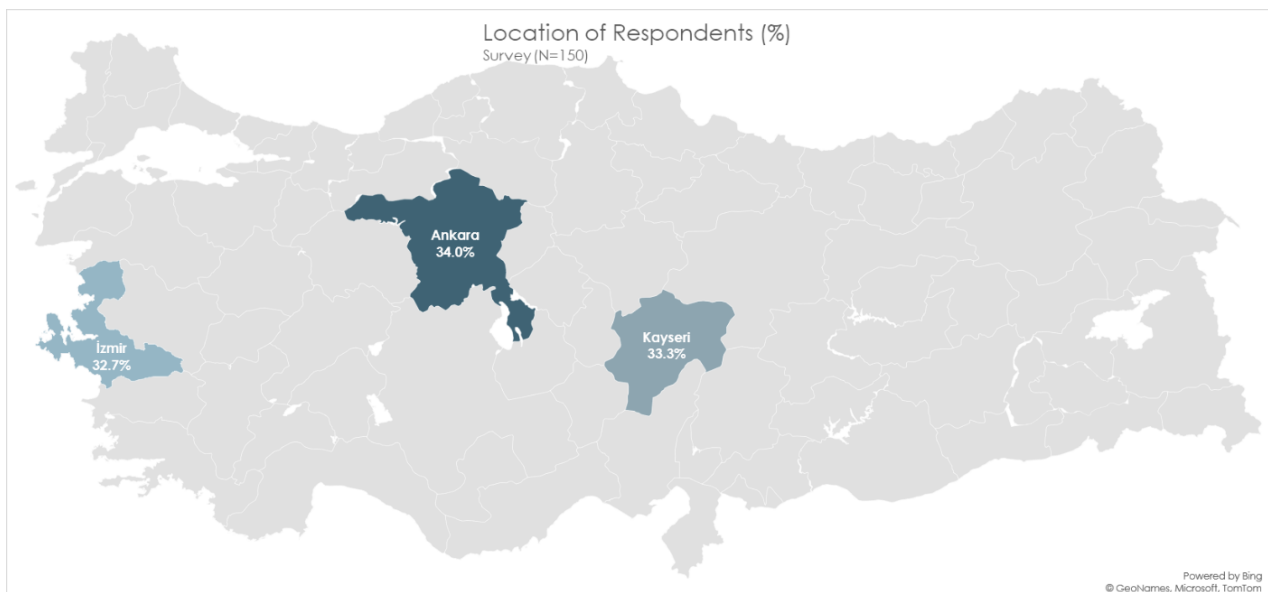
An additional 15 key informant interviews (KIIs) were also conducted with specialists from national and local-level organisations working with PwDs and RwDs. Key informant respondents were identified and selected based on their expertise and knowledge in the areas of disability and refugee rights. Except one interview, key informant interviews were conducted online via face-to-face video call.

The third phase was the analysis of collected data and drafting of the report. The data sets obtained from the questionnaire were analysed at a 95% confidence level with SPSS 24.0. For qualitative data collection, each IDI, FGD, has been conducted in line with the specifically designed question sets. With the consent of the respondent, most of the interviews and discussions have been recorded with a voice recording device, and their transcriptions have been coded and prepared for analysis using the computer-based content analysis programme MAXQDA 2020 software. For research participants who requested not to use voice recordings, note-taking method was used instead.

Table 1: Research sample

Province	FGD	IDI	Gender (FGD&IDI)	Age (FGD&IDI)	Interview With (FGD&IDI)	Survey
Ankara	20	25	30 M 15 F	12 (under 18) 33 (+18)	29 (direct) 3 (family) 13 (care giver)	50
İzmir	20	25	19 M 26 F	22 (under 18) 23 (+18)	34 (family) 11 (direct)	50
Kayseri	20	25	33 M 12 F	23 (under 18) 22 (+18)	14 (direct) 9 (care giver) 22 (family)	50
<b>TOTAL</b>	<b>60</b>	<b>75</b>	<b>135</b>	<b>135</b>	<b>135</b>	<b>150</b>

Figure 1: Location of selected survey respondents (%)



## 6. Discussion of Findings

This section has been divided into themes reflecting the findings of the research. The main purpose is to elaborate on the experiences of refugees with disabilities in accessing services and support and to highlight the barriers they face as reported by themselves or their primary caregivers. The views from key informant interviews are also incorporated to show the role of supporting organisations where relevant. Following the discussion of the profile of research participants, the themes covered include housing, living conditions and getting involved in daily life; employment and livelihoods; access to health and social services; access to education/special education; access to special services available for individuals with disabilities; social inclusion/exclusion and legal rights.

### 6.1. Profile of Research Participants

As shown in Figure 2, the survey sample consisted of 64.67% male and 35.33% female respondents. In the IDIs and FGDs, the gender gap was slightly lower with 39% female and 61% male research participants (see, Table 1). Most of the survey respondents were in the age group of 0-18 (40.7%), 26-40 (31.3%), 41-55 (16%), 19-25 (7.3%), and 56 and above (4.7%).<sup>92</sup> In the IDIs and FGDs, 57 research participants were under the age 18 and 78 research participants were above the age of 18. Nearly half of the qualitative research participants were directly the PwDs themselves (46%), and the rest were their family member/care giver (54%) who spoke on the behalf of the PwDs.

Over half of survey respondents were single, 41% of them were married and 3% were divorced or separated. 56% of the respondents reported having no children, followed by 28% with 2-4 children, and 9.3% with more than 4 children. 48% of the respondents were Afghan nationals, 42.7% were Syrian nationals, 2.7% were Iranian nationals.

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92. For the research participants in the age group of 0-18, the research (surveys, IDIs, and FGDs) was conducted with their primary caregiver (members of the family) on their behalf.

Figure 2: Age and gender distribution of survey respondents (%)

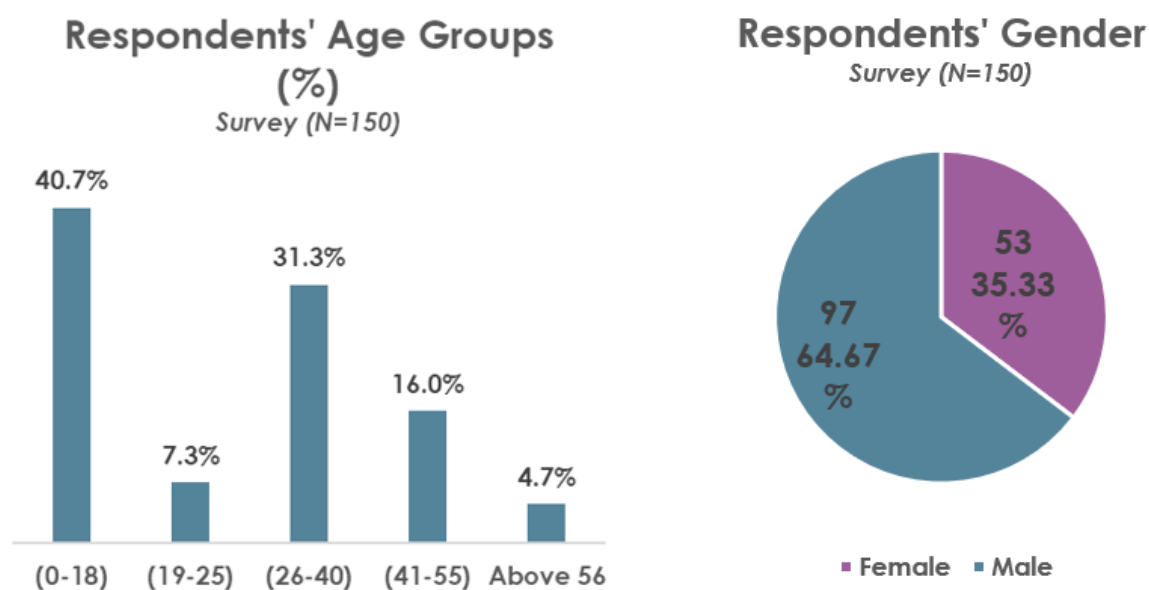
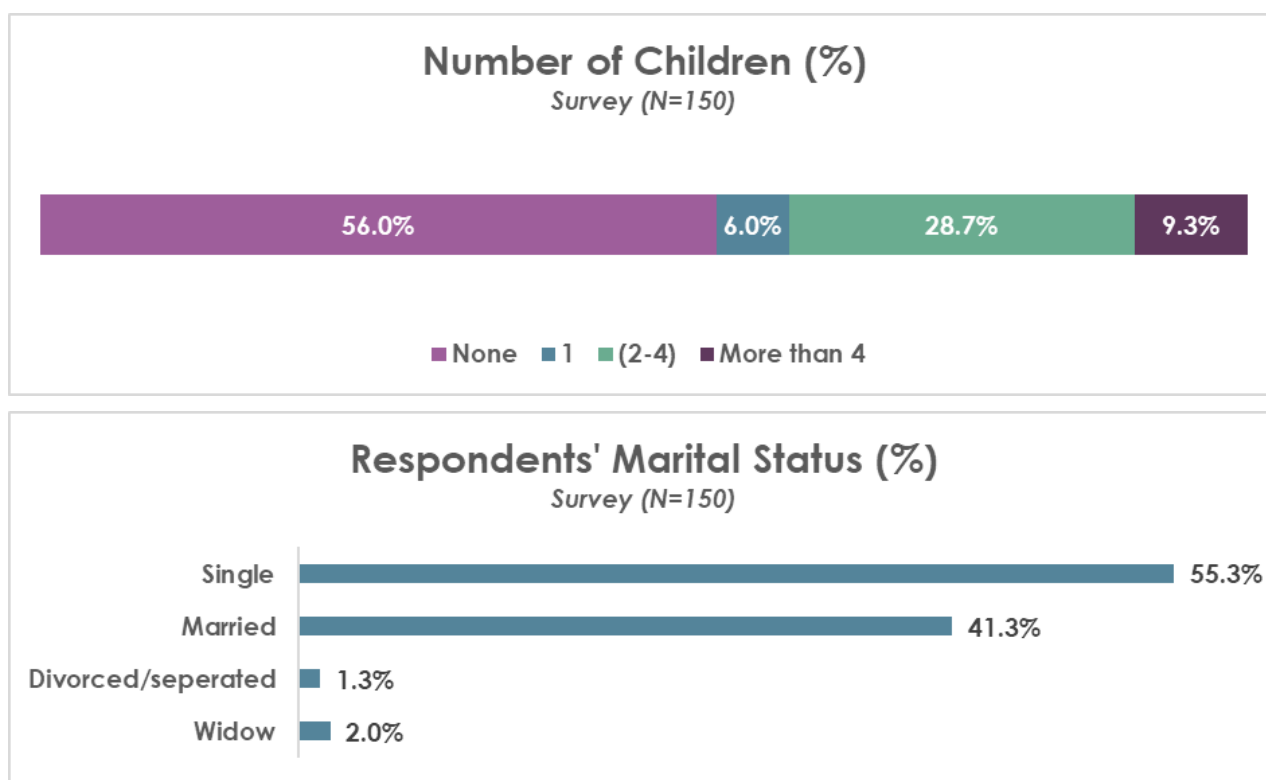


Figure 3: Marital status and number of children of survey respondents (%)



Nearly half of the survey respondents reported that they had not gone to school, 24.7% completed secondary or high school, 19.3% completed primary school, while 7.4% had a university degree or above.

Arabic (43.3%) was the most common native language of the respondents, followed by Dari (30.7%) and Persian (14.7%). Over half of the survey sample reported not knowing any Turkish. As shown below in Figure 5, 23.3% of them can understand Turkish and 13.3% can understand and speak Turkish.

Figure 4: Level of education (%)

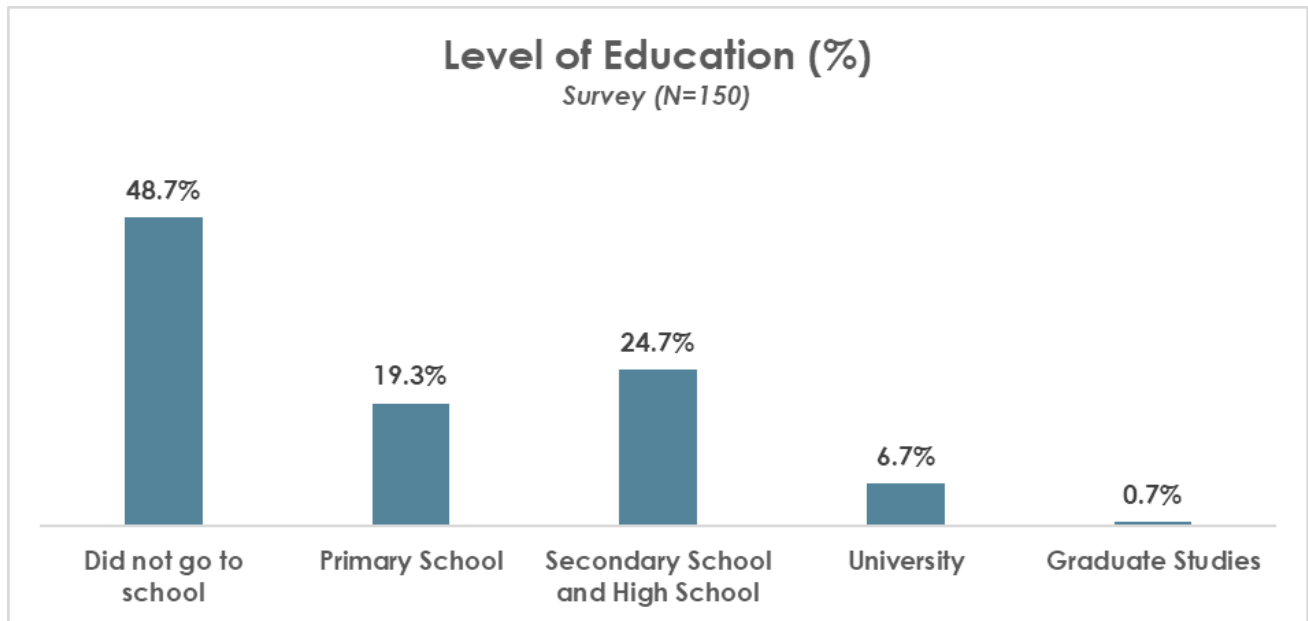


Figure 5: Native language and Turkish language levels (%)

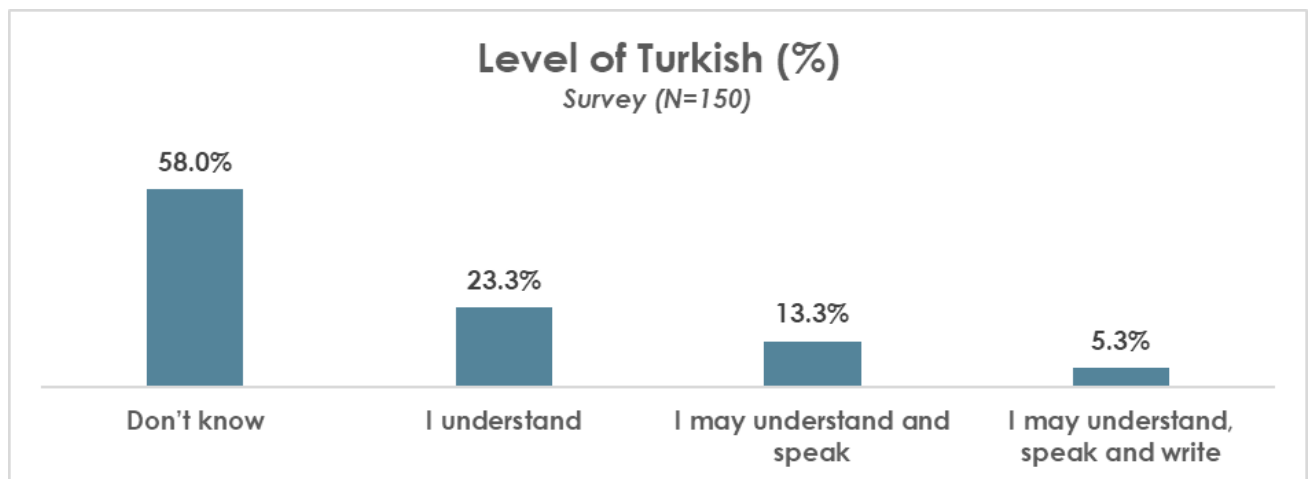
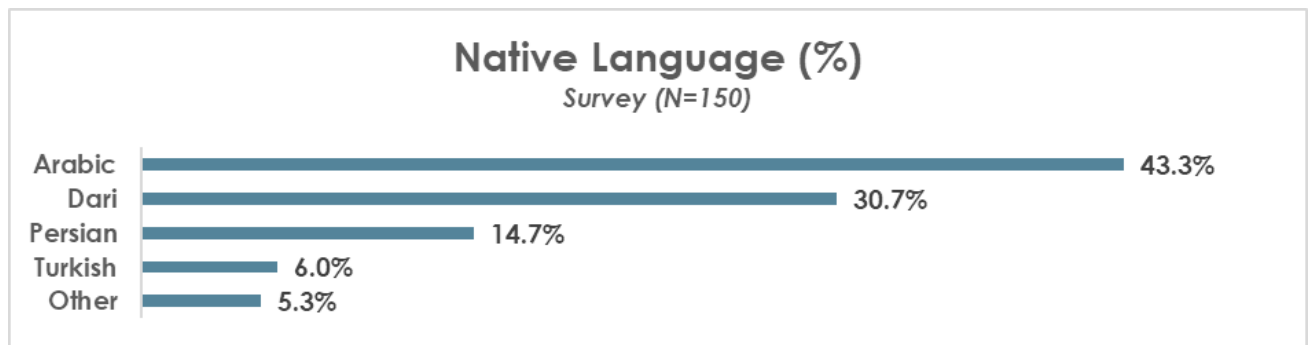


Figure 6: Country of origin and arrival time to Turkey (%)

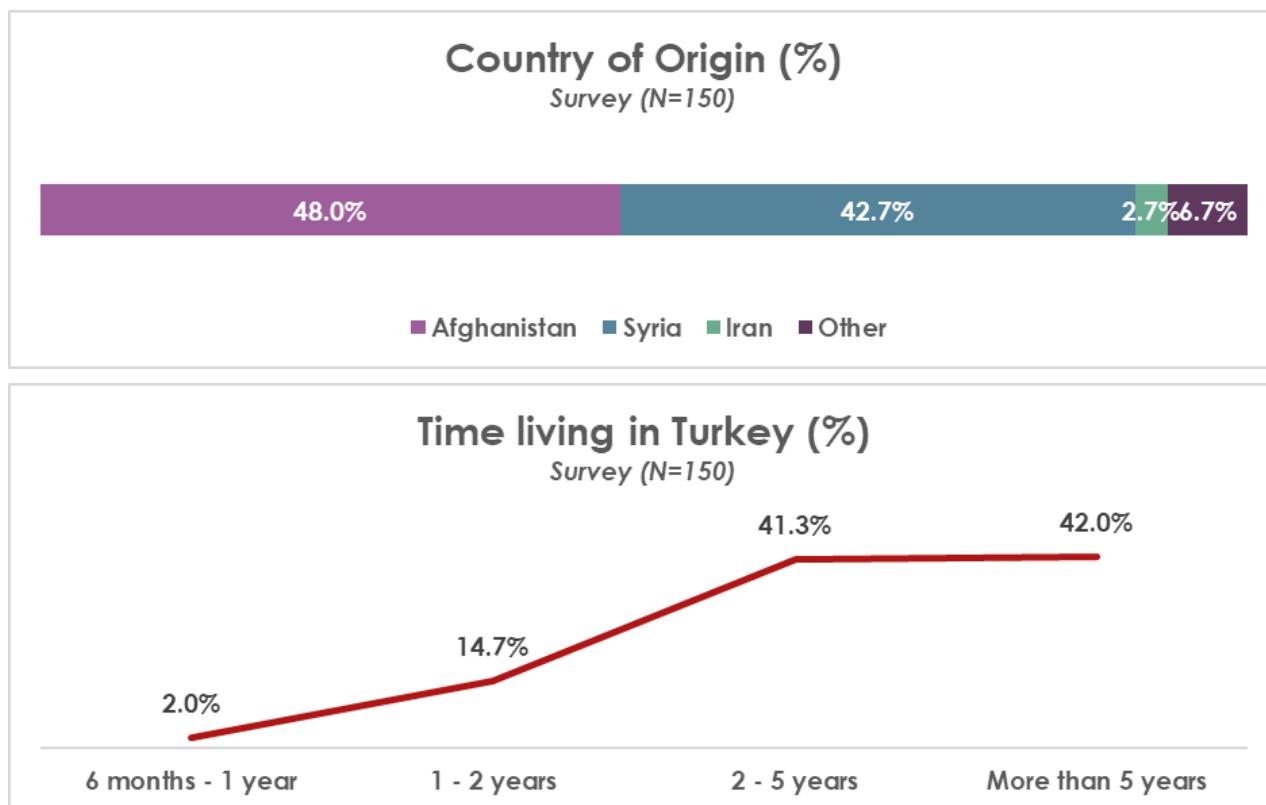
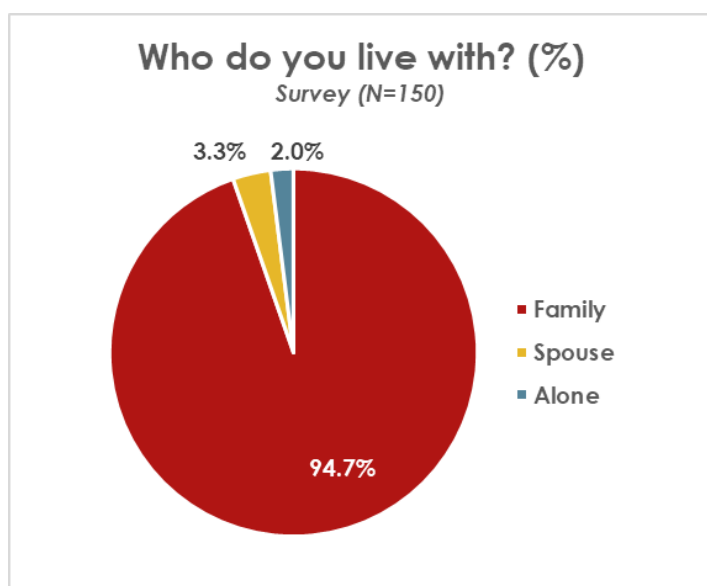


Figure SEQ Figure \\* ARABIC 7: Living conditions

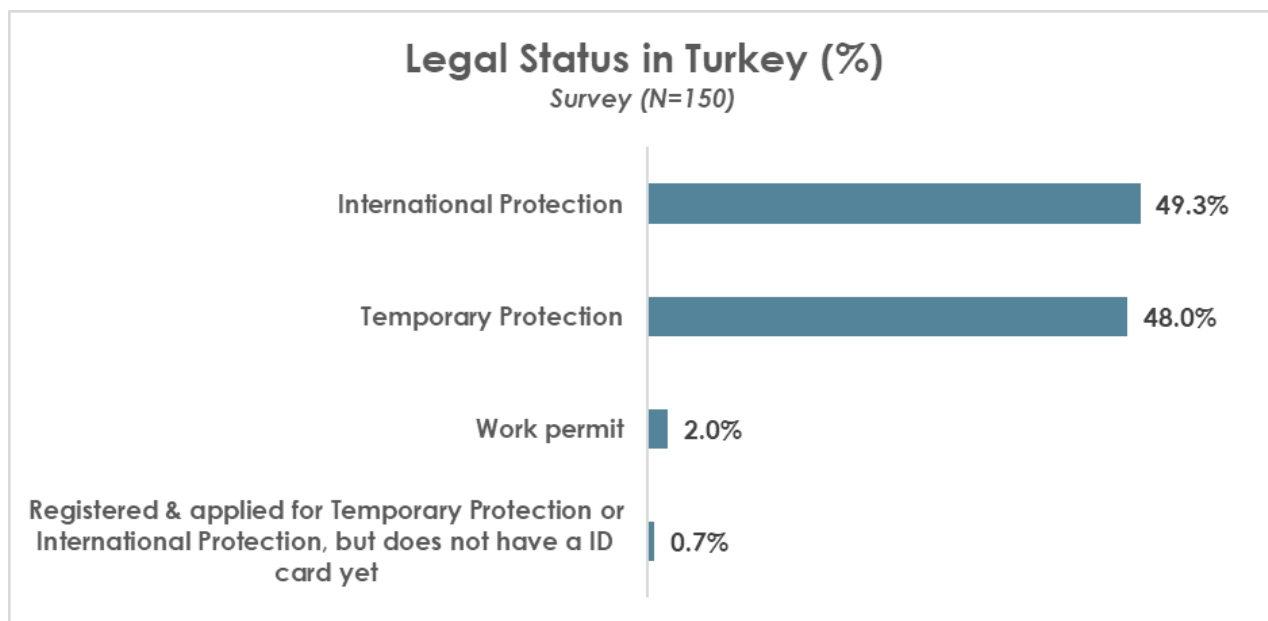


Almost all the survey respondents (97%) came to Turkey with their families and live with their families. In terms of legal status, 49.3% of the respondents were IP status holders and 48% were SuTPs, while a small percent (2%) indicated having a work permit.

The majority of the survey respondents were not newcomers to Turkey: 42% have been in Turkey longer than 5 years, while 41% have been in Turkey 2 to 5 years, and 15% 1 to 2 years. Unlike the survey sample, there were

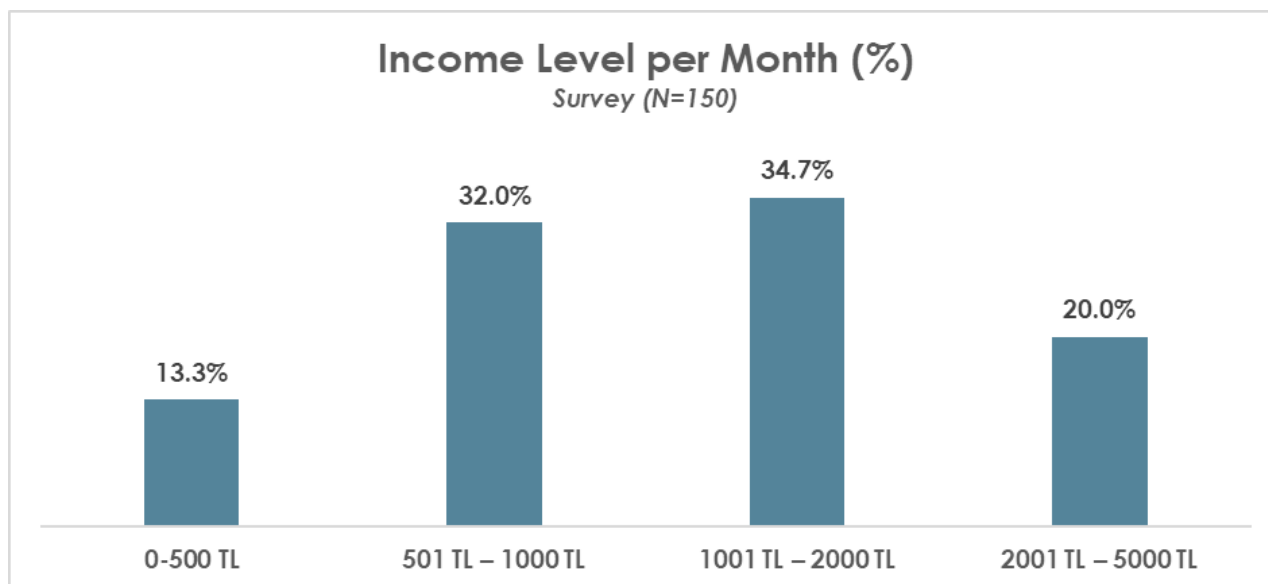
quite a few IDI and FGD respondents who mentioned being in Turkey for less than 2 years. In terms of legal status, most were registered either as TP or IP beneficiaries. There were only a few respondents who have registered but not yet obtained an ID card.

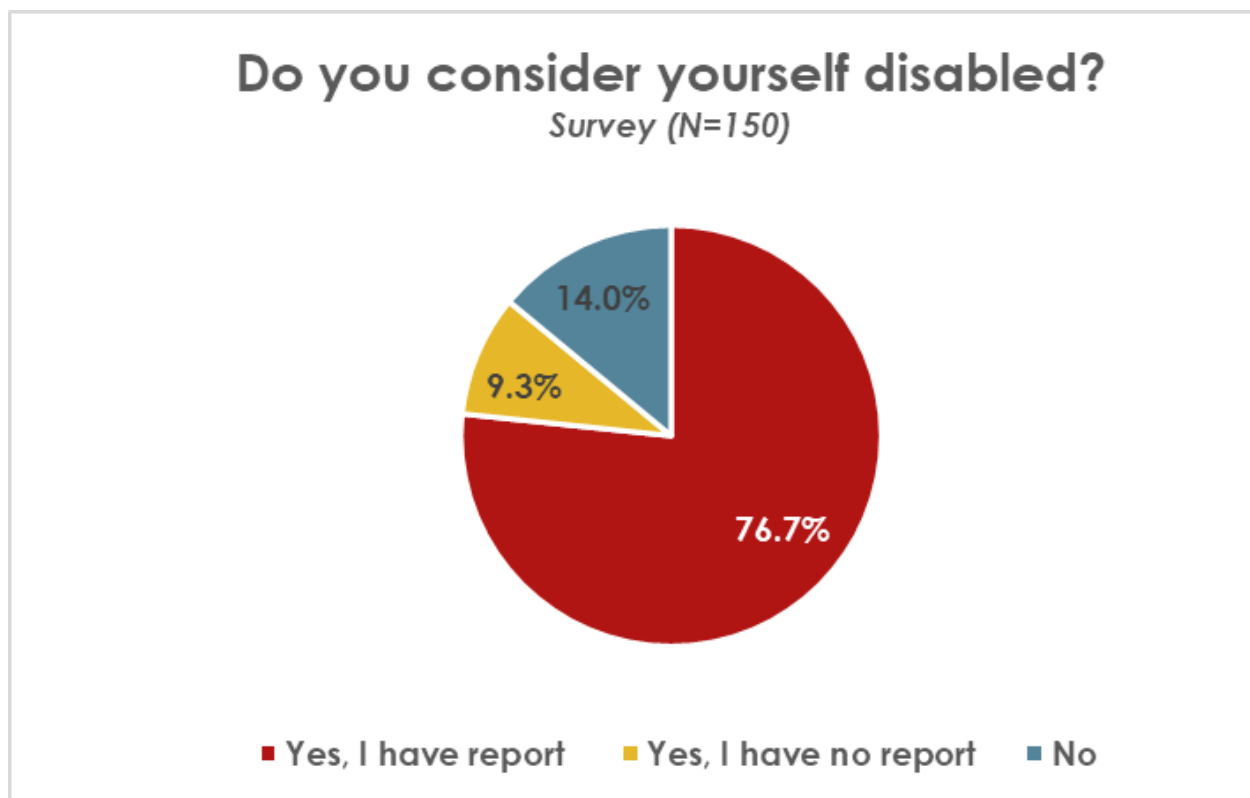
Figure 8: Legal status



Poverty is a common problem for all the survey respondents since the majority indicated having a monthly household income below the national net minimum wage (2850 TL- appx. \$ 320). Around 10% of the survey respondents have a monthly household income of 0 to 500TL (appx. \$56), which indicates that they are having hardship in meeting even the most basic needs.

Figure 9: Income Level



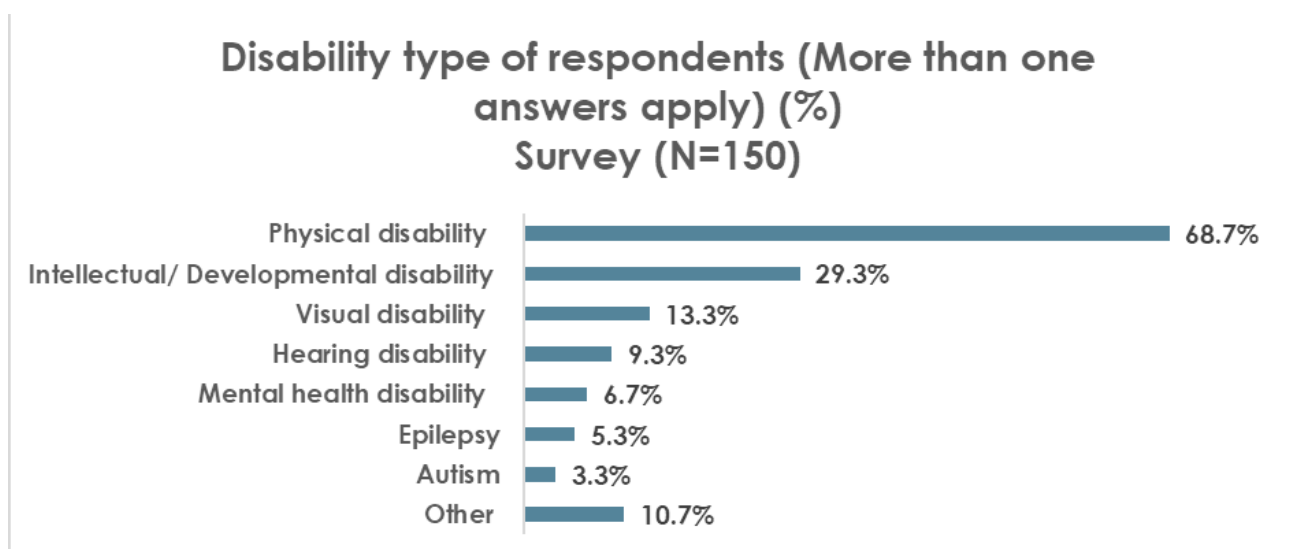


In line with the Washington Group question sets, survey respondents were asked a series of questions about their disability status. As shown in Figure 10, 76.7% of the respondents indicated that they considered themselves to have disabilities and had a Disability Health Report (DHR). 9.3% considered themselves to have disabilities but did not have a DHR. All the survey respondents who indicated not having a DHR were Afghan nationals. 70.8% of the respondents from Afghanistan and all respondents from Syria and other countries considered themselves as disabled. When asked to specify their disability type, the majority of the survey respondents answered having a physical disability (68.7%), followed by intellectual/developmental disability (29.3%), visual disability (13.3%), hearing disability (9.3%) and mental health disability (6.7%).

82.7% of the survey respondents did not wear glasses. 61% indicated not having difficulty in seeing, but nearly 38% indicated having some difficulty or not seeing at all. Overwhelming majority (92%) did not use a hearing aid. Nearly one third of the survey respondents reported having some and a lot of difficulty in hearing, while 4% indicated they cannot hear at all. When asked if they used any equipment or received help for getting around, nearly 20% of the survey respondents mentioned “with someone’s assistance”, while some others noted using a wheelchair (12%) and a cane/walking stick (7%). Half of the survey respondents answered “other” to this question without specifying the means.



Figure 11: Disability types



In the FGDs and IDIs, research participants were also asked questions about their disability status. As shown in Table 2 below, most of the participants indicated having physical or multiple disabilities. Some noted that their disability conditions were present from birth, but there were also research participants who mentioned acquiring conflict/war-related new or additional disabilities:

*“I became disabled during the war. I lost one of my legs. I did not only lose my leg though, I also lost my home, my country.” (Male, Syrian, 27)*

*“I have visual disabilities. I also started having epileptic seizures during the war.” (Female, Syrian, 41)*

While most had a DHR, a few respondents referred to the language barrier which resulted in obtaining reports that did not match the person’s disability condition:

*“I became disabled after a mine explosion back in my country. I have physical and mental disabilities. When I went to the hospital for the health report, I did not speak Turkish and I wasn’t able to express myself clearly. They issued a report indicating a lower rate of my disability, so I am not eligible to apply for financial assistance.” (Male, Afghan, 55)*

Table 2: Disability types of FGD and IDI participants

Disability Types	Ankara	İzmir	Kayseri
Physical	18	12	16
Mental	3	3	8
Hearing	0	3	1
Visual	3	3	5
Multiple	21	21	6
Intellectual	0	2	3
Autism	0	0	5
Epilepsy	0	0	1
Down	0	1	0
<b>Total</b>	<b>45</b>	<b>45</b>	<b>45</b>

Several IDI and FGD respondents with visual impairments indicated using assistive smartphone applications, whereas none of the survey respondents mentioned using assistive technology devices. Almost half of the survey respondents stated having no difficulty communicating in their native language, while the other half stated having some or a lot of difficulty. An equal number of survey respondents indicated having no difficulty with self-care and having some or a lot of difficulty with self-care. But 67.3% expressed having a health problem for over a year that prevents them from doing daily work, such as daily personal care, housework, shopping, and working. In terms of meeting their own needs, 40.7% described themselves to be totally dependent, 44.7% partially dependent and 14.7% independent. While the majority of Afghan respondents selected the answer partially dependent, Syrian and other respondents selected completely dependent. Almost all respondents (95.3%) mentioned their family members as the primary caregiver in relation to their disability, and most indicated being satisfied with the care they receive.

The majority of the survey respondents (70%) experience various levels of difficulties in remembering or concentrating. 52.8% of Afghan respondents had difficulty in remembering and concentrating, which was slightly lower for Syrian and other respondents (50%). Concerning psychosocial conditions, a high number of respondents (72.2%) expressed feeling worried, anxious, or nervous every day, but not taking any medications for these feelings. More precisely, almost half of the survey respondents feel depressed (49.3%) daily, but only a small group use depression-related medication (20.7%). In both questions, respondents from Syria had a higher ratio than the respondents from Afghanistan and other countries. Half of the respondents indicated feeling very tired/exhausted most days or every day. This was also significantly higher among Syrian respondents. A 28-year-old Syrian research participant with visual and physical disabilities referred to the daily jobs (e.g., collecting waste) he had to take in order to make a living as the root cause of his exhaustion.

Half of the survey respondents indicated lacking self-confidence and a majority indicated feeling nervous/anxious (66%) due to their disability. The survey results revealed that Afghan respondents also felt unsafe due their disability, while respondents from other nationalities did not indicate feeling unsafe. In the IDIs and FGDs, research participants elaborated further on psychosocial issues. As a Syrian respondent with multiple disabilities (who also has 2 children with disabilities) explained, his feelings of anxiety and depression were triggered by lack of prospects for his children and his country. Some others cited financial difficulties, unemployment, the inability to meet their own needs among reasons deteriorating their feelings of anxiety, depression, and daily exhaustion. Majority of the survey respondents believe there is neither enough funding (78.7%) nor adequate facilities (84%) for PwDs to meet their needs. Non-Syrian respondents who were waiting to be resettled to a third country also mentioned that they were experiencing psychological distress due to long waiting periods for resettlement.

## 6.2. Housing, living conditions & getting involved in daily life

Almost all the survey respondents (97%) indicated living with their families in rental houses (98%). While this was also confirmed by the qualitative findings on housing, one recurring theme in the IDIs and FGDs was the difficulties research participants had in finding accommodation. Most respondents mentioned that the landlords are unwilling to rent a house to a “foreigner”, especially if the household size was also large. A number of respondents stated finding accommodation via informal support networks of their own nationality in exchange for a payment. Some were asked to find a Turkish guarantor ahead of moving to a place. One other recurring theme was the poor conditions of the places they live, which they often described as small, old and unhealthy. In most cases, respondents explained that they lacked the financial means to afford better places that would also meet accessibility requirements. In the words of some respondents:

*“Finding a decent place to live was really challenging. To start with, no one wants to rent their place to foreigners, but in our case, it was more difficult because we are a family of ten. In the end we had to rent a place not so good, because we cannot afford a better one. We have no other option than accepting these conditions.” (Male, Syrian, 46)*

*“The conditions of this house are not at all suitable for a person with a disability. First of all, it is too humid and mouldy. It is also very small, there are only two rooms. It is like a hut. We don’t even have enough beds or a couch. We pay 200 TL per month.” (Female, Syrian, 41)*

For the majority of the survey respondents, the place they live makes their lives either difficult or very difficult (74%) due to disability-related movement restrictions inside the house (68.7%), as well as inaccessible entrances (31%). When asked to specify their opinion about the following statements, most respondents totally agreed or agreed<sup>93</sup> that their disability limits movement inside their homes (72.7%) and access to their homes (80.7%). 63.4% agreed with the statement that there are not enough disabled-friendly services in their neighbourhoods, while 23.3% disagreed and 13.3% were undecided.<sup>94</sup>

For many PwDs, getting involved in daily life is conditional upon accessible means of transport and accessible services. Many key informant respondents also referred to accessibility of roads, transport and services as major barriers for PwDs. 53.3% of the survey respondents agreed that it is not easy to find suitable means of transport for PwDs, while 26% disagreed and 20.7% were undecided. In the IDIs and FGDs, some respondents stated they prefer either walking or using public buses as they find them to be the cheapest and most accessible means of transport. Respondents from Izmir were particularly content with the public transport system (describing it as “easy and accessible”) for facilitating their daily lives. In contrast, several respondents from Ankara noted that they found public buses inaccessible. Some others expressed their desire to obtain free travel cards that are offered to Turkish citizens with disabilities. Even though they found it to be a more expensive option, research participants also mentioned taking taxis when they have to make essential travels, such as to the hospitals.

As respondents explained:

*“I have a five-year-old son with physical and intellectual disabilities. He goes under surgery almost every two-three months and I have to take him to the hospital regularly for check-ups. For me perhaps the most difficult thing is to get around. I have never been able to take him to the hospital with ease. We cannot take the bus, he’s using a wheelchair. I cannot afford a taxi each time either because I already have a lot of financial difficulties.” (Female, Afghan, 28)*

*“I cannot take the bus, it is too difficult in my condition, I don’t have a bus card anyway. I cannot afford taking taxis unless it is very necessary like when going to the hospital. So simply I don’t go anywhere.” (Male, Iraqi, 35)*

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93. In this type of survey questions where the ‘totally agree’ and ‘agree’ options were both present, the results throughout the report present the total percentage of both options unless stated otherwise.

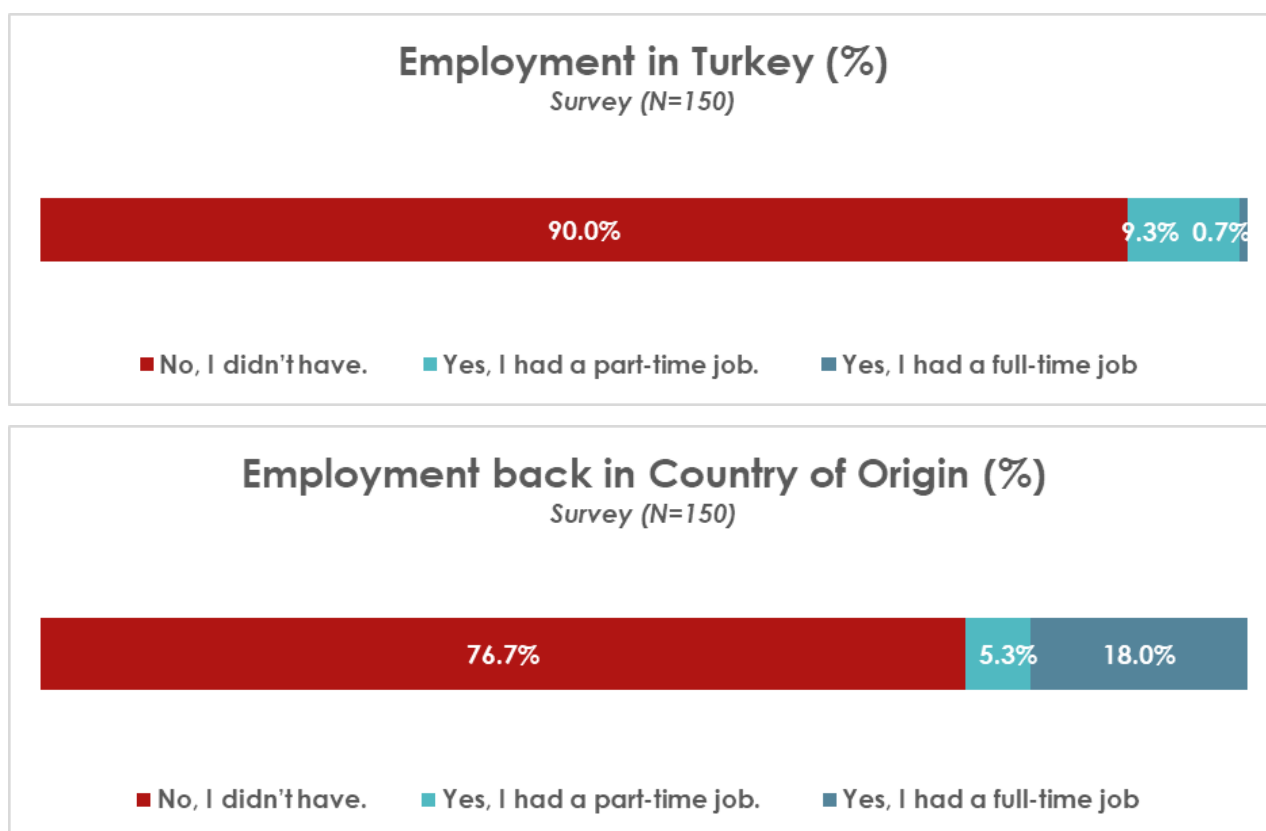
94. The survey results indicate that the answer “I am undecided” has a high frequency throughout the survey. This may have several interpretations, as suggested in the relevant literature. First, the respondents may have chosen this option to minimise a cognitive effort while also satisfying the researcher by providing an answer. Second, the respondent may genuinely have no opinion, or could be somewhere between agreeing and disagreeing. For a more detailed methodological explanation, see: Evans D. & Popova A. (2014). [Do you agree or disagree? how to ask the question](#). World Bank Blogs.

Some other problems respondents mentioned in relation to housing and living conditions were the negative views of people toward refugees and disabled in their neighbourhood. Half of the respondents (50.7%) agreed that the negative views of people toward refugees was a problem related to housing, while 35.3% who disagreed and 14% who were undecided. Nearly an equal number of respondents (42%) agreed and disagreed (39.3%) that the negative views of people toward persons with disabilities was a problem, followed by those who were undecided (16.7%). Some respondents, particularly those living in Ankara, addressed negative attitudes toward refugees and their diminished feeling of safety, due to recently intensified social tension in some of the neighbourhoods in Ankara. Some single female respondents mentioned that finding accommodation where they feel safe has been an additional challenge for them:

*“I had too many difficulties. Mainly because I don’t speak Turkish and I am a single woman with disabilities. I am not able to afford a place where I feel safe. Eventually with the help of some friends I found this place and had to pay some extra money to those who arranged it for me.” (Female, Iraqi, 31)*

## 6.3. Employment & Livelihoods

Figure 12: Employment status (%)



The majority of the survey respondents stated they did not work (76.7%) before coming to Turkey, while some had a full-time job (18%) and some others had a part-time job (5.3%). Currently only one respondent has a full-time job, and a small group have a part-time job (9.3%) and the majority (90%) indicated not having a job. Lack of regular employment opportunities were also raised by many research participants in the FGDs and IDIs. Some mentioned having regular jobs before coming to Turkey, but almost all respondents who indicated currently working in Turkey did not have a work permit. As the research results reveal, the barriers which exclude refugees with disabilities from employment are sometimes directly linked to their disability, but in most cases, they result from lack of The majority of the survey respondents stated they did not work (76.7%) before coming to Turkey, while some had a full-time job (18%) and some others had a part-time job (5.3%). Currently only one respondent has a full-time job, and a small group have a part-time job (9.3%) and the majority (90%) indicated not having a job. Lack of regular employment opportunities were also raised by many research participants in the FGDs and IDIs. Some mentioned having regular jobs before coming to Turkey, but almost all respondents who indicated currently working in Turkey did not have a work permit. As the research results reveal, the barriers which exclude refugees with disabilities from employment are sometimes directly linked to their disability, but in most cases, they result from lack of supportive job opportunities, lack of accessible information, as well as lack of accessible surroundings and transportation means.

Most respondents consider themselves to be “unemployable” due to being a migrant with a disability condition, highlighting that lack of self-esteem is also a considerable barrier. A respondent with multiple disabilities who has been in Turkey for two years stated: “I used to work in a farmhouse with my family before coming here. Now I am at home all the time, what kind of a job can a migrant with visual impairment find? It is impossible” (Male, Afghan, 26). Some others expressed their desire to work but mobility restrictions and accessibility issues were a major barrier in their quest to find a job. In the words of a female respondent with physical disabilities since the age of 14: “I dream about having a job almost every day. But I am not able to move around easily on my own with a wheelchair and I am also scared to go out alone” (Iraqi, 31). Those who currently have jobs (daily, part-time and full-time) mentioned working irregularly in the shoemaking, textile and clothing sectors, cleaning, tailoring, packaging. In the qualitative findings, the number of respondents who indicated that they have jobs were significantly higher for Izmir than Kayseri and Ankara, although they are all considered as industrialised cities with job opportunities. There were also more male respondents who indicated having jobs than female respondents.

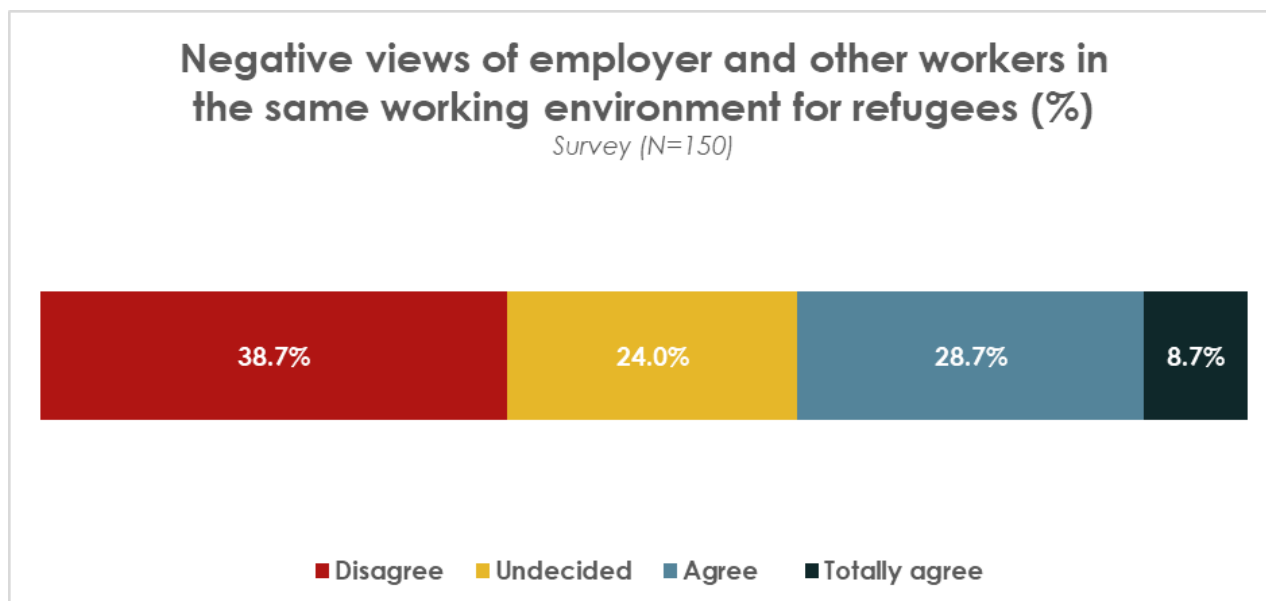
This was also verified by a key informant working for socio-economic empowerment project for refugees. According to the respondent, male refugees with disabilities had better access to employment than female refugees with disabilities.

He suggested that expanding labour market integration would also enable them to socialise and feel stronger psychologically. The respondent elaborated further:

*“Within the scope of our project, we also try to find suitable jobs for refugees with disabilities in accordance with their disability level. But our project mainly focuses on recruiting refugees with skills that match sectoral needs in the labour market. We manage to include refugees with disabilities in home-production related jobs, as well as in entrepreneurial programmes. But it is harder to match them with labour-market vacancies. I think cooperatives run by municipalities would be suitable working environments for refugees with disabilities, especially for women since they would be directly involved in the production process and feel “useful” (National-level humanitarian NGO, male).*

To understand the impact of accessibility on employment, survey respondents who currently had a job were asked some follow-up questions. According to the results, finding a suitable means of transport to go to work is not considered as a major problem for the majority (62.6%). But at the same time 80.7% indicated having difficulties with the location of the workplace in relation to the location of the place they live. This may imply that the daily commute between workplace and home is challenging due to reasons other than the means of transport. In addition, 47.7% of the respondents have difficulties due to accessibility problems in their workplaces. 47.3% agreed that their disability limits movement within the workplace, while 34.7% disagreed and 18% were undecided. 46% also agreed that their disability limits access to the workplace, while 33.3% disagreed and 20.7% were undecided. When asked to specify if they find it difficult to find suitable means of transportation to go to work, nearly an equal number of respondents agreed (37.3%) and disagreed (39.3%), while 23.3% were undecided. To assess whether negative attitudes have an impact on employment, respondents were asked to state their opinion on the following statement: “negative views of my employer and other workers toward refugees in the same workplace create difficulties for me”. Nearly an equal number of respondents agreed (37.4%) and disagreed (38.7%) with the statement. 24% of the respondents were undecided.

Figure 13: Attitudes toward working environment



Poverty is a common problem for all the research participants and many people manage their lives with external assistance. In the survey, 51% noted having no sufficient income and not receiving any cash/financial assistance. Meanwhile, 43% reported that their income was not sufficient, but they received cash/financial assistance from the government and other institutions. All female respondents (100%) and almost all male respondents (95.9%) stated they cannot find the financial resources to cover the disability-related support they need due to lack of a regular income (80%). The narratives of respondents from FGDs and in-depth interviews also gave insight on the issue of livelihoods. While having a job or a regular income is a major problem for most of the participants, many people rely on external financial support, particularly the Emergency Social Safety Net (ESSN) programme implemented by Turkish Red Crescent (KIZILAY).<sup>95</sup>

Under the ESSN, the eligible refugee households receive 155 TL (appx. 15 Euros) through a bank card called Kızılaykart per family member every month. The eligibility criteria for assistance includes families with one or more disabled family members, who are required to submit a DHR issued by an authorised state hospital indicating the level of disability (40% or above).<sup>96</sup> DHRs are issued either permanently or for a temporary period depending on an individual's health status. Of the total 1,7 million beneficiaries of the ESSN in 2020, an estimated 10,093 beneficiaries were persons with disabilities, with a gender distribution of 59% male and 41% female.<sup>97</sup> As the research findings reveal, the ESSN is the primary or only source of income for many of the respondents, but they continue to face severe financial distress:

95. The ESSN is a large-scale cash assistance programme that complements existing national social assistance schemes in Turkey for supporting registered refugees to meet their basic needs. Funded by the EU and its member states, the programme is implemented by related ministries, the DGMM and KIZILAY. For detailed information on the ESSN programme, [see](#).

96. Further information on ESSN, Disability and Health Reports is available at the [website](#).

97. World Food Programme. (2020). [Turkey Annual Country Report: Country Strategic Plan 2020-2021](#)



*"I lost my arm due to an electric shock injury when I was 12. I was still able to find work in construction sites back in Syria, but I cannot find a job here. My economic situation is really bad, I have eight children. One of them suffered from partial hearing loss due to war. She got treatment here, she is better now. The other one had an arm injury, she also got treatment, but it is still unwell. I receive 800 TL from KIZILAY. Sometimes my son finds daily jobs."* (Male, Syrian, 46)

*"I have a physical disability due to a wrong medical treatment I received 20 years ago. KIZILAY is my only source of income. I receive 1050TL monthly."* (Female, Iraqi, 41)

*"I am visually impaired. I used to work in a public institution back in Syria, but here I am almost totally dependent on my wife and two children. I cannot work because I am disabled. We receive financial assistance from KIZILAY every month."* (Male, Syrian, 30)

Meanwhile there were also respondents who indicated not receiving any financial support:

*"I am not receiving support from any institution. My children sometimes find daily jobs, making 1500-2000TL monthly, that's the only income we have."* (Female, Syrian, 45)

A female respondent who is taking care of her 11-year-old son who has both physical and intellectual disabilities also mentioned she is not receiving any support:

*"I was a teacher back in Afghanistan, but here I am only a mom taking care of my child with disabilities. I cannot leave him alone. I am not receiving any financial support either."*

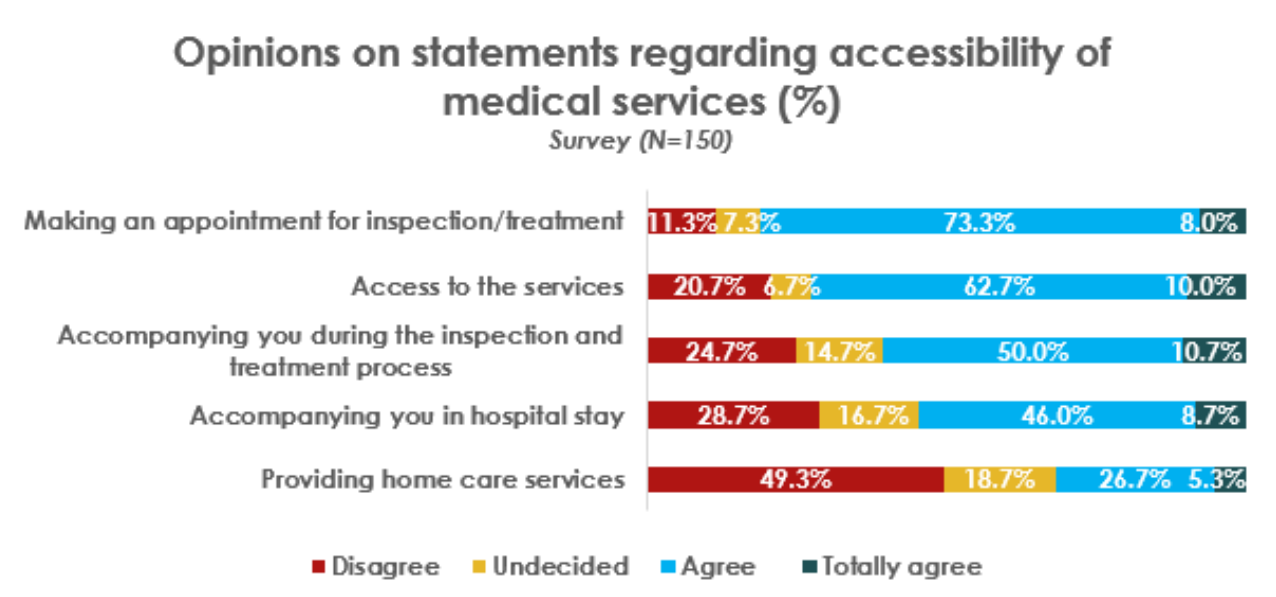
In all the research sites, KIZILAY (due to the ESN programme) was the most cited organisation where the respondents received financial assistance. Some respondents from Kayseri also mentioned ARSA and IHH Humanitarian Relief Foundation, while respondents from Izmir stated receiving some financial assistance from public institutions, such as the municipalities and the provincial directorate of social services. A key informant from a national-level humanitarian NGO provided further information about other types of allowance available for RWDs. He noted that the refugees with disabilities (under IP) can receive the disability allowance given to Turkish citizens if their request is authorised by the Governorate of the province they reside in. Underlining local variation in implementation, the respondent also indicated that some municipalities provide financial allowance and other types of assistance to refugees with disabilities (both under TP and IP).

In most cases, the respondent added, municipalities do not provide direct assistance to refugees with disabilities, but often include them in assistance/services within the scope of projects where municipalities participate as implementing partners.

## 6.4. Access to health and social services

The majority of the survey respondents (72.7%) indicated that they need access to health services frequently. Concerning disaggregated data by country of origin, Afghan individuals indicated needing health care frequently, while the majority of Syrians and other individuals stated needing health care occasionally. When asked to specify which healthcare providers they need the most, 60% mentioned hospitals, followed by a practitioner or family doctor (20.7%), non-physician primary provider (8.7%) and emergency care centres (8%). In follow-up questions, respondents were asked to evaluate the following statements regarding accessibility of medical services: 81.3% agreed that “making an appointment for treatment is accessible”, while 11.3% disagreed and 7.3 were undecided. The majority (72.7%) agreed that services were accessible, whereas some disagreed (20.7%) or were undecided (6.7%). A slightly a smaller percentage of respondents (54.7%) agreed that being accompanied during the hospital stay was accessible, followed by 28.7% who disagreed and 16.7% who were undecided. Almost half of the respondents disagreed that home care services were accessible, followed by respondents who agreed (32%) and who were undecided (18.7%).

Figure 14: Medical services



In the in-depth interviews and FGDs, respondents were asked to elaborate on their experiences in access to health services. Confirming the survey results, many respondents indicated their satisfaction in access to health services and being able to go for regular check-ups and treatments. Nonetheless, a significant number of respondents cited financial difficulties and the language barrier as two major barriers in access to health services. The inability to afford the medications prescribed, the inability to afford the transportation to the hospital were among the issues raised when explaining their reasons for not going to the healthcare providers unless it was an emergency. Several respondents from Afghanistan, Iran and Iraq with international protection status explained their desire to rapidly resettle to a third country in order to have access to specific medications and medical treatments that were not available in Turkey.

Another commonly cited challenge was the language barrier. Whereas this was less of an issue for respondents who speak Arabic due to the presence of Arabic-speaking translators in many hospitals, the lack of translators speaking Persian, Dari or Pashto is a significant challenge especially for Afghan respondents when they try to make an appointment or try to communicate with the doctors. Some noted paying extra money to a translator when going to the hospital. In a focus group discussion with Afghan refugees, research participants shared similar experiences on this issue:

*"The language barrier is always an issue. Sometimes I have to pay a translator to accompany me to the hospital (Female, 30)"*

*"I have to take my two kids to the hospital with me each time so they can translate for me (Male, 40)"*

*"I prefer to go to the state hospital, but it is really difficult to get an appointment without the help of a translator. Having a translator would also be very helpful when trying to communicate with the doctors (Male, 38)"*

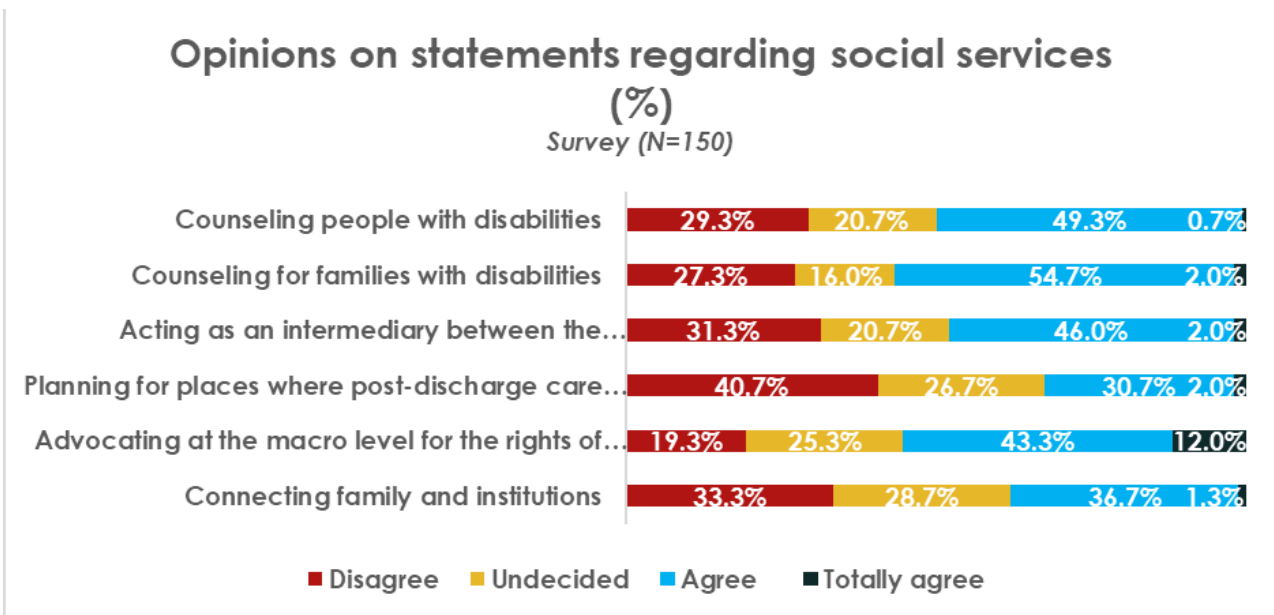
*"I had to take my kid to a psychotherapist, it was very difficult to manage without a translator." (Female, 31)*

In addition to the healthcare providers mentioned above, some respondents mentioned migration health centres as their primary point of contact when needed. They emphasised that these centres are especially useful for overcoming the language barrier since it is easy to find personnel speaking in their native language. ARSA, KIZILAY, Association for Solidarity with Asylum Seekers and Migrants (ASAM) were some of the NGOs respondents mentioned in receiving translation assistance and information about the healthcare system, disability health reports, and other health related issues. Some respondents whose asylum applications have recently been rejected added that this has also resulted in loss of access to healthcare.

A respondent from Iraq with hearing impairments mentioned that he is no longer able to have free access to healthcare as his asylum application has been recently rejected.

Concerning access to social services, the majority of the survey respondents indicated receiving counselling for persons with disabilities (63.3%) and counselling for families with disabilities (19.3%). Figure 15 shows the extent to which respondents agreed or disagreed with the following statements concerning the accessibility of social services.

Figure 15: Social services



40.7% of the respondents disagreed that the social services were accessible for arranging places that would offer post-discharge care of disabled people after they are treated in hospitals, whereas 30.7% agreed and 26.7% were undecided. Majority of the respondents agreed (55.3%) that social services were accessible in terms of advocating the rights of persons with disabilities at the macro level, while 19.3% disagreed and 25.3% were undecided. 46% also agreed that social services were accessible for acting as an intermediary point between the persons with disabilities and institutions that would enable them to enjoy disability rights, while 31.3% disagreed and 20.7% were undecided. Concerning accessibility of social services in connecting families with disabilities with institutions, the findings revealed a near equal distribution between respondents who agreed (36.7%), disagreed (33.3%) and were undecided (28.7%)

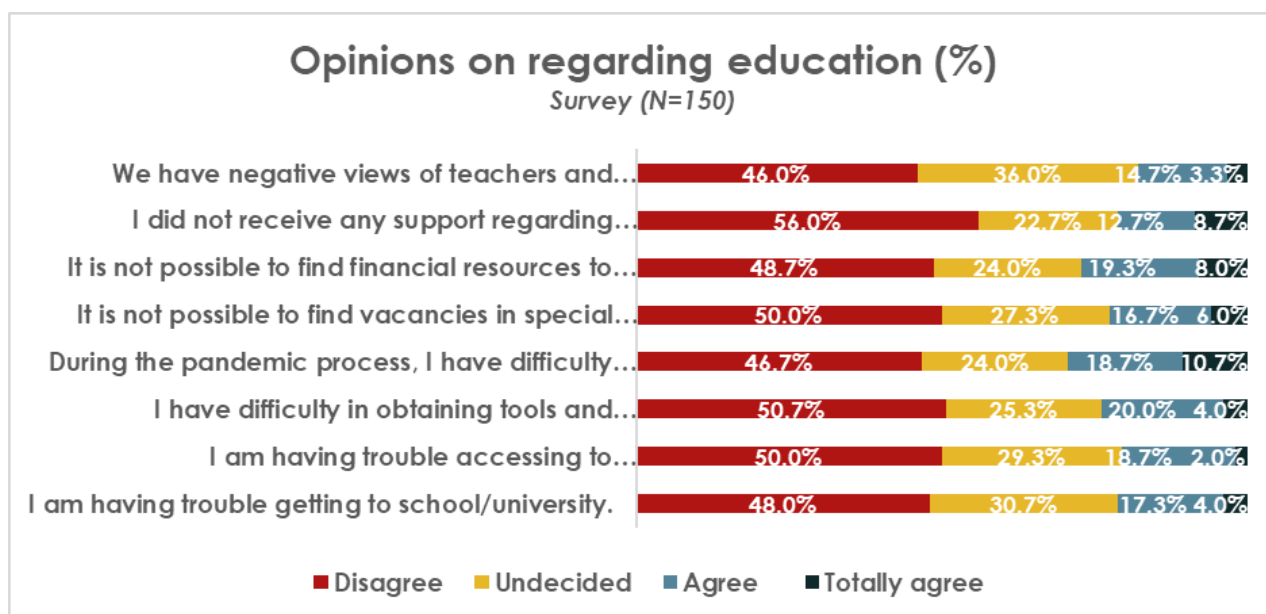
## 6.5. Access to education/special education

Taking into account that the majority of the survey respondents are of school/university age, issues affecting access to education/special education stand out in the research results. 84.7% indicated not attending a school/special education centre in Turkey, a smaller number of respondents indicated either attending school/university (10%) or special education centres (5.3%). Although transportation did not come out as a major obstacle in access to work-related research results, trouble getting to school/university (90.7%) was cited as the main problem affecting their access to education, drawing attention to transportation problems concerning education. A key informant from a public institution providing counselling services referred to an international project carried out in Ankara, which provided transportation for Syrian refugee children with disabilities to go to school. The respondent noted that the project exclusively involved SuTPs, and the transportation facility did not cover refugees with international protection status. In the words of the respondent:

*“These problems of accessibility are valid for all persons with disabilities. Think about toilets in restaurants. It is rare to find perfectly accessible toilets in restaurants. Lifts, buses, pavements these can all be improved for better accessibility. But the legislation concerning access to services is quite clear for Turkish citizens with disabilities. If they face any problems in access to education in Ankara, all they have to do is to approach the authorities, and it will be resolved. But this may not be the case for foreigners with disabilities, including refugees. There are certain legislative gaps for foreigners with disabilities.” (Representative from a public institution, male)*

A small number of respondents (4%) also referred to lack of financial resources to attend special education centres. When asked about their opinion of the following statements, only 21.3% of the respondents agreed with the statement: “I am having trouble getting to school/university”, while 48% disagreed and 30.7% were undecided. Similarly, 50% disagreed with the statement: “I am having trouble accessing school/university”, whereas 20.7% agreed and 29.3% were undecided. This conflicting finding may be a result of some sort of confusion or misunderstanding of the question. 24% were agreed that they had difficulty in obtaining tools and equipment to follow formal education, 29.4% agreed with a similar statement concerning online education.

Figure 16: Education



When asked to express their opinion about the statement “it is not possible to find vacancies in special education centres”, half of the respondents disagreed, followed by 27.3% who were undecided and 22.7% who agreed. Nearly half of the respondents disagreed that “it is not possible to find financial resources to attend special education centres”, while 27.3% agreed and 24% were undecided. Over half of the respondents (56%) stated that they received support from the government regarding access to education, whereas 21.4% did not and 22.7% were undecided. Nearly half of the respondents (46%) did not agree with the statement that teachers and students have negative views towards refugee students with disabilities. 18% agreed with the statement, while 36% were undecided.

The number of those who received or continue to receive education is also significantly low in qualitative research results. While some respondents mentioned that their children were attending schools, some others noted participating in language courses offered by NGOs and public community centres. A key informant from a local public institution in Kayseri offering counselling services stated that refugees with disabilities can access mainstream and special education offered by public service providers without difficulties, but they are not able to benefit from special education facilities offered by private service providers. He added that his institution was offering free counselling to refugees with disabilities and assisting them in finding a place in special education centres or classes offered by public service providers.

Responses also varied for the question concerning the accessibility of special education centres. The father of a 13-year-old child with cognitive/intellectual disabilities stated that a special education centre in Kayseri rejected their application: “he needs it the most (special education), because he still cannot read or write” (Male, Afghan).

Meanwhile in Izmir, there were both respondents who mentioned that their children were accepted or rejected by special education centres. The reasons of rejection also varied, some noted because they were “foreigners”, while in some cases they were not given an explanation. Those who go to special education centres cited the language barrier, adjustment problems, and peer bullying among challenges their children face. A respondent whose 11-year-old child has hearing impairment explained that her child stopped going to the special education centre because of difficulties he had with his peers, and he wanted to continue going to a regular school, which was disrupted by the Pandemic. Highlighting the necessity of psychosocial support, the respondent added:

*“It gets more difficult as he gets older, he experiences mood swings more frequently. He needs professional psychological support to deal with these, I can only help him to a limited extent. I wish there were centres that I can get help from, also entertainment places for kids with special conditions that can facilitate their adjustment to new social environments.” (Female, Syrian, 35)*

A key informant also pointed at social and psychosocial difficulties families experience when their children with disabilities have no access to education. The respondent explained further the difficulties experienced especially by mothers:

*“Family members who have children with disabilities need time off from caring duties. They need a place like schools, education centres where they can safely leave their children for a few hours and feel relaxed. Families with a disabled child, but especially mothers, have no time to socialise. We see many single mothers whose husbands have left the family because they could not take the responsibility of having a child with disabilities, leaving the whole burden on the mother. But women also need to socialise especially with their peers. I think municipalities can implement practical strategies to overcome such problems and help these women to feel stronger through social networks (Public institution offering counselling services, male).*

The distance and other transportation related difficulties in getting to schools, including inaccessibility and financial cost, the language barrier, were also among barriers mentioned during the IDIs and FGDs. Many respondents shared similar views on ways to improve access to education for refugees with disabilities, which certainly needs to be considered for inclusive education:

*“Why not open special training and education courses for foreigners with disabilities?” Or why not integrate them into existing ones?” (Mother of a 18-year old son with intellectual disability, Afghan)*

*" It wouldn't hurt to be treated on equal terms with citizens with disabilities, if such places exist, they should also accept refugee children with disabilities." (Mother of 9-year-old twins with autism, Syrian)*

*"There is no such chance (special education centres) for Syrians. We need support for special care, education, transportation and many other things." (Mother of 15-year-old child with autism, Syrian)*

*"It would really help if there were transportation assistance to get to these schools. Or perhaps open new ones in areas where foreigners live." (Mother of 4-year-old child with physical disabilities, Syrian)*

## 6.6. Access to special services available for persons with disabilities

In the in-depth interviews and focus group discussions, respondents were asked about their experiences in accessing special services available for PwDs. Apart from a few respondents who had access to special services, such as special education and physical therapy, a vast majority either had no information on how to access or stated that they were not able to access such services. Some referred to the language barrier (not being able to speak Turkish) as a major barrier in accessing special services. A respondent who is the primary caregiver to her child with autism stated that they were denied access to special education centres because they were "foreigners". Similarly, some other respondents added that rehabilitation centres were also not accepting "foreigners". Those who require physical therapy cited financial difficulties and transportation problems in access to such services. There were only a few research participants who had access to rehabilitation centres in the focus group discussions. Two FGD participants in Izmir mentioned that their children go to a physical therapy centre. When asked to comment on what improvements could be made, respondents suggested for revisions to be made for the inclusion of refugees with disabilities into rehabilitation programmes and special education centres, as well as financial assistance. They also highlighted the need for psychosocial support for refugees with disabilities. Some others also included transportation assistance, cultural and social assistance.

The research findings indicate that humanitarian organisations, refugee-rights organisations and local public institutions providing counselling services fill some of the assistance and service gaps, which could also be provided by disability associations, as will be addressed in the following section. A representative from a national level refugee-rights NGO explained that their association pays special attention to include RWDs in their counselling, information, psycho-social support assistance mechanisms.



As highlighted by the respondent, when RwDs seek assistance, the specialists in their community centres initially carry out needs assessment based on the specific vulnerabilities of the person and develop tailored strategies for their empowerment (*Refugee-rights association representative, female*). Another representative from a different national level refugee-rights NGO shared details about an ongoing project which specifically target RwDs. Within the scope of the project, the organisation is offering counselling services on protection and medical needs, and access to education. Some other services involving RwDs include Turkish language courses, awareness raising/rights-related information meetings, social integration activities, information on attaining disability health reports. The organisation also assigns volunteers to accompany RwDs who are categorised as “high risk groups”.

There are also a few refugee-rights associations specifically focusing on RwDs. As explained by a key informant working at one of these associations, they offer a wide range of services to RwDs living in Gaziantep, Kilis and Istanbul, including individual protection assistance, psychosocial support, information sessions for primary caregivers for RwDs, social integration activities, speech therapy, disability-rights and advocacy programmes. When asked about the most frequent problems their beneficiaries experience, the respondent mentioned difficulties in obtaining health reports, difficulties in obtaining medical and assistive devices, inability to afford private special education centres and rehabilitation centres. According to the respondent, these problems could be addressed effectively if they become more visible through awareness and advocacy activities:

*“Refugees with disabilities face difficulties in having equal access to some service and assistance mechanisms offered to Turkish citizens with disabilities, which are quite extensive. There are ways to improve these policies and make them more inclusive. Their problems need to become more visible through advocacy activities and data-driven studies solely focusing on RwDs.” (Representative from a refugee-rights organisation specialised in RwDs, male)*

## 6.7. Social inclusion/exclusion

“No one can hear us” was the most common phrase used by the research participants, which summarises how RwDs perceived their inclusion into social life. Many respondents expressed that they feel neglected, which often worsens their psychosocial conditions. When asked if the support, advocacy networks and institutions had any role in improving their social relations or general well-being, respondents from all the three cities mentioned that they have sought assistance from such places but were unable to get sufficient support. In most cases, this perception of negligence leads them to have no prospects:

*"I have been to many places, but no one really heard me or they just didn't want to." (Syrian, Male, 26)*

*"For a few years, I have asked for help from many different institutions. But no one really heard us. Sometimes what we need is simple equipment, but sometimes it's just social and emotional support. I have no idea what the future holds." (Mother of 5-year-old child with physical disabilities, Afghan)*

*"There is no single institution or association who hear us today, and there won't be one tomorrow either." (Male, Iraqi, 22)*

*"We are not only foreigners, but we are also disabled. This has such an impact on our lives. I wish there were support networks for disabled, I wish they asked for our opinion. If we get such support, this will really help us to think a little about how to feel better, how to feel useful both for ourselves and the society." (Female, Iraqi, 30)*

*"I feel great when I dream about getting socialised or feeling social. But I have no idea how to make it happen." (Female, 26, Afghan)*

The findings from key informant interviews also point at the disconnection between refugees with disabilities and disability associations. A key informant from a national level foundation which regularly provides funding for projects to strengthen the disability rights framework in Turkey mentioned that they did not currently fund any projects specifically focusing on RWDs. The respondent also did not know if any disability association was carrying out such projects but added that they were necessary to develop a more holistic approach to human rights framework in Turkey. In the respondent's words:

*"There is need for awareness-raising initiatives within disability associations. They need to become more conscious and connected with other human-rights related issues, such as refugees, gender equality, ecology. But they remain quite focused on the micro-area they specialise. For example, an association working with persons with hearing impairments may also be unaware of the problems faced by an association working with persons with visual impairments" (Representative from national-level foundation, male).*

In the words of another respondent working at a refugee rights NGO:

*"I am involved in a project directly focusing on RWDs. I closely follow the valuable advocacy work done by disability associations in Turkey, but I always question the sustainability of their work. They usually focus on one specific area of disability and carry out related projects and activities. But this is not sustainable, the disability advocacy movement needs to become more diverse. They need to expand the scope of their work areas, such as by including RWDs and refugee organisations" (National level refugee-rights association, female).*

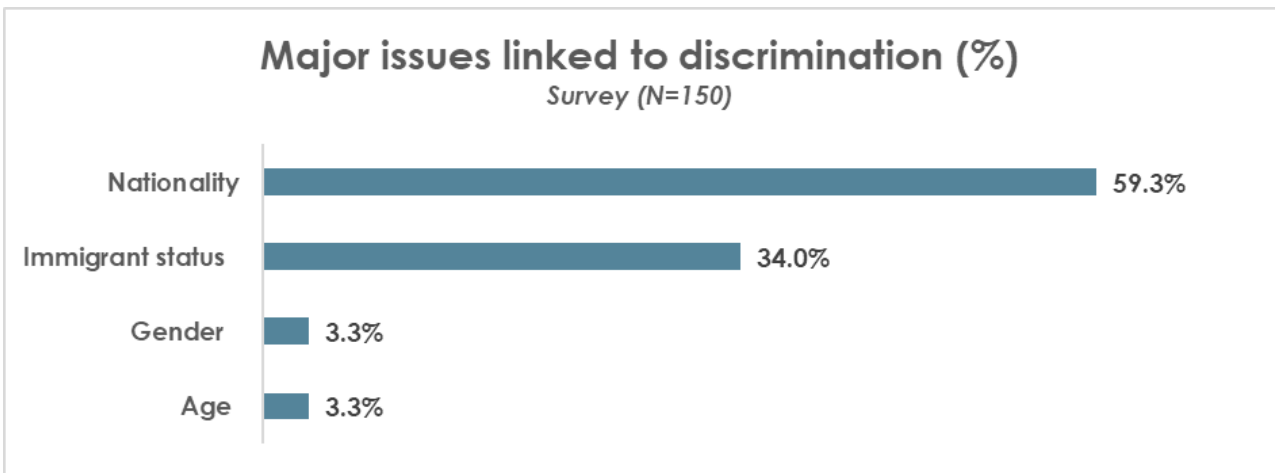
Several other key informant respondents from disability associations stated that their information meetings and activities are also open to RWDs, but they had limited number of beneficiaries from refugee communities. Some others also highlighted their limited capacities and the language barrier they face when approached by refugees with disabilities. A respondent working at a rehabilitation centre for PwDs in Ankara shared the following example:

*“An Iraqi refugee family experienced difficulties when they wanted to register their child with disabilities to school. They did not know what to do and they did not understand our explanation about procedures either, because they did not speak Turkish. The main problem is the language barrier” (Representative from a rehabilitation centre for PwDs, male).*

According to another key informant from a national-level disability association, the limited number of RWD beneficiaries mainly stem from the fact that these associations did not carry out outreach activities targeting RWDs due to limited capacity. She added that RWDs approach her association to ask for assistance and information about two service areas – education and rehabilitation – due to experiencing access barriers despite having disability health reports.

In the survey, most of the respondents (86.7%) asserted that their disability makes their ability to participate in communities difficult or very difficult. Similarly, most face difficulties (89.3%) in accessing common areas around them, such as shops, banks and post offices. 56% of the respondents disagreed with the statement that “people can easily understand the persons with disabilities”, while 26% agreed and 16.7% were undecided. When asked their opinion about the following statement “persons with disabilities can live independently in this country”, 66.7% disagreed, 18.7% agreed and 14% were undecided.

Figure 17: Discrimination



In a multiple-choice question, survey respondents were also asked to identify if there is discrimination in the services provided based on the following characteristics. While nationality (59.3%) and immigrant status (34%) came out as the major issues linked to discrimination, age (3.3%) and gender (3.3%) were indicated to be less significant (See, Figure 17). The issue of discrimination was also frequently addressed in the in-depth interviews and focus group discussions. "Being a refugee" is one of main recurring themes respondents perceive as the underlying reason of feeling discriminated:

*"Of course the root cause of all our problems is the fact that we are refugees" (Mother of 8-year-old child with multiple disabilities, Afghan)*

*"We are found guilty for being a refugee, everyone says this to our face everywhere and all the time" (Male, 41, Iraqi)*

*"I went to the hospital to get a health report, I don't speak Turkish. They knew I was a refugee. They wrote the percentage of my disability low; I cannot change it. I cannot get help from anywhere because it is lower than what is usually accepted as minimum. Can you imagine?" (Male, Afghan, 56)*

*"My neighbours can never tolerate my son, he yells all the time because of his condition. It's because we are refugees" (Mother of 6-year-old child with multiple disabilities, Syrian)*

According to the narratives of the respondents, they experience various types and forms of discrimination in provision of services, at work, in social life. Respondents from Syria share the following examples in a focus group discussion:

*" I cannot even have a bank account, a phone line under my name. I cannot open a PTT account. They say, sorry we cannot issue to this type of identity card" (Male, 25)*

*" When I go to work and they see my situation, they say you are both Syrian and disabled, don't come tomorrow" (Male, 30)*

*"We face verbal discrimination even verbal violence almost daily. They blame us all the time, they say you took our jobs, you harmed our country" (Female, 40)*

*"I don't experience discrimination on my daily life, but not being able to register at school is a big discrimination" (Male, 30)*

When asked about the kind of reactions they give against discrimination, majority stated that they remain silent:

*"I pretend as if I didn't hear. There is nothing else I can do" (Afghan, Male, 56)*

*"I cannot do anything, I prefer to remain silent" (Father of a 9-year-old child with autism, Afghan)*

*"I remain silent, because I think he has a point" (Afghan, Female, 56)*

*"I remain silent, and keep missing my country" (Syrian, Female, 25)*

*"I remain silent. And I say I lost my leg in my country. I no longer have a home or a country" (Syrian, Male, 27)*

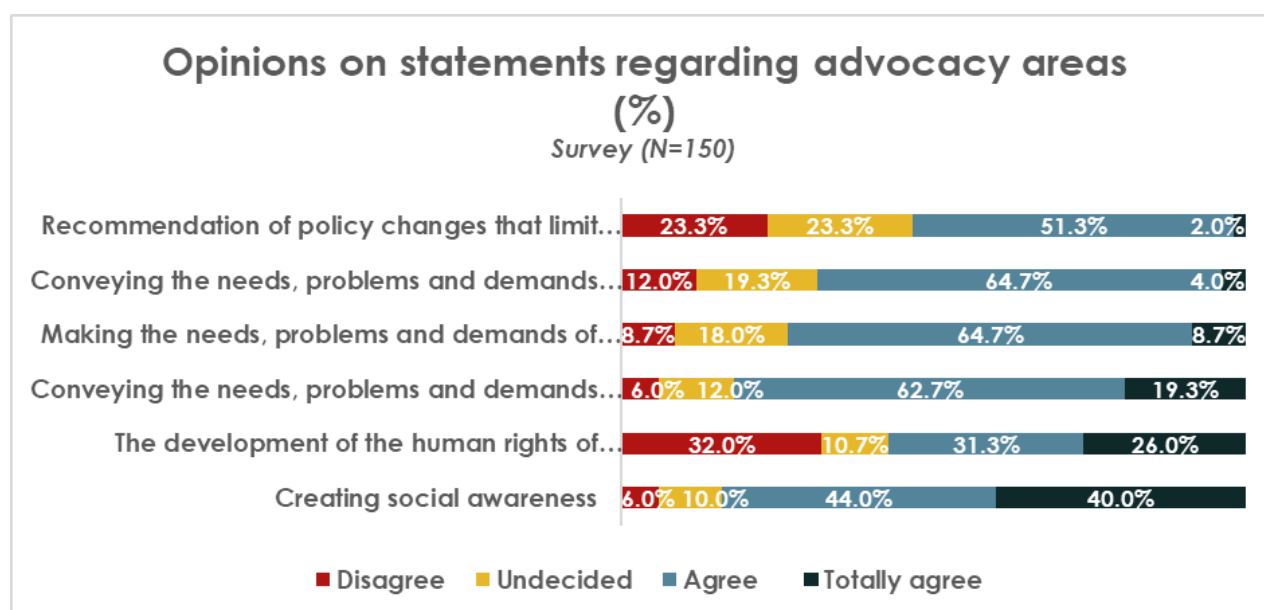
## 6.8. Information about disability rights

The research findings highlight that most of the respondents have very limited information about the rights of persons with disabilities. 88.7% of the survey respondents indicated that they have no idea about the rights of persons with disabilities, followed by those who have limited information (11.3%). None of the respondents selected the choices having sufficient or all the information. Respondents think having a better understanding of the legal rights is especially important in relation to access to health services (47.3%), followed by access to social services (18.7%), equal recognition (15.3%), access to education (10.7%) and prohibition of discrimination (8%). Friends (40%), non-governmental organisations (27.3%), open sources (23.3%) were indicated as the main reference points to learn about their rights, followed by information centres (7.3%) and governmental organisations (2%).

In focus group discussions and in-depth interviews, most of the research participants stated having no or little information about rights of PwDs. While some participants also indicated not knowing where to get information from, some others mentioned that they appealed to various institutions and organisations for information but were not given sufficient information about the legal framework. This finding also suggests a significant communication gap between organisations and refugees with disabilities given that several key informant respondents mentioned that their associations were carrying out information/awareness-raising activities to increase knowledge about legal protection framework. In the words of a respondent: "There are plentiful rights for PwDs, but they are not implemented for foreigners with disabilities" (*Mother of 8-year-old child multiple physical disabilities, Afghan*).

An overwhelming majority of the survey respondents (83.3%) stated that they have no idea about non-governmental organisations carrying out advocacy work for the rights of persons with disabilities. While 12% indicated knowing some of the NGOs, 4.7% indicated having limited information. In a multiple-choice question, survey respondents were asked to identify the areas of disability they need advocacy (see, Figure 18). 32.7% indicated the improvement of human rights of persons with disabilities & strengthening the disability movement, while 28.7% mentioned creating social awareness. An equal number of respondents (11.3%) also referred to “conveying the needs, problems and demands of the disabled to the relevant legislative bodies” and “making the needs, problems and demands of the disabled more visible”, followed by 8% of the respondents who mentioned “making recommendations to change policies that limit the lives of persons with disabilities” and “conveying the needs, problems and demands of the disabled to the relevant executive bodies”. When asked to state their opinion specifically for each of these advocacy areas they need, the survey results indicates that “creating social awareness” (84%), “conveying the needs, problems and demands of the disabled to the executive bodies” (82%), “making the needs, problems and demands of the disabled more visible” (73.4%), “conveying the needs, problems and demands of the disabled to the legislative bodies” (68.7%) were the statements respondents most agreed with, with relatively lower percentages of those who disagreed.

Figure 18: Advocacy areas



# 7. Conclusion and Policy Recommendations

This research report assessed the situation of refugees with disabilities (RwDs) in Turkey, while revealing obstacles and protection gaps they face in access to services such as education, health, work and employment, as well as in relation to social inclusion and exclusion. In line with the overall objectives of the project, the analysis of findings aims to provide insights that would contribute to the formulation and implementation of strategies that are essential for an improved inclusion of RwDs within existing sources, to expand resources where possible and to use existing resources to better serve their needs. The report lays the basis for the advocacy component of the project through a better understanding of the target group. Given that the existing literature mainly focuses on the Syrian refugee population with disabilities living in Turkey, the research also intended to increase evidence-based knowledge on non-Syrian refugees with disabilities. Adopting a mixed methods research design, primary data was collected from July to September 2021 in three provinces (Ankara, Kayseri and Izmir) with Turkey's largest refugee groups (both TP and IP beneficiaries): mainly Syrian and Afghan nationals, as well as several Iraqi and Iranian nationals. With a total of 300 research participants, data collection included a quantitative survey (150 participants), qualitative in-depth interviews (75 participants), focus group discussions (60 participants) and key informant interviews with specialists from national and local level associations working with PwDs (15 participants).

This concluding chapter summarises the key findings on the study's main themes: the profile of research participants; housing; living conditions and getting involved in daily life; employment and livelihoods; access to health and social services; access to education/special education; access to special services available for individuals with disabilities; social inclusion/exclusion and information about disability rights. The concluding remarks are followed by a set of recommendations. In accordance with the findings of the research report, the recommendations aim to contribute to the development of improved solutions for the multi-faceted challenges of refugees with disabilities.

## 7.1. Summary of Key Findings

### Profile of Research Participants

The survey sample consisted of 64.67% male and 35.33% female respondents. Most of the survey respondents were in the age group of 0-18 (40.7%), followed by 26-40 (31.3%), 41-55 (16%), 19-25 (7.3%), and 56 and above (4.7%). In the IDIs and FGDs, 57 research participants were under the age 18 and 68 research participants were above the age of 18. Nearly half of the qualitative research participants were directly the PwDs themselves (46%), and the rest were their family member/care giver (54%).

Over half of survey respondents were single, 41% of them were married and 3% were divorced or separated. The majority of the respondents (56%) reported having no children, followed by 28% with 2-4 children, and 9.3% with more than 4 children. Nearly half of the survey respondents reported that they had not gone to school, 24.7% completed secondary or high school, 19.3% completed primary school, while 7.4% had a university degree or above. Arabic (43.3%) was the most common native language of the respondents, followed by Dari (30.7%) and Persian (14.7%). Over half of the survey sample reported not knowing any Turkish. Almost all the survey respondents (97%) came to Turkey with their families and live with their families. In terms of legal status, 49.3% of the survey respondents were IP and 48% were TP beneficiaries, while a small percent (2%) indicated having a work permit. Majority of the survey respondents were not newcomers to Turkey: 42% have been in Turkey longer than 5 years, while 41% have been in Turkey 2 to 5 years, and 15% 1 to 2 years. Unlike the survey sample, there were several IDI and FGD respondents who mentioned being in Turkey for less than 2 years. In terms of legal status, most were registered either as TP or IP beneficiaries. There were only a few respondents who have registered but not yet obtained an ID card.

Concerning disability status, 76.7% of the survey respondents indicated that they considered themselves to have disabilities and had a Disability Health Report (DHR). 9% considered themselves to have disabilities but did not have a DHR. All the survey respondents who indicated not having a DHR were Afghan nationals. A few respondents referred to the language barrier which resulted in obtaining reports that did not match the person's disability condition. The majority of the survey respondents stated having a physical disability (68.7%), followed by intellectual/developmental disability (29.3%), visual disability (13.3%), hearing disability (9.3%) and mental health disability (6.7%). When asked if they used any equipment or received help for getting around, nearly 20% of the survey respondents mentioned "with someone's assistance", while some others noted using a wheelchair (12%) and a cane/walking stick (7%). In the FGDs and IDIs, most of the participants indicated having physical or multiple disabilities.

Some noted that their disability conditions were present from birth, but there were also research participants who mentioned acquiring conflict/war-related new or additional disabilities. Several IDI and FGD respondents with visual impairments indicated using assistive smartphone applications, whereas none of the survey respondents mentioned using assistive technology devices. Almost half of the survey respondents stated having no difficulty communicating in their native language, while the other half stated having some or a lot of difficulty. The majority expressed having a health problem for over a year that prevents them from doing daily work, such as daily personal care, housework, shopping, and working. In terms of meeting their own needs, 40.7% described themselves to be totally dependent, 44.7% partially dependent and 14.7% independent. Almost all respondents (95.3%) mentioned their family members as the primary caregiver in relation to their disability.



Majority of the survey respondents (70%) experience various levels of difficulties in remembering or concentrating. Concerning psychosocial conditions, a high number of respondents (72.2%) expressed feeling worried, anxious, or nervous every day, but not taking any medications for these feelings. Almost half of the survey respondents feel depressed (49.3%) daily, but only a small group use depression-related medication (20.7%). In both questions, respondents from Syria had a higher ratio than the respondents from Afghanistan and other countries. Half of the respondents indicated feeling very tired/exhausted most days or every day. This was also significantly higher among Syrian respondents. Half of the survey respondents indicated lacking self-confidence and a majority indicated feeling nervous/anxious (66%) due to their disability. The survey results revealed that Afghan respondents also felt insecure due their disability. In the IDIs and FGDs, respondents cited financial difficulties, unemployment, the inability to meet their own needs among reasons deteriorating their feelings of anxiety, depression, and daily exhaustion. Majority of the survey respondents also believe there is neither enough funding (78.7%) nor adequate facilities (84%) for PwDs to meet their needs.

### **Housing, living conditions and getting involved in daily life**

Almost all the survey respondents (97%) indicated living with their families in rental houses (98%). The majority reported that they face difficulties (74%) due to disability-related movement restrictions inside their houses, as well as inaccessible entrances. Difficulties in finding accommodation and poor housing conditions were two recurring themes in the focus group discussion and in-depth interviews. Most research participants mentioned the reluctance of property-owners to rent their places to “foreigners”, which often leads them to live in places that do not meet accessibility requirements. Some other problems respondents mentioned in relation to housing and living conditions were the negative views of people toward refugees and disabled in their neighbourhood.

Majority of the survey respondents agreed with the statements that there are not enough disabled-friendly services in their neighbourhoods (63.4%), and it is not easy to find suitable means of transport for PwDs (53.3%). Some respondents said they prefer either walking or using public buses as they find them to be the cheapest and most accessible means of transport. Despite creating an additional financial burden, some others mentioned they had to take taxis due to accessibility problems, while some indicated avoiding unessential travel.

### **Employment and livelihoods**

Poverty is a common problem for all the research participants since the majority indicated having a monthly household income below the national net minimum wage. Most of the survey respondents stated they did not work (76.7%) before coming to Turkey, while some had a full-time (18%) and some others had a part-time job (5.3%).

Currently only one respondent has a full-time job, and a small group have a part-time job (9.3%) and the majority (90%) indicated not having a job. Lack of regular employment opportunities were also raised by many research participants in the FGDs and IDIs. Some mentioned having regular jobs before coming to Turkey, but almost all respondents who indicated currently working in Turkey did not have a work permit. As the research results reveal, the barriers which exclude refugees with disabilities from employment are sometimes directly linked to their disability, but in most cases, they result from lack of supportive job opportunities, lack of accessible information, as well as lack of accessible surroundings and transportation means. Most respondents consider themselves to be “unemployable” due to being a migrant with a disability condition, highlighting that lack of self-esteem is also a considerable barrier.

Those who currently have jobs (daily, part-time and full-time) mentioned working irregularly in the shoemaking, textile and clothing sectors, cleaning, tailoring, packaging. In the qualitative findings, the number of respondents who indicated that they have jobs were significantly higher for Izmir than Kayseri and Ankara, although they are all considered as industrialised cities with job opportunities. There is also a significant gender gap in favour between male and female respondents who indicated having jobs, with a higher ratio for male respondents. Almost half of the respondents indicated having difficulties due to accessibility problems in their workplaces.

## **Access to health services and social services**

Majority of the survey respondents (72.7%) indicated they need access to health services frequently. Regarding the following statements concerning the accessibility of medical services: 81.3% of the respondents agreed that “making an appointment for treatment is accessible” and 72.7% agreed that “services were accessible”. Confirming the survey results, many IDI and FDG participants indicated their satisfaction in access to health services and being able to go for regular check-ups and treatments. Nonetheless, a significant number of respondents cited financial difficulties and the language barrier as two major barriers in access to health services. The inability to afford the medications prescribed, the inability to afford the transportation to the hospital were among the issues raised when explaining their reasons for not going to the healthcare providers unless it was an emergency. Another commonly cited challenge was the language barrier. Whereas this was less of an issue for respondents who speak Arabic due to the presence of Arabic-speaking translators in many hospitals, the lack of translators speaking Persian, Dari or Pashto is a significant challenge especially for Afghan respondents when they try to make an appointment or try to communicate with the doctors. Some noted paying extra money to a translator when going to the hospital.

Concerning access to social services, the majority of the survey respondents indicated receiving counselling for persons with disabilities (63.3%) and counselling for families with disabilities (19.3%).

Majority of the respondents agreed (55.3%) that social services were accessible in terms of advocating the rights of persons with disabilities and nearly half of the respondents (46%) agreed that social services were accessible for acting as an intermediary point between the persons with disabilities and institutions that would enable them to enjoy disability rights.

## **Access to education/special education**

Considering that the majority of the survey respondents are of school/university age, issues affecting access to education/special education stand out in research results. 84.7% indicated not attending a school/special education centre in Turkey, a smaller number of respondents indicated either attending school/university (10%) or special education centres (5.3%). Although transportation did not come out as a major obstacle in access to work-related research results, trouble getting to school/university (90.7%) was cited as the main problem affecting their access to education, drawing attention to transportation problems concerning education. A small number of respondents (4%) also referred to lack of financial resources to attend special education centres. The number of those who received or continue to receive education is also significantly low in qualitative research results. While some respondents mentioned that their children were attending schools, some others noted participating in language courses offered by NGOs and public community centres. Responses also varied for the question concerning the accessibility of special education centres. Those who go to special education centres cited the language barrier, adjustment problems, and peer bullying among challenges their children face. The distance and other transportation related difficulties in getting to schools, including inaccessibility and financial cost, the language barrier, were also among barriers mentioned during the IDIs and FGDs. Many respondents shared similar views on ways to improve access to education for refugees with disabilities, which certainly needs to be considered for inclusive education.

## **Access to special services available for persons with disabilities**

Apart from a few respondents who had access to special services, such as special education and physical therapy, a vast majority either had no information on how to access or stated that they were not able to access such services. Some referred to the language barrier (not being able to speak Turkish) as a major barrier in accessing special services. Some others added that rehabilitation centres were not accepting “foreigners”. Those who require physical therapy cited financial difficulties and transportation problems in access to such services. There were only a few research participants who had access to rehabilitation centres. When asked to comment on what improvements could be made, respondents suggested for revisions to be made for the inclusion of refugees with disabilities into rehabilitation programmes and special education centres, as well as financial assistance. They also highlighted the need for psychosocial support for refugees with disabilities, transportation, cultural and social assistance.

## Social inclusion/exclusion

“No one can hear us” was the most common phrase used by the research participants, which summarises how RWDs perceived their inclusion into social life. Many respondents expressed that they feel neglected, which often worsens their psychosocial conditions. Respondents from all the three cities mentioned that they have sought assistance from relevant institutions but were unable to get sufficient support. In the survey, most of the respondents (86.7%) asserted that their disability makes their ability to participate in communities difficult or very difficult. Similarly, most face difficulties (89.3%) in accessing common areas around them, such as shops, banks and post offices. The majority of the respondents disagreed with the statements that “people can easily understand the persons with disabilities” (56%) and “persons with disabilities can live independently in this country” (66.7%).

The issue of discrimination was frequently addressed in the in-depth interviews and focus group discussions. “Being a refugee” is one of main recurring themes respondents perceive as the underlying reason of feeling discriminated. According to the narratives of the respondents, they experience various types and forms of discrimination in provision of services, at work, in social life. In the survey results, nationality (59.3%) and immigrant status (34%) came out as the major issues linked to discrimination, while age (3.3%) and gender (3.3%) were indicated to be less significant.

## Information about disability rights

The research findings highlight that most of the research participants have either very limited or no information about the rights of persons with disabilities. While some participants also indicated not knowing where to get information from, some others mentioned that they appealed to various institutions and organisations for information but were not given sufficient information about the legal framework. Respondents think having a better understanding of the disability rights is especially important in relation to access to health services (47.3%), followed by access to social services (18.7%), equal recognition (15.3%), access to education (10.7%) and prohibition of discrimination (8%). Friends (40%), non-governmental organisations (27.3%), open sources (23.3%) were indicated as the main reference points to learn about their rights, followed by information centres (7.3%) and governmental organisations (2%).

An overwhelming majority of the survey respondents (83.3%) stated that they have no idea about non-governmental organisations carrying out advocacy work for the rights of persons with disabilities. According to the respondents, they especially need advocacy for the improvement of human rights of PwDs and social awareness about disability rights.

## 7.2. Policy Recommendations

The substantial increase in Turkey's refugee population over the last decade has exerted significant pressure on national budget resources, public services, as well as on the host communities. In line with the commitments agreed in the Global Compact on Refugees, the international community, such as the governments, UN agencies, civil society actors, should take a more proactive approach in supporting major refugee hosting countries like Turkey to mitigate protection and service access challenges for all those in need, particularly for the most vulnerable groups such as refugees with disabilities. Given that half of the research participants were non-Syrian international protection beneficiaries who were waiting to be resettled to a third country for a while, which contribute to psychological stress, the international community should:

- prioritise and increase resettlement opportunities for RWDs would be a vital step towards creating a more inclusive global refugee protection framework

In recent years, Turkey has undertaken a series of legislative, institutional and policy developments for strengthening the protection framework in the fields of both disability rights and refugee rights. The Turkish authorities should prioritise overcoming the persistent barriers persons with disabilities face in access to mainstream services, employment and social life. **This also requires formulating inclusive strategies and policies that expand the scope of protection for refugees with disabilities living in Turkey.** As is the case with PwDs in general, there is limited reliable and up-to-date data concerning refugees with disabilities in Turkey. The lack of large-scale assessments/studies also makes it difficult to identify the barriers they face and the type of supporting services they require. The absence of systematically collected data also hinders the identification of RWDs with less visible types of disabilities. **The national and local-level public authorities are encouraged to:**

- improve the collection and use of disability-disaggregated data/information for refugees in order to formulate and implement more inclusive policies
- review the relevant legislation to eliminate any measures that do not meet the non-discrimination criteria in the field of disability concerning access to mainstream assistance, protection and legal services, education and livelihood opportunities
- improve identification mechanisms for RWDs with disabilities, especially for those with intellectual disabilities and mental illnesses, such as disability-awareness training of social staff who are at the front-line in outreach activities
- undertake capacity building measures to strengthen communication between public institutions and RWDs and their families, such as employment of qualified personnel with relevant training and language/sign language skills

- support and strengthen the capacity for improved access of RwDs in mainstream education, online education and specialised education
- support and strengthen the capacity for improved access of RwDs in healthcare, social services, as well as specialised services for PwDs, including rehabilitation services
- expand legal employment opportunities for RwDs; implement programmes or include RwDs into existing livelihood and job skills programmes that intend to empower persons with disabilities and their families
- cooperate with international organisations and donors that have resources and expertise to increase funding, livelihood and employment opportunities for RwDs for better inclusion
- support dissemination of reliable information on disability rights and refugee rights; ensure that information, outreach, and raising awareness activities also encompass refugees with disabilities
- increase accessible and affordable transportation options for RwDs; provide transportation assistance where possible in order to facilitate their access to essential services, including education and health services

The language barrier is a major challenge for refugees with disabilities in accessing all mainstream services and employment. **To minimise the language barrier, service providers and relevant civil society organisations are advised to:**

- expand language courses (both in-person and online) for refugees with disabilities involving both children and adults
- support/finance the employment of qualified public personnel/interpreters with Arabic and Farsi language skills especially in education, healthcare and social services
- increase and spread the usage of accessible online translation tools, including mobile phone applications
- expand free interpretation and translation options to refugees with disabilities in access to mainstream services, such as volunteer interpreters

Facilitating access to legal employment for refugees with disabilities can minimise financial distress. **Relevant stakeholders such as the UN agencies, international organisations, governmental and non-governmental actors should:**

- develop customised livelihoods and social cohesion support programmes for RwDs; broaden employment and entrepreneurial prospects for both female and male RwDs, as well as their families or primary caregivers, through vocational trainings and income generating activities, such as remote/in-house working options
- prioritise refugees with disabilities in cash assistance programmes given that such programmes may be the only source of income they have to meet their needs

- adopt a more inclusive approach in livelihoods programmes offered to host and refugee communities; include refugees with disabilities in such programmes as beneficiaries regardless of their chances to success and employability

The disconnection between refugees, refugee organisations, disability organisations and disability service providers also result in assistance, service, and social gaps for RwDs. It is therefore essential for **refugee organisations, disability organisations, disability service providers, and other stakeholders with specialised units in the field of disability (such as municipalities) to:**

- improve the collection and use of disability-disaggregated data; improve identification mechanisms to formulate and implement more inclusive policies for RwDs
- initiate a dialogue, networking and resource-sharing between refugee and disability service organisations
- provide platforms in enhancing communication/social networking between the persons with disabilities in host communities and refugee communities, as well as among their families
- improve inclusiveness in local and national-level disability advocacy networks and associations by encouraging the participation of refugees with disabilities, such as in the local disability councils coordinated by the Confederation of the Persons with Disabilities,
- develop an effective communication strategy in advocacy activities to facilitate the interaction between persons with disabilities in host communities and refugee communities, as well as their families.
- provide customised psychosocial support for RwDs; expand psychosocial support through creating social support networks for persons with disabilities in host communities and refugee communities where persons with disabilities can share their experiences
- provide support, counselling and psychosocial support services for children RwDs and for family members, who are primarily caregivers to a family member with disabilities
- support refugees with disabilities who are experiencing psychological distress through education, training and self-help networks focusing on coping with anxiety and depression
- carry out information and raising awareness activities in the field of disability rights and access to services for RwDs and their families; include members of the host community in such activities to overcome issues of social discrimination and exclusion.

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