

Protection & Education Needs of Refugees with Disabilities in Southeast Turkey



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Acronyms

CwD	Children with Disability
DGMM	Directorate General of Migration Management
NGO	Non-Governmental Organization
PSS	Psychosocial support
PwD	Person(s) with disability
RAM	Rehberlik ev Araştırma Merkezi (Guidance and Research Center)
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Executive Summary

Children with disabilities (CwDs) are one of the most vulnerable groups in communities that have been subject to forced migration. Although the percentage of people with disabilities (PwDs) in the refugee community is not known exactly, conflict and associated health problems have contributed to an increase in numbers. In this survey, 794 households with 856 children living with disabilities were questioned about their access to health, education and legal services as well as any difficulties experienced in accessing those services. The survey also examined the families' livelihoods, income and dependence on child labour. The principal findings were as follows:

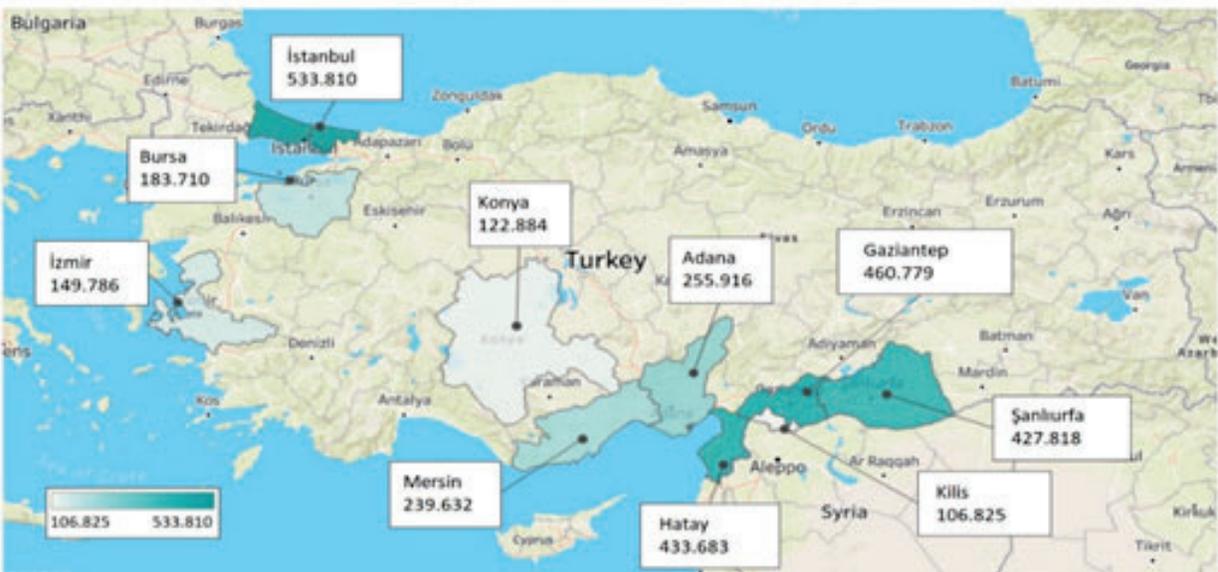
- The Covid-19 pandemic resulted in significant job losses and a marked decline in the household resources of those surveyed, with financial problems reported to be one of the main reasons for difficulties experienced in accessing services.
- The provision of a broad range of information sources was seen to be critical in accessing services. Where and how to access services as well as the type of services available were regarded as crucial elements in this respect by survey participants. Information on livelihoods, health and education should be both readily accessible and easy to understand and digest according to survey respondents.
- Cooperation with public institutions regarding demand for health services, issues in relation to language barriers, and the attitudes and behavior of healthcare professionals were all points of concern for those surveyed.
- Medical and RAM reports were seen to be essential for CwDs' access to education services. Accelerating access to these documents, removing the more onerous legal and financial barriers to special education services, identifying local areas where access opportunities are limited, and providing activities to support field workers were put forward as possible solutions to current difficulties faced
- Access to assistive devices are considered vital if CwDs are to achieve a real measure of social independence. Financial problems make access to these items difficult in the absence of government funding.
- Special education and rehabilitation centers have a direct impact on the academic life of CwDs. It is important for CwDs to follow education programs that are compatible with the MoNE school curriculum, but these should also be specifically tailored to address all of their developmental needs. It was seen that fees at these centers limit access by refugee community members to critical services.
- It was observed that access by CwDs to health and education opportunities is limited. It was also seen to be critically important that organizations enhance levels of cooperation in order to increase accessibility to these services. As part of a broader drive to address information gaps, it was recommended that improved promotional programs and support systems for livelihoods opportunities be provided. Additional findings and comments also cover a broad range of services and associated areas throughout the report.
- The effectiveness of information and awareness-raising activities on mitigating the negative effects of child labor is evident in the findings. The importance of ongoing intervention against child labor through the provision of information to immigrants and host communities and through the creation of new support channels were noted by participants.

1.Introduction

1.1. Background

Since 2014, Turkey has hosted the largest number of refugees in the world: there are 3.6 million Syrians under temporary protection and as of 2022, over 330,000 refugees and asylum seekers under international protection. While Syrian refugees continue to access a broad range of services upon registration, some gaps persist due to the scale of the refugee response, and the resulting pressure on national resources. According to data (January 2022) from the Turkish Directorate General of Migration Management (DGMM), Gaziantep, Sanliurfa and Killis provinces host some of the highest numbers of Syrians under temporary protection at 460.779, 427.818 and 106.825 persons respectively. While many Syrian refugees in Turkey face daily challenges in terms of food security and livelihoods, shelter, health, protection, and education, these challenges are particularly acute for vulnerable groups, such as those with disabilities (PwDs). PwDs often require additional services and levels of support in order to participate fully and effectively in society on an equal basis with others.

Distribution of Syrians under Temporary Protection in Top 10 Provinces (Data Source: DGMM, 2022)



Within the context of crisis-affected communities, children and adults with disabilities are among the most marginalized, yet they are often excluded from humanitarian assistance. Within this context, Sened has been providing a range of services targeting vulnerable Syrians in both Syria and Turkey, with operations in Idleb in Syria, and Gaziantep and Adana in Turkey. In addition to providing protection and livelihood services to affected populations,

UNHCR, Turkey Fact Sheet September 2022 Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Bi-annual%20fact%20sheet%202021%2009%20Turkey%20ENG.pdf>
Ibid

DGMM, <https://en.goc.gov.tr/temporary-protection27>

United Nations, Convention on the Rights of Persons with Disabilities. Available at: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

WHO, International Classification of Functioning, Disability, and Health. Available at: <https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf>

Sened has specialized in services targeting Syrian CwDs and their families, which aim to directly empower them through the provision of capacity-building and life- skills training, psychosocial support (PSS), educational and vocational training, and assistive devices. Moreover, Sened offers capacity-building for families caring for PWDs to improve their ability to provide better quality support. The organization also carries out continuous research into the needs of PWDs and the availability of services. It then uses these findings to advocate for PWDs and to highlight gaps that could be addressed through additional funding and improved programming.

1.2. Research Objective

This research aims to determine the main challenges faced by Syrian parents and caregivers of CwDs in accessing education, information, and health services, and to understand the principal reasons underlying difficulties identified.. It is therefore intended that the findings of this report will support further advocacy and the mobilization of necessary resources.

1.3. Research Design

This study is based on face-to-face interviews with participants. 75 questions were prepared by the Sened field and technical team, and under the supervision of this team these questionnaires were administered by selected enumerators. Enumerators in each city were provided with necessary training in relation to the Needs Assessment study itself and with regard to the administration of the survey. In the field, touch-screen tablets with KOBO were used for data collection.

Questionnaires were made up of both multiple choice and open-ended questions and were drawn up with the support of the Concern Worldwide Turkey team. The questionnaire was completed in 60 to 75 minutes on average. The survey was conducted in December 2021 under COVID-19 measures and restrictions.

1.4. Sample Size and Selection

Data were collected in relation to 856 CwDs by interviewing a total of 794 caregivers in Gaziantep, Kilis and Şanlıurfa. Caregivers were interviewed in either Arabic or Turkish depending on the preference of the respondent. Potential participants were informed about the aim of the study by these enumerators and verbal consent was received from all those who eventually took part in the survey. Concern Worldwide conducted the assessment in Sanliurfa and Sened conducted the assessment in Killis and Gaziantep.

2. Overview of Existing Evidence

2.1. Overview

As a result of the Syrian conflict, in 2019 it was estimated that there were some 6.6 million Syrian refugees registered globally, with Turkey hosting over 3.6 million of these . As of January 2022, Gaziantep, Şanlıurfa and Kilis host more than 27% (1 million) of all refugees in Turkey. Despite these numbers, research in relation to their diverse needs in these cities is limited. Studies in relation to PwDs residing in these provinces is more limited still.

2.2. Persons with Disabilities

According to the WHO's International Classification of Functioning, Disability, and Health, disability is an umbrella term for impairments, activity limitations, and participation restrictions. and encompasses the interaction between individuals with a health condition (e.g., cerebral palsy, Down's Syndrome or depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports) . A similar definition is used by the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which characterizes PwDs as those, who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others . The progress system of the UNHCR, which is a registration system for refugees worldwide, categorizes disability under eight subcategories: "physical disability – moderate and severe, intellectual disability – moderate and severe, visual impairment, hearing impairment, speech impairment and mental illness (psycho-social disability)"

It is estimated that 15% of the world's population is disabled . A study conducted in Lebanon and Jordan in 2018 showed that 22.8% of refugees surveyed had some form of disability . However, there are no reliable data in relation to the number of refugees with disabilities residing in Turkey, primarily due to a lack of proper documentation. The first survey assessing the number of PwDs in Turkey was conducted in 2002 by the State Institute of Statistics, showing that around 12% of the population had some form of disability. On the other hand, nine years later, the Institute conducted the lesser-known Population and Housing Census of 2011, stating that the percentage of PWDs in Turkey was 6.9%. According to research conducted by the United Nations Organization for Migration (IOM) in 2017, 1 in every 10 refugee households has a member with a disability (12.4%) . The United Nations Population Fund (UNFPA) estimates that 450,000 refugees live with disabilities in Turkey. Another study conducted in 2019 by Mülteçiler Derneği and the London School of Hygiene & Tropical Medicine (LSHTM) found that the overall prevalence of disability amongst the Syrian refugee population in Turkey was even higher, at 24.3%.

DGMM. (2020, October 20). Temporary Protection. Retrieved from Directorate General of Migration Management: <https://en.goc.gov.tr/temporary-protection27#>

Ibid

WHO. (2018, January 16). Disability and health. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

United Nations, Convention on the Rights of Persons with Disabilities. Available at: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

Crock, M., Saul, B., McCallum, R., Smith-Khan, L., & Çorabatır, M. (2015). Syrian refugees with disabilities in Jordan and Turkey. University of Sydney & IGAM.

WHO. (2018, January 16). Disability and health. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

HI, & iMMAP. (2018). Factsheet 1: Demographics and Disability. Retrieved from Handicap International: https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/3885/attachments/original/1537197235/01_Demographics_and_Disability_Final_1072018.pdf?1537197235

2.3.Children with Disabilities

A 2011 report from the World Health Organization (WHO) estimates that 93 million children under the age of 14 have disabilities (WHO, 2011), with children and adolescents particularly vulnerable to disabling injuries during disasters and armed conflict. In such scenarios, CwDs are more likely to be left behind, abandoned or neglected; they may lose essential medications and assistive devices, reducing their level of functionality and resulting in increased dependence on caregivers. They may also become vulnerable to violence, exploitation and abuse. Girls with disabilities are particularly vulnerable in humanitarian contexts, and are at risk of sexual and gender-based violence, with their risk of undernutrition higher compared with boys with disabilities.

In Turkey, 47.4% of the Syrian refugee population (1,776,599 people) consists of children between the ages of 0-18, with 28.5% of those children under the age of 10. In terms of children's access to education, the Turkish Ministry of National Education stated that 35,707 Syrian students were in kindergarten, 442,817 students in primary school, 348,638 students in secondary school and 110,976 students in high school. In total, 771,428 Syrian children were in school. However, some 432,956 children do not attend school (as of June 2021).

Segregated data with respect to refugee children with disabilities are not available. In terms of disability statistics in Turkey, the "Turkey Disability Survey" conducted by the Administration for Disabled People under the Prime Ministry in 2002 provided the most comprehensive data for the number of those with disabilities. This survey reported that CwDs comprised 4.35% of the child population.

Overall, the ratio of CwDs varies between 2.6% and 4.6% of the total child population. Currently only 2.3 % of these children are actually registered in the system, with disabled students at a disadvantage when looking to access education opportunities, compared to their non-disabled peers.

In order for CwDs to be placed in a suitable educational environment within the education system and to receive an education that is appropriate to their individual needs (inclusive education or special education), they must first be assessed by relevant Guidance and Research Centers and obtain an educational evaluation report, which allows them to receive education support tailored to their needs through special education and rehabilitation centers. Although these centers are private entities, the fees for up to 12 hours of education per month are covered by the Turkish Ministry of Education contingent on receipt of an initial report from a Guidance and Research Center. However, this financial support does not extend to refugee children.

2.4. Legal Background

The UN Convention on the Rights of Person with Disabilities is an international legally binding instrument that sets minimum standards for the rights of persons with disabilities. It emphasizes the needs of children with disabilities and includes the provision of international protection in situations of risk and humanitarian emergencies. Turkey ratified the Convention

State Institute of Statistics. (2004). Turkey Disability Survey 2002. Ankara: State Institute of Statistics.

Engelli ve Yaşlı Hizmetleri Genel Müdürlüğü. (2016). Engelli ve Yaşlı Bireylere İlişkin İstatistikî Bilgiler. T.C. Aile ve Sosyal Politikalar Bakanlığı.

on the Rights of Persons with Disabilities in 2009 and its Optional Protocol in 2014 . Article 7 establishes that:

1. State Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. State Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Article 11 addresses the rights of persons with disabilities in situations of risk and humanitarian emergencies, stating that:

“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

The General Directorate of Services for Persons with Disabilities and Elderly People working under the Ministry of Family and Social Services is responsible for the implementation of these Articles and for the provision of services to PWDs in Turkey .

In 2019, the UN Committee on the Rights of Persons with Disabilities recommended improved levels of research, increased support and training and the mainstreaming of disability in migration, refugee policies and services through the creation of a multi-stakeholder mechanism that included organizations of persons with disabilities.

3. Findings from the Survey

Detailed findings from the survey are set out below in relation to demographics, access to education, health services and assistance as well as relevant information. Findings also cover child labour, legal status, livelihoods and the impact of the Covid-19 pandemic on family incomes.

3.1. Demographic Profile of the Participants

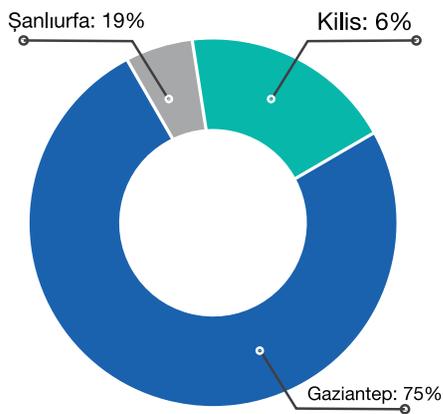
This section provides a breakdown of the provincial distribution of participants, their gender, the number of disabled children in the surveyed households and ages.

3.1.1. Province and Nationality

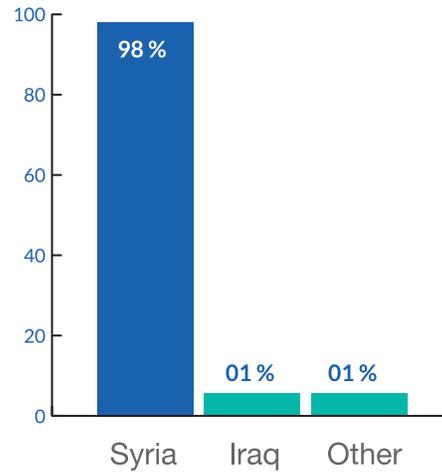
Within the scope of this study, a total of 794 caregivers were interviewed in Gaziantep, Kilis and Sanliurfa, in relation to 856 CwDs. 75% of the participants were from Gaziantep, 19% from Sanliurfa and 6% from Kilis. 98% of participants were Syrian refugees, 1% Iraqi and 1% from other nationalities.

The distribution of the provinces where the participants live and their nationality are shown in

the two graphs below.



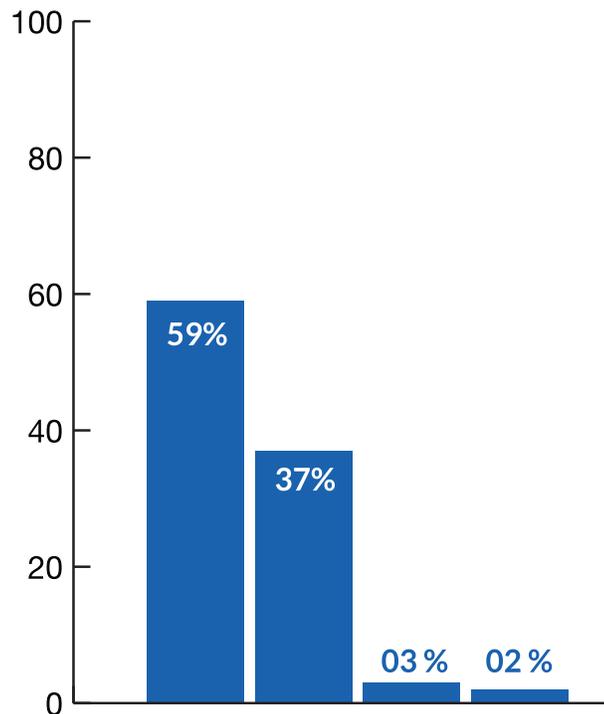
Graph 1: Total provincial distribution of participants



Graph 2: Total distribution of the participants based on nationality

3.1.2. Gender breakdown of the participants

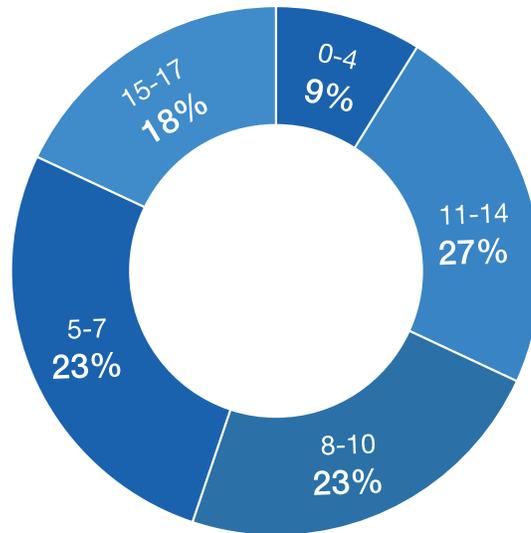
60% of participants were women. When asked about their relationship with the CwDs, 59% stated that they were the mother of the child, 37% the father and 3% as his/her sibling, with 27% of women the head of the household.



Graph 3: Respondent's relationship with the disabled child in the household

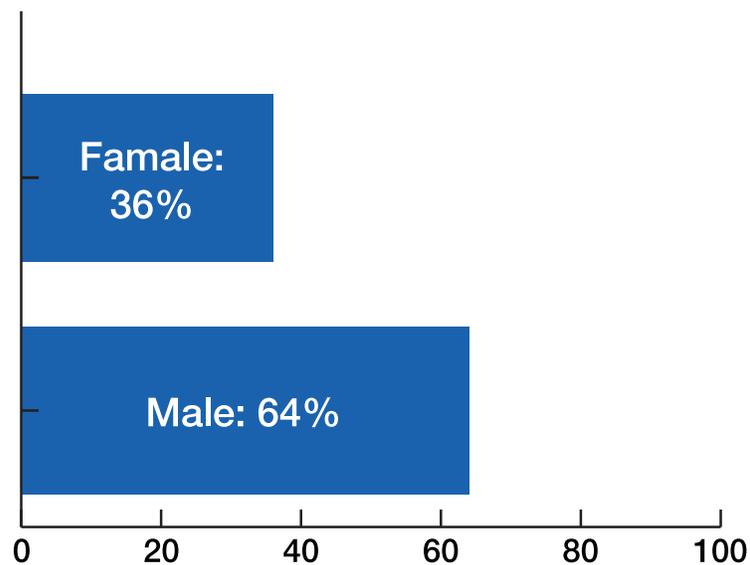
3.1.3. Demographic information about children

93% of surveyed participants had a disabled child, 85% stated that they had one disabled child 12% said 2 and 3 % had 3 or more CwDs. The age range of children with disabilities was as follows:



Graph 4: Ages of children with disabilities

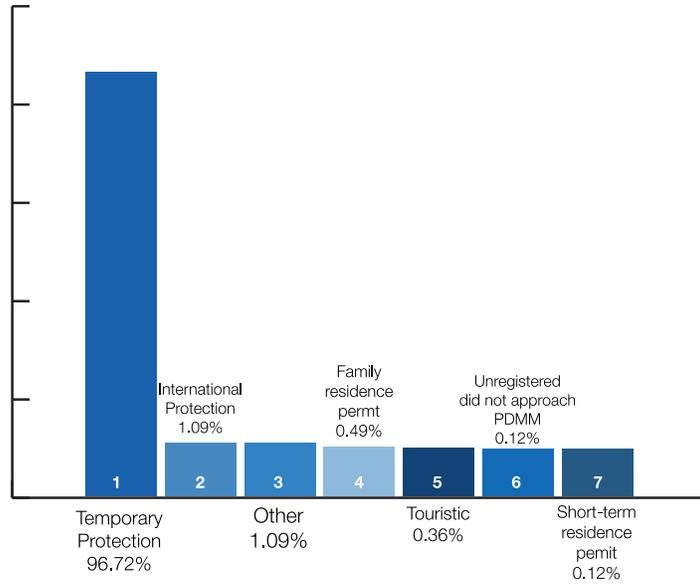
With regard to gender breakdown, the majority (64%) of CwDs were boys (Graph 5).



Graph 5: Gender breakdown of CwDs in households

3.1.4. Legal Status of Children with Disabilities

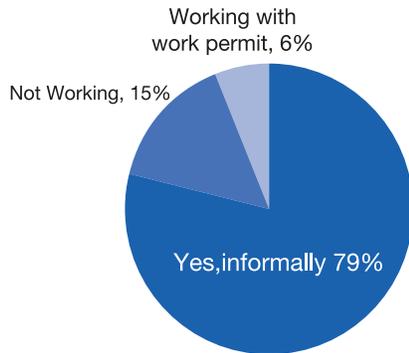
96.72% of the CwDs were under Temporary Protection status, 1.09% under International Protection, 0.49% had a family residency permit, and 0.36% a tourist visa (0.36%). 0.12% of the CwDs were not registered in the PDMM system and didn't have the necessary legal documents affirming their status.



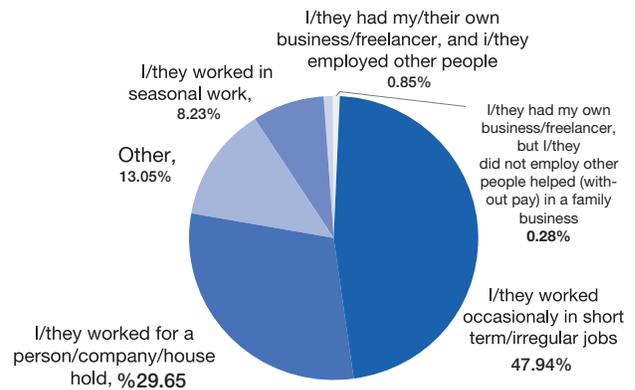
Graph 6: Registration status of CwDs

3.2. Livelihood

With regard to working conditions before the Covid-19 pandemic, 79% noted that they had worked informally, 6% that they were in receipt of a work permit and employed, with 15% stating that they were not working. Those who had worked informally reported that they had been victimized and exploited and that the irregular nature of their work meant that they had had difficulty meeting their basic needs.

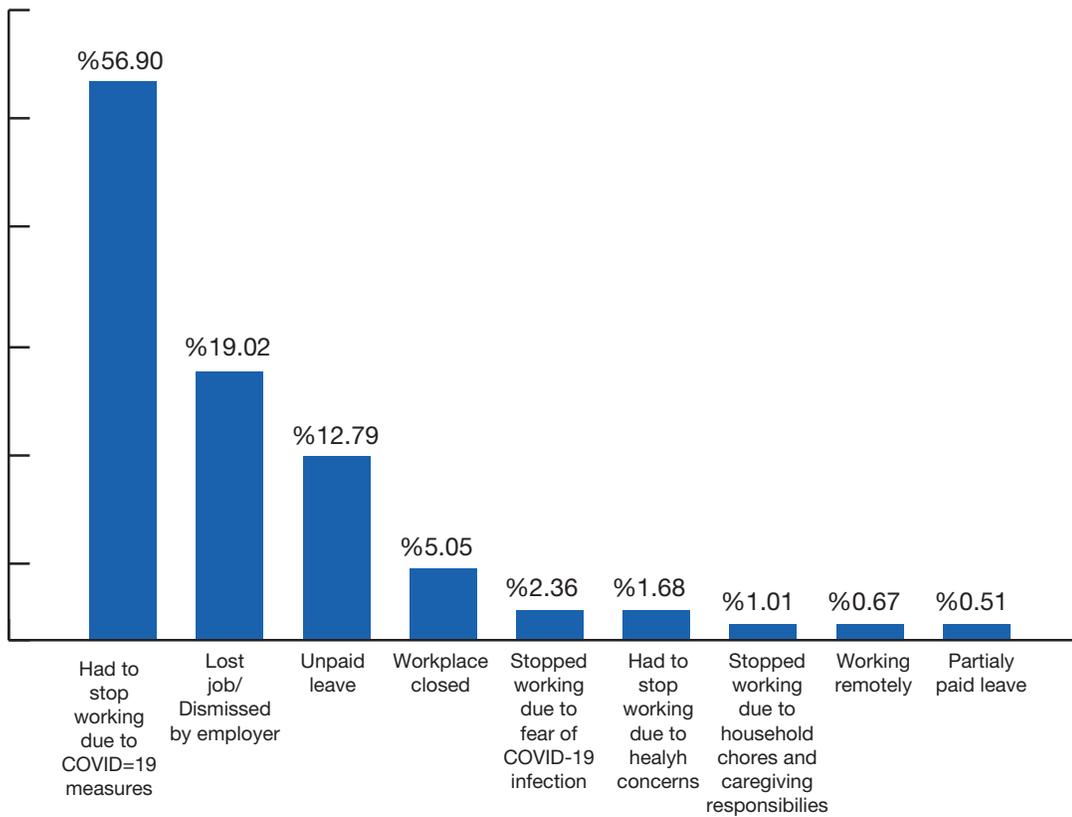


Graph 7: Working conditions of household members before the Covid19- pandemic



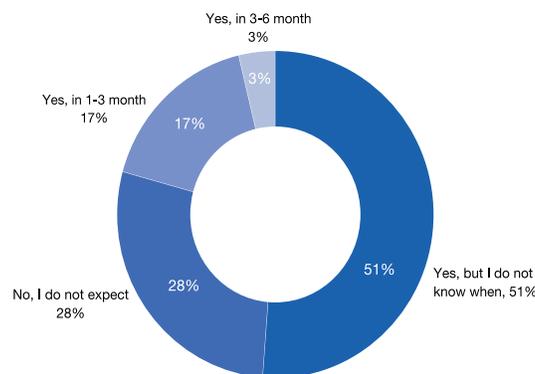
Graph 8: Type of employment before the Covid 19- pandemic

Over the course of the pandemic, a change in working conditions occurred in 87% of HHs according to respondents. 57% had had to stop working due to pandemic restrictions, 19% had been dismissed, with 13% having to take unpaid leave.



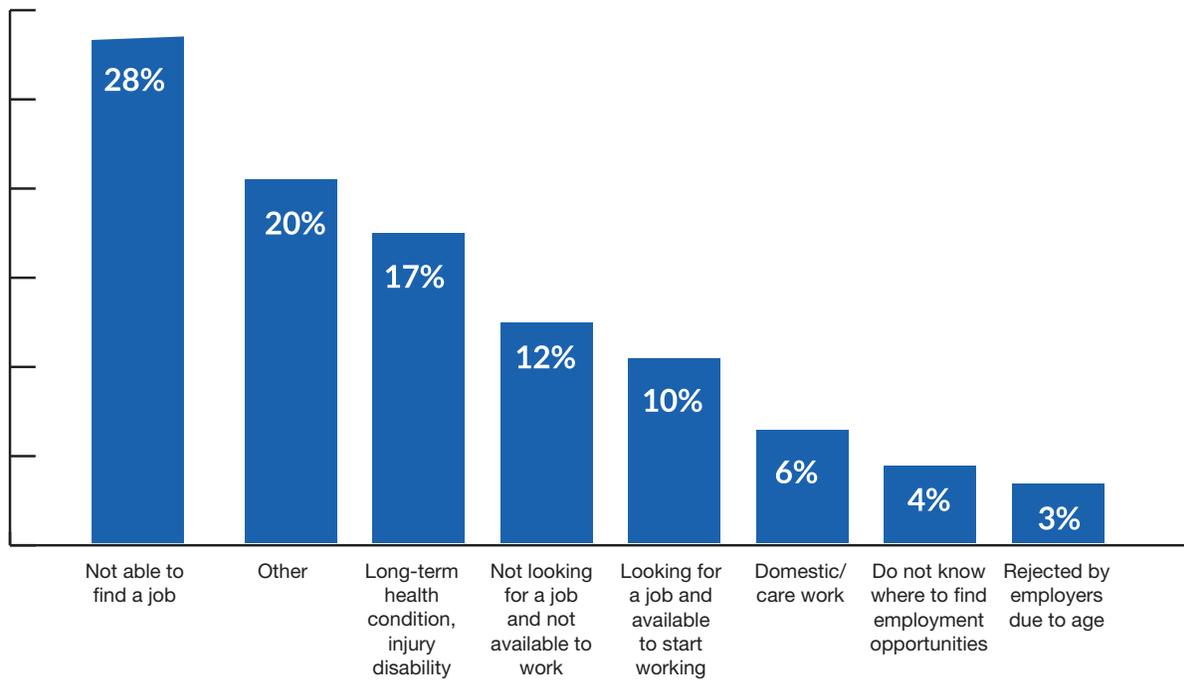
Graph 9: Change of working conditions due to Covid19- pandemic

When participants, who had lost their jobs during the pandemic, were asked about their expectations of finding employment again, 51% stated that they expected to find a job, but were unsure about the timeframe, 17% expected to find a job within 1-3 months, and 3% expected to secure employment within 3-6 months. 28% did not think that they would be able to find a job in the months ahead.



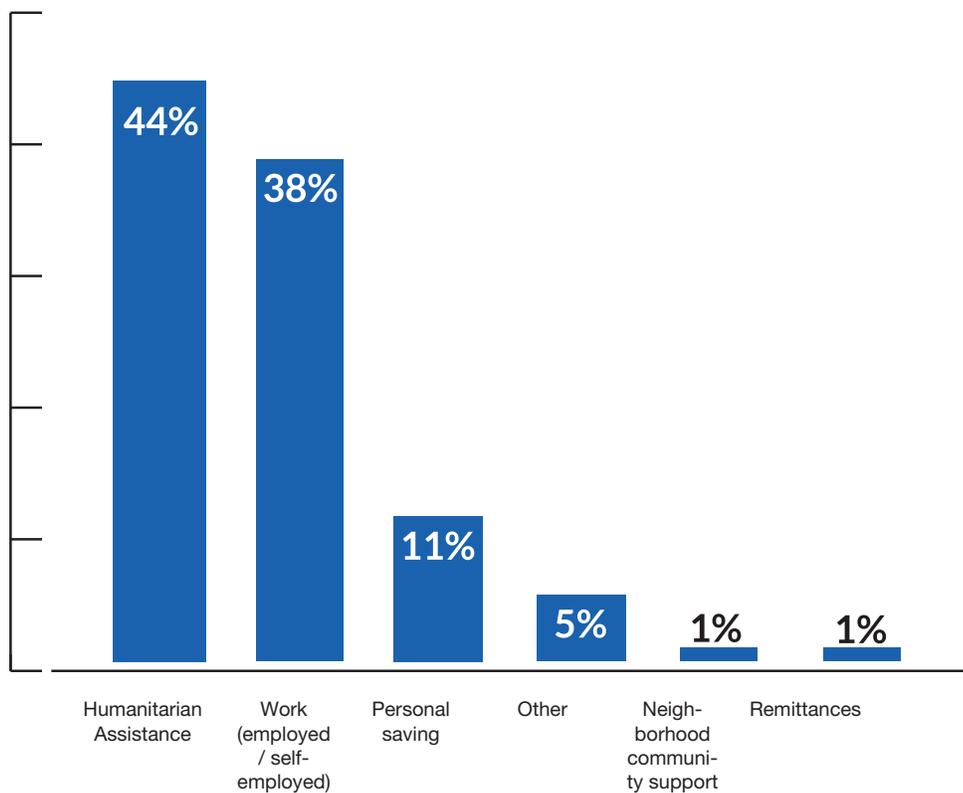
Graph 10: Expectations of finding a job again in the immediate to near future

28% of HH members were unemployed because they were unable to find work, 10% were available to start working, but were still looking for a job and 4% did not know how they might secure employment; 3% had been rejected by employers due to their age. In total, 45% of HHs could not secure any form of employment although available for work. In addition, 17% of HHs could not work due to long term health conditions, injury or disability. 12% stated that they were not available for work, with 6% unable to work due to domestic care responsibilities. Some 20% cited other reasons for being unemployed.

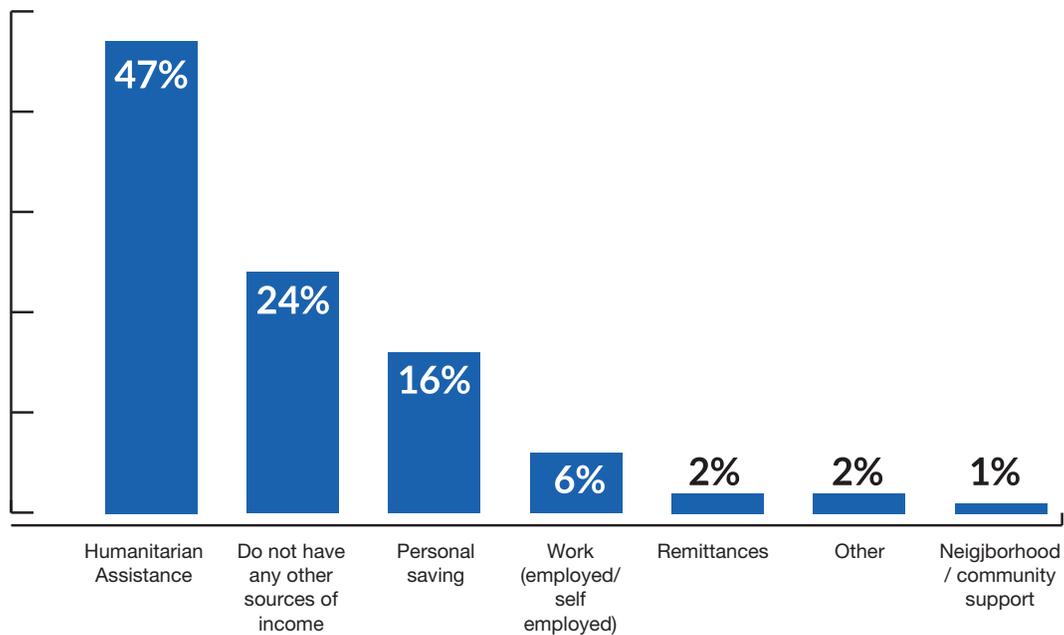


Graph 11: Reason of not being employed

With regard to family income, the primary source of income for 44% of families was stated to be humanitarian assistance, with 38% of families deriving their primary income from work.



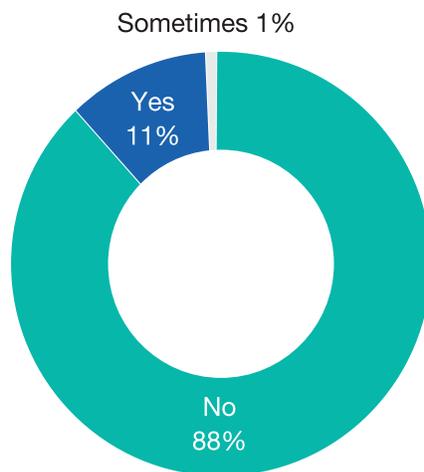
Graph 12: Primary source of income



Graph 13: Other source of income

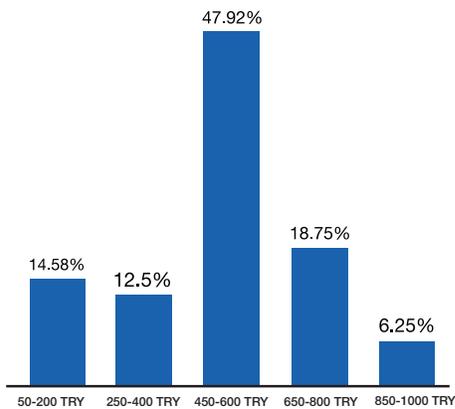
3.3. Child Labor

Interventions to reduce child labor and to raise greater awareness about its impact have continued in recent years. In 88% of the families participating in the survey, child labor was not at issue. However, 11% of families had children, who were working full time, with 1% of those children working in temporary jobs.

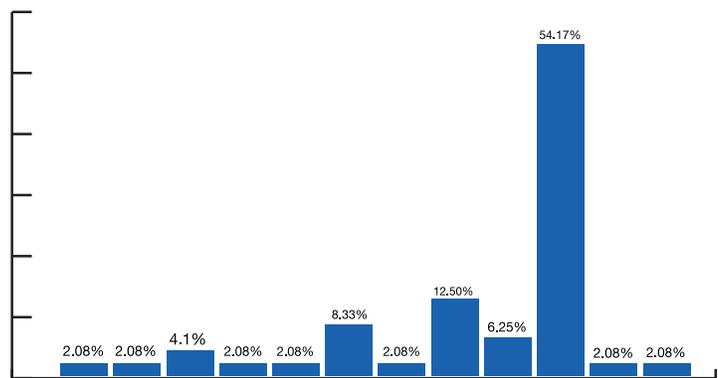


Graph 14: Percentage of children who are working

Field studies have shown that the majority of children who are working (47.92%) are earning between 450 - 600 TRY per week, with 54.1% working 12 hours a day.



Graph 15: Weekly earnings in relation to child labor

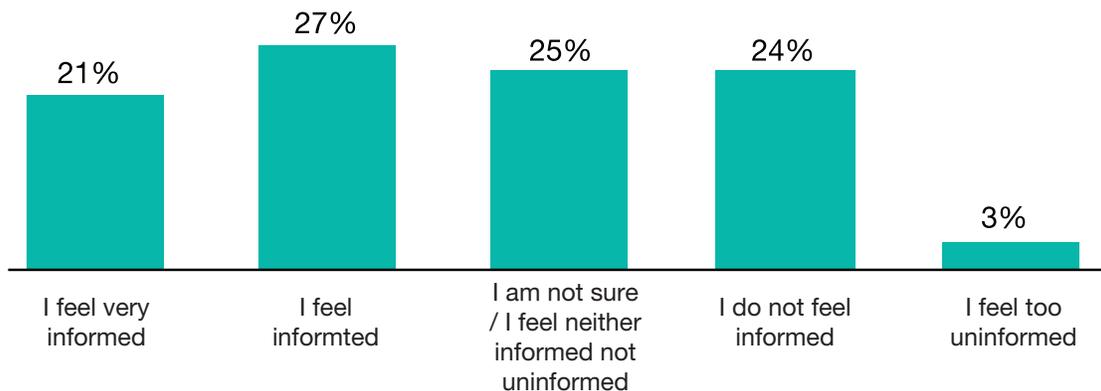


Graph 16: Working hours

The primary reason for children having to work was seen to be the absence of any working adult in the family (45.65%); 39% of the families attributed it to insufficient funds to cover their basic needs and expenses.

3.4. Access to Information Services

Access to services was held to be critically dependent on the availability of sufficient information. 27% of families felt that the information available to them was insufficient, with 25% undecided



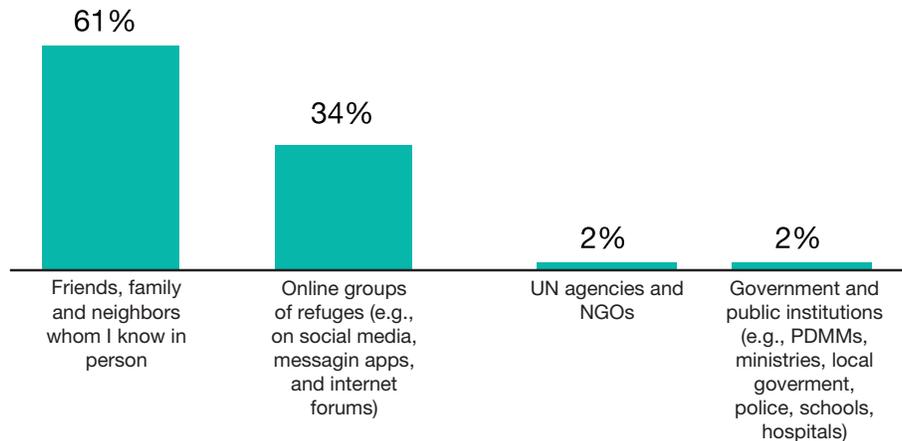
Graph 17: Having adequate information on rights and services in Turkey

With regard to the type of information required, 79.41% of families needed information on “financial / material assistance”. This was followed by “labour rights” at 21.04%, “resettlement to a third country” at 20.44%, “health-related materials, including medical assistance” at 18.37%, and “mental health, physiological, physic-social support” at 10%.

Table 1: Main information needs (percentage of individual selection of each topic)

Main information Needs	% of families
Financial / material assistance	%79,41
Labour rights	%21,04
Resettlement to a third country	%20,44
Health-related matters, including medical assistance	%18,37
Social services (including protective preventative rehabilitative measures such as protection from violence, child protection or psychosocial support)	%12,74
Mental health, psychological, psycho-social support	%10,37
Living and settling in turkey	%9,93
Legal Assistance	%7,85
Registration and documentation with PDMM/DGMM	%6,81
Procedures related to family reunification in 3rd country	%5,93
Procedures related to family reunification in Turkey	%5,33
Available feedback and complaints mechanism	%5,04
Civil matters, including birth registration, marriage and divorce	%4,89
Emergency related	%4,89
School, university and vocational studies in Turkey	%4,59
Work permits and procedures	%4,30
Physical safety and security support, including against gender-based violence	%3,85
DGMM/PDMM practical procedures and travel permits	%3,70
Covid19- prevention and risk mitigation	%3,56
Women's counselling centers, hotlines	%3,41
Covid19- vaccination	%2,52
Return to country origin	%1,78
Covid19- treatment	%0,89
Other (Specify)	%0,74
Women's shelter	%0,59
Procedures related to family Tracing	%0,15

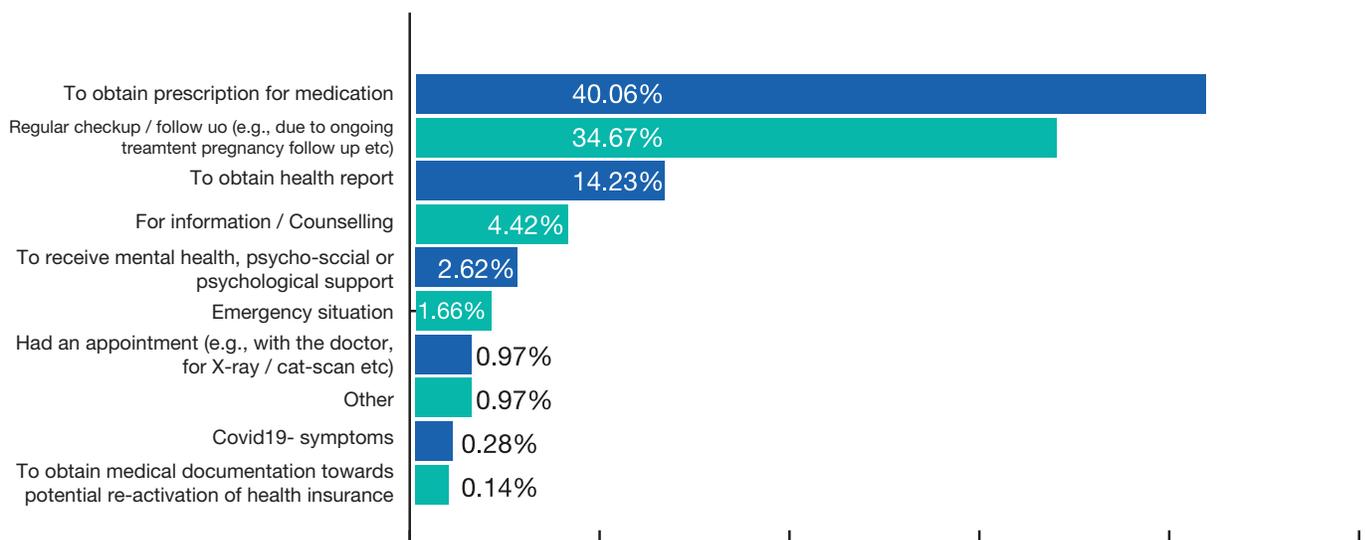
Families sought to obtain relevant information through a number of different channels. For 61%, this was through friends, family members and neighbours, while the main source of information for 34% was online platforms. This was followed by UN agencies and NGOs at 2%, and governmental/public institutions where the figure was also 2%.



Graph 18: Primary source of information

3.5. Access to Health Services

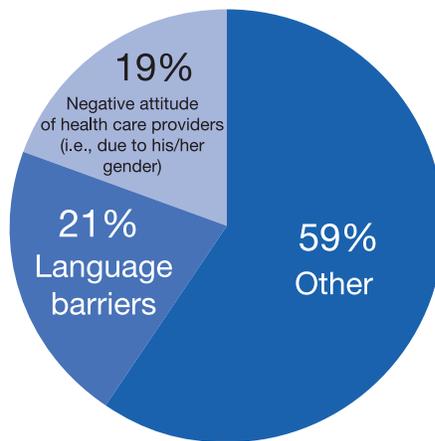
Access to health services is a fundamental need for the immigrant community, given their conflict-related physical and mental vulnerabilities. In Turkey, the 2014 Temporary Protection Regulation governs access to health services for immigrants under both TP and IP. 40.06% of respondents said they visited health centers to obtain prescriptions and for an initial examination and diagnosis, with 34.67% requiring regular follow-ups based on this initial diagnosis, 14.23% visited medical centers to obtain health reports, 4.42% of health center visits were for information counselling, 2.62% for mental health-related issues, with emergency contexts covering the other 1.66% of visits.



Graph 19: Reasons for visiting health centers

Problems encountered by immigrants in accessing health services were seen to be numerous. 14.9% of participants cited financial problems for impeding their access. Although the costs of many services in public hospitals are covered by international and governmental bodies; the resources of many refugees are still not sufficient to cover the cost of treatments, medicines, assistive devices and related private costs. Field research showed that 12.64% of respondents had difficulties accessing health services due to the very high levels of demand at hospitals and medical centers. 21% faced difficulties due to language barriers, with 4.6% stating that they lacked sufficient information in relation to health services in Turkey.

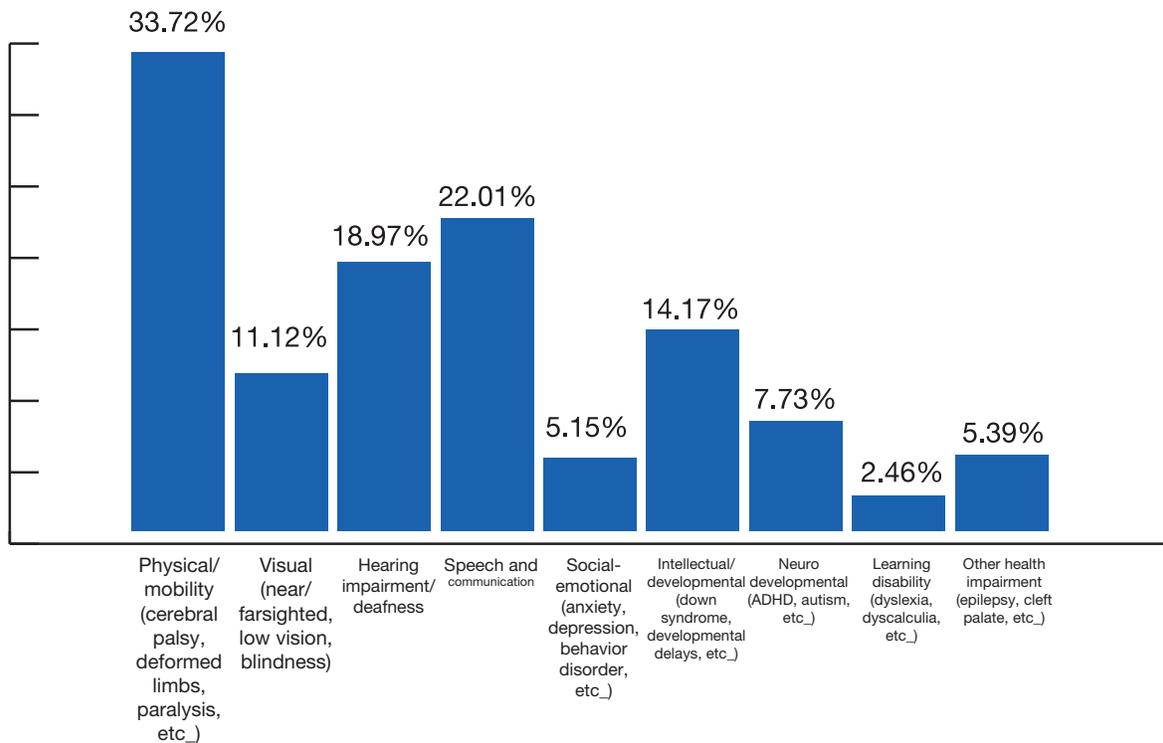
Sexual and reproductive health services are established factors in ensuring women’s and children’s health. 63% of respondents noted that they had difficulties accessing SRH services; 38% did not attempt to access these services. 21% of women, who did not attend SRH services cited language barriers; 19% stated that they faced negative attitudes due to their gender and 59% attributed their difficulties in accessing SRH services to other issues.



Graph 20: Reasons for not attending SRH

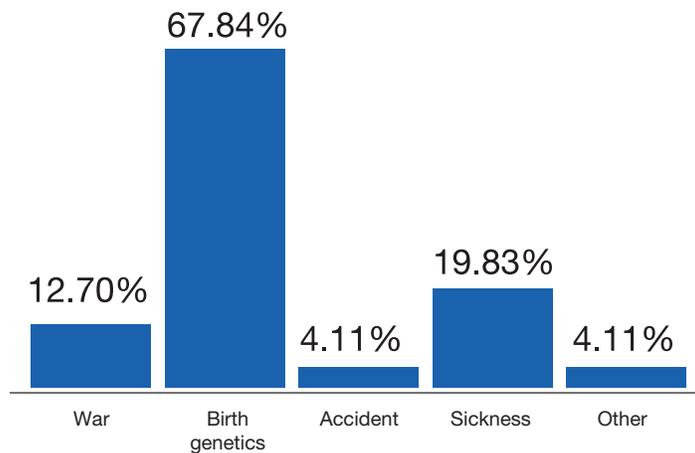
Health issues in relation to the pandemic were also raised with participants. 86% of respondents stated that they were well aware of the national Covid-19 vaccination plan and had been vaccinated. 14% of unvaccinated participants reported that they had a vaccination appointment, 46% reported that they had made no attempt to be vaccinated. 33% had sought vaccination but encountered problems, these included language barriers (33%), problems using the appointment system (6%) and not being registered (5%). 38% stated they did not want to be vaccinated; 13.19% stated that they didn’t have enough information about the process, while 20% believed the vaccines were unsafe.

When questioned about the type of disability the child in their care had, a significant majority of CwDs were seen to have physical disabilities (33.72%), while speech and communication disorders (27%) were the second most common disability found. Other results for disability types were as follows: hearing impairment (18.97%), intellectual and developmental disorders (14.17%), visual impairment (11.12%), neural development (7.73%), social-emotional (anxiety, depression etc.) disorders (5.15%), learning difficulties (2.46%), and other health impairments such as epilepsy, cleft palate etc. (5.39%).



Graph 21: Types of disabilities

Disabilities resulting from birth or genetic defects constituted the majority of cases at 67.84%, the rate of disability due to disease was 19.83%, the rate of disability due to any form of conflict-related injury was 12.7%; disability caused by accident was found to be 4.11%, with a similar percentage citing other causes.

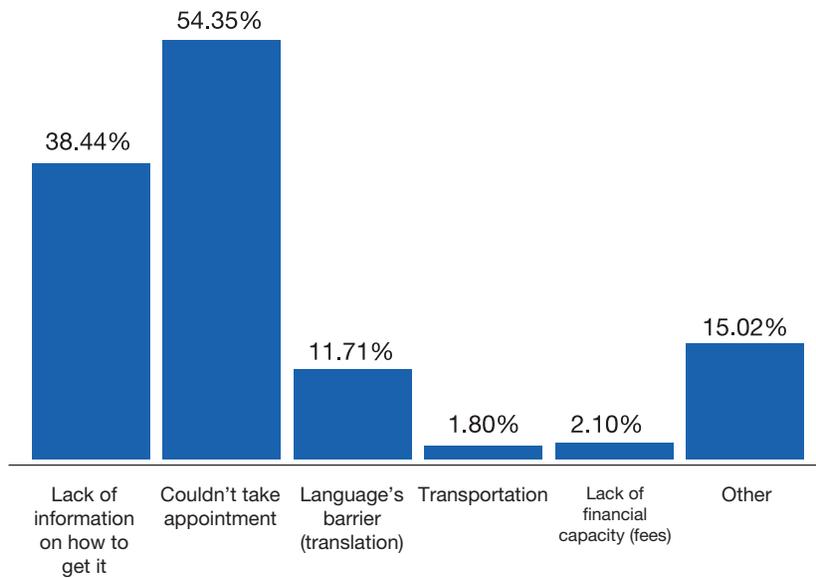


Graph 22: Causes of Disabilities

As PwDs require specific support and services, they often encounter significant difficulties in trying to avail of this assistance. For example, disability reports are critical in ensuring that PwDs are afforded their rights under the law. These reports are provided by public hospitals by appointment. The report issued by the doctor or specialist following an assessment of the patient,

enables the individual to subsequently access necessary services

Despite its relative importance, the survey showed that 42% of CwDs did not have a disability report from a public hospital. Reasons given included being unable to make an appointment (54.35%); lack of information about how to make an appointment and about the benefits of having such a report (38.44%); and language barriers (11.71%). The limited number of certifying hospitals was also cited as a problem, as was the process of making an appointment. While hospital staff and translators were available to provide support, the level of demand often exceeded their capacity. In addition, the refugee community were often seen to be insufficiently aware of the advantages and benefits of having such a report

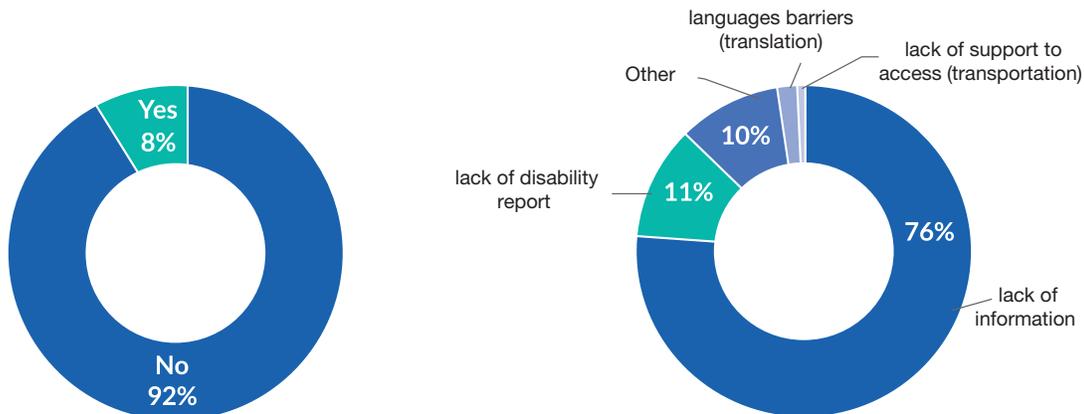


Graph 23: Main reasons cited for not having a Disability Report

3.6. Access to Education Services

The RAM (Rehberlik ve Araştırma Merkezi) report is an evaluation of individuals with special educational needs made by the Special Education Evaluation Board (Guidance and Research Centers) affiliated to the Ministry of National Education.

Possession of the report is necessary in order for CwDs to gain access to appropriate educational support tailored to their specific needs. However, the survey showed that 92% of CwDs did not have a RAM report, with 76% of these citing a lack of information as the principal reason.

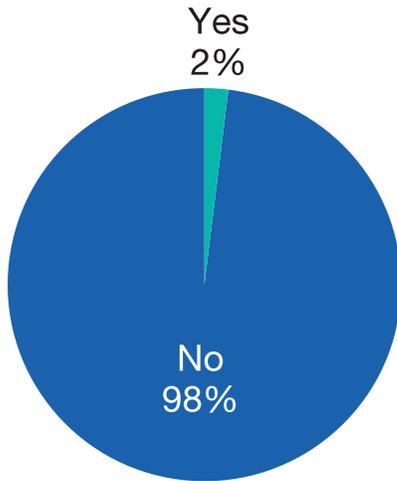


Graph 24: CwDs who have RAM report

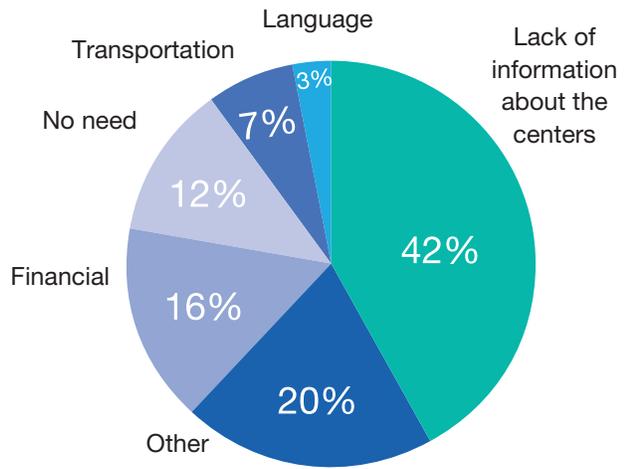
Graph 25: Main reasons for CwDs not having RAM report

These Special Education Centers are private education institutions, which provide education support services to children with special educational needs, based on the educational diagnosis and evaluation made by the Guidance Research Centers (RAM). While Turkish citizens can benefit from this service free of charge, refugees in Turkey do not.

The main reasons cited in the study for not attending these centers were a lack of information about the centers (42%), and financial reasons (16%).

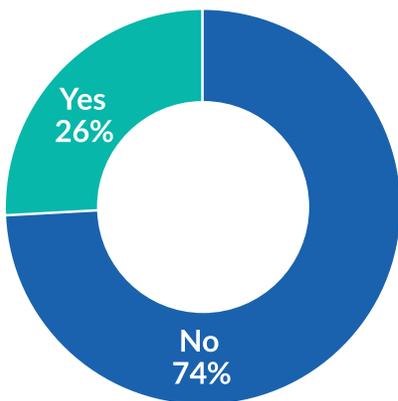


Graph 26: Percentage of CwDs who attend special education centers

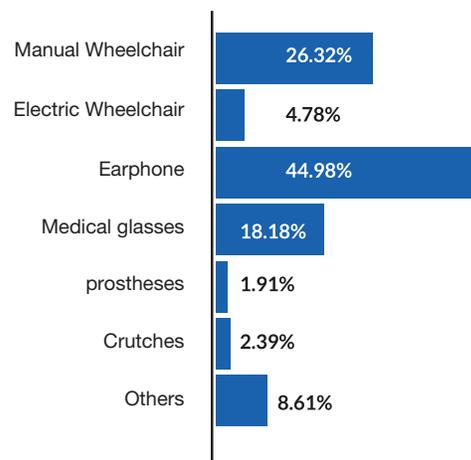


Graph 27: Main reasons for not attending special education centers

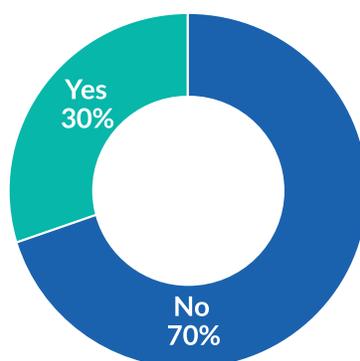
For CwDs, a further barrier may also present in relation to accessing education, they may also need to use assistive devices depending on the type and degree of their disability - 26% of CwDs were seen to use assistive devices in our study. Of these, 44.98% used hearing aids, 26.32% used manual wheelchairs and 18.18% used medical glasses.



Graph 28: CwDs which use assistive devices to access education



Graph 29: Assistive devices used by CwDs to access education



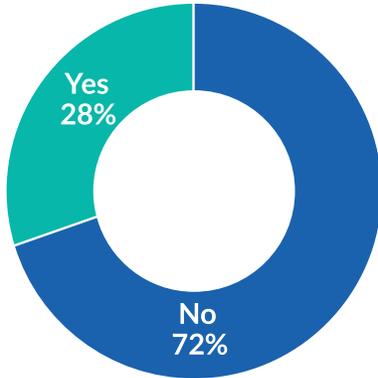
Graph 30: CwDs need assistive device to access education

More generally, the question of non-attendance at school was also raised with families. It was seen that 43% of children were not enrolled in school, with 57% citing disability as the main reason for their absence.

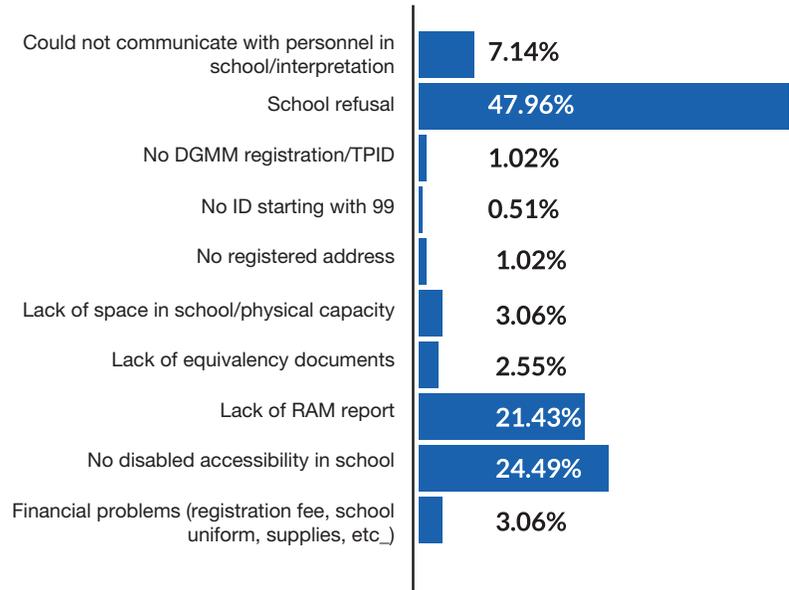
Table 2: Main reason of the child being out of school

Main reason of the child being out of school (multiple selected)	% of children
Disability of child	%57,78
Other reasons	%12,59
Faced peer bullying from other students	%8,15
Problems faced during registration and documentation	%7,41
Financial barriers	%5,19
No information about education opportunities/pathways	%3,33
Child is working	%2,96
Distance to school/transportation problems	%2,96
Concerns regarding sending to Turkish Public Schools including losing native language	%1,85
Language barrier	%1,48
Concerns about their health and safety under Covid19- pandemic	%1,11
Deteriorated psychological situation of children Frequent change of residence/potential to move in near future	%1,11
Family has no interest in education at all	%1,11
Frequent change of residence / willing to move in near future	%0,74
Supporting household chores (Including taking care of elderly/siblings)	%0,74
Child is not interested in education	%0,37

In addition, the families of 72% of CwDs stated that they had encountered difficulties during the school registration process. 47.96% had been turned down by the school, 24.49% had had difficulties due to the absence of any form of disabled access, and 21.43% due to the lack of a RAM report.



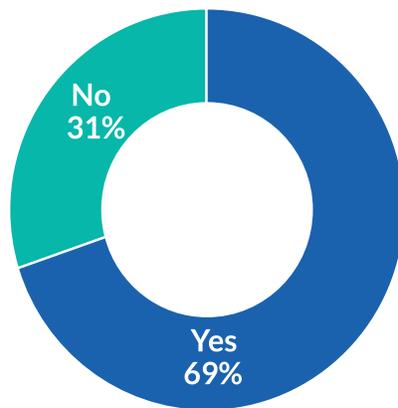
Graph 31: CwDs faced difficulties with school registration



Graph 32: Nature of difficulties faced by CwDs in relation to school registration

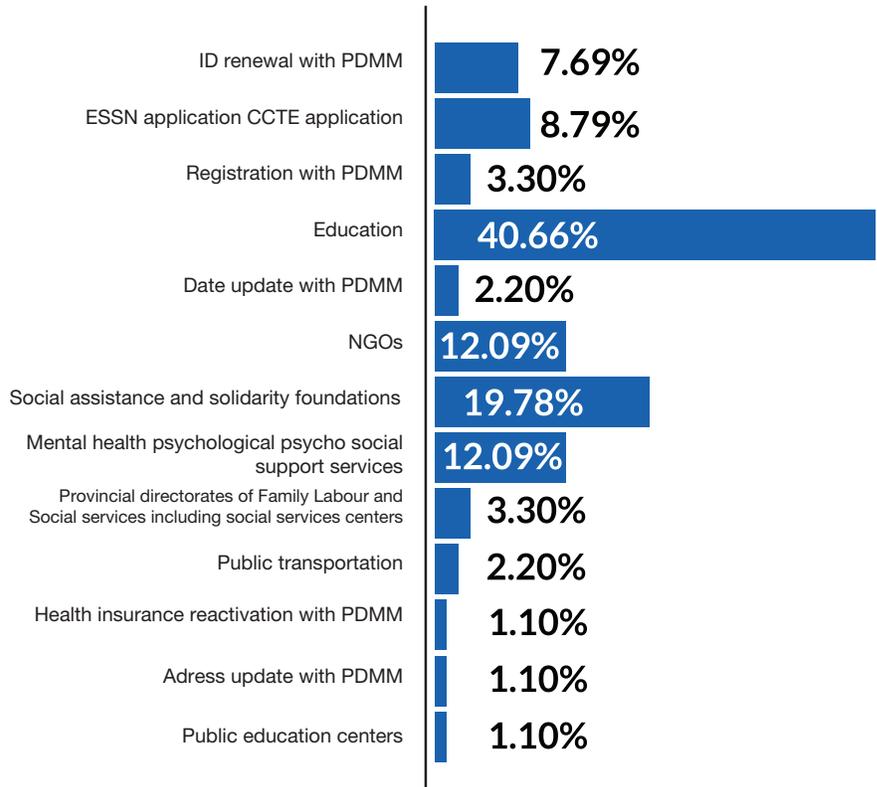
3.7. Access to Services During Covid-19 Pandemic

Government measures and restrictions implemented during the pandemic and steps taken by service providers to prevent the spread of the virus made access to many services particularly difficult for refugees. When respondents were asked if they had faced any difficulties accessing services due to the Covid-19 pandemic and associated restrictions; 69% stated that they hadn't, with 31% noting that they had had difficulties.



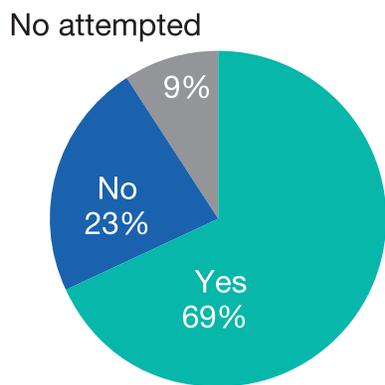
Graph 33: Have you faced difficulties accessing services due to Covid19- (March 2020 onward)

Essential services, which proved difficult to access were: education (40.66%), SASF (19.78%), MHPSS services (12.09%) non-governmental organizations (12.09%), ESSN and CCTE applications (8.79%), ID renewal (7.69%), registration with PDMM (3.3%), Provincial Directorates of Family, Labour and Social Support including access to social service centers (3.3%), and public transportation (2.2%).



Graph 34: Essential services inaccessible due to Covid-19 pandemic

69% of respondents stated that they had been able to access health services since the start of the pandemic (March 2020), but 23% reported experiencing difficulties during the same period, with 9% not attempting to access health services at all.



Graph 35: Accessibility of health services since March 2020

Financial barriers (21.11%), the closure of services (18.89%), services unavailable due to levels of demand (17.78%), being unable to book appointments online (13.33%), a lack of services (13.33%), lockdown/curfews (10%), a lack of translation services (7.78%) and an inability to complete registration (6.67%) were cited as the principal reasons by participants for their inability to access services.

Table 3: Reasons of not being able access services

Reason of not being able to access services	% of families
Financial barriers	%21,11
Services are closed	%18,89
Services are crowded	%17,78
Unable to book appointment through online systems	%13,33
Lack of service	%13,33
Lockdown /curfews	%10,00
Lack of/ inadequate translation services	%7,78
Lack of registration	%6,67
Service providers not being helpful	%2,22
Lack of required civil documentations	%2,22
Lack of information on services and service providers	%2,22
Denial of available services	%2,22
Individual does not know why she/he faced barriers in accessing services	%2,22
Physical access barriers due to an impairment	%1,11
Domestic/care work	%1,11

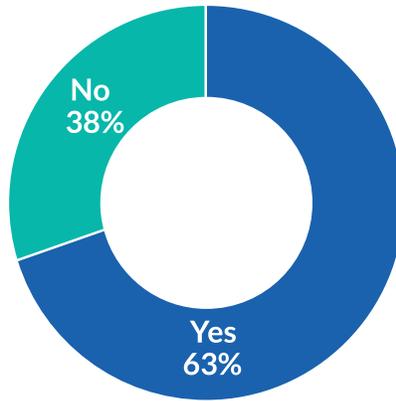
When asked about their reasons for not accessing services, 56.4% of participants stated that they did not need to, 22.09% cited financial difficulties, 12.83% stated that the service providers were unhelpful, 6.13% that they were afraid to leave their house due to Covid-19 and 3.09% experienced difficulties in relation to transportation.

Table 4: Reasons of not attempted to access services

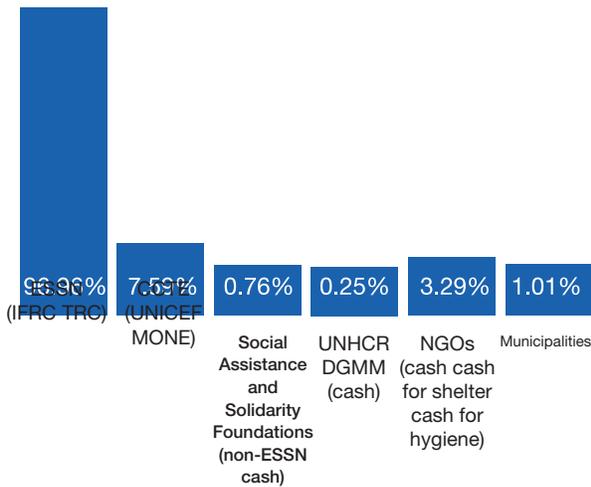
Reason of not attempted to access services	% of families
Did not need to access services	%56,44
Financial Barriers	%22,09
Service providers not being helpful	%12,88
Fearful about leaving the house due to Covid19-	%6,13
Lack of information on services and service providers	%3,07
Lack of transport options /high expenses	%3,07
Fearful about leaving the house due to measures of the law enforcement units	%1,84
Physical access barriers due to impairment	%1,84
Domestic/care work	%1,84
Working during operational hours.	%1,23

3.8. Access to Assistance

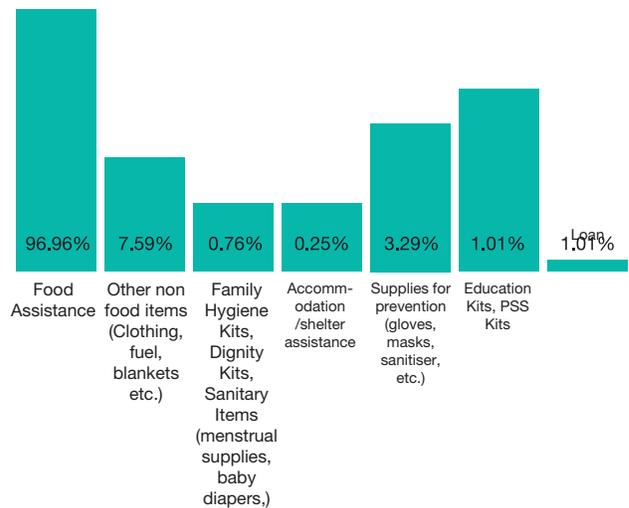
Support programs for refugees are important as they facilitate access to services. 63% of participants reported that they had access to assistance from the UN, to public or local NGO assistance such as SED, and SASF, and to municipality assistance programs etc. 99% of this assistance was cash-based, with 1% in-kind assistance. Sources of cash assistance were stated to be as follows: 96.96% ESN, 7.59% CCTE, 3.29% from local NGOs (cash for shelter, cash for hygiene materials etc.). In-kind assistance included: 45.1% food assistance, 31.37% education kits, 19.61% non-food items (clothing, fuel etc.), 11.76% hygiene and sanitary items, 11.76% shelter/accommodation costs and 1.96% in loans.



Graph 36: Accessing Assistance

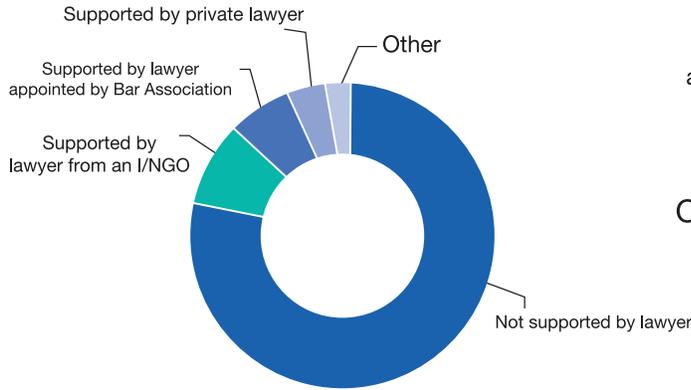


Graph 37: Cash Assistance Ratio

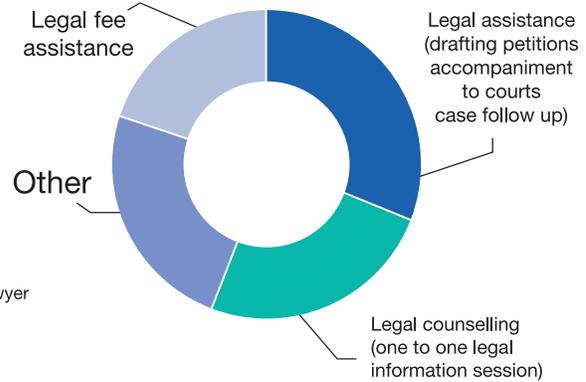


Graph 38: In-kind Assistance Ratio

Given the diverse nature of the problems refugees encounter with various authorities and regulatory bodies in relation to their protection status, forms of registration etc., legal advice and counsel can often be imperative. When questioned about this, 94% of respondents reported that they were not in need of legal support, but 78% noted that when required it was not available. 9% stated that they received legal assistance from a private lawyer, 7% from the Bar Association, 4% from an I/NGO lawyer and 2% from other resources. The range and nature of that support included the drafting of petitions, accompaniment to court, and case follow-up (31%), legal counselling (24%), legal fees assistance (20%) and other forms of support (24%).

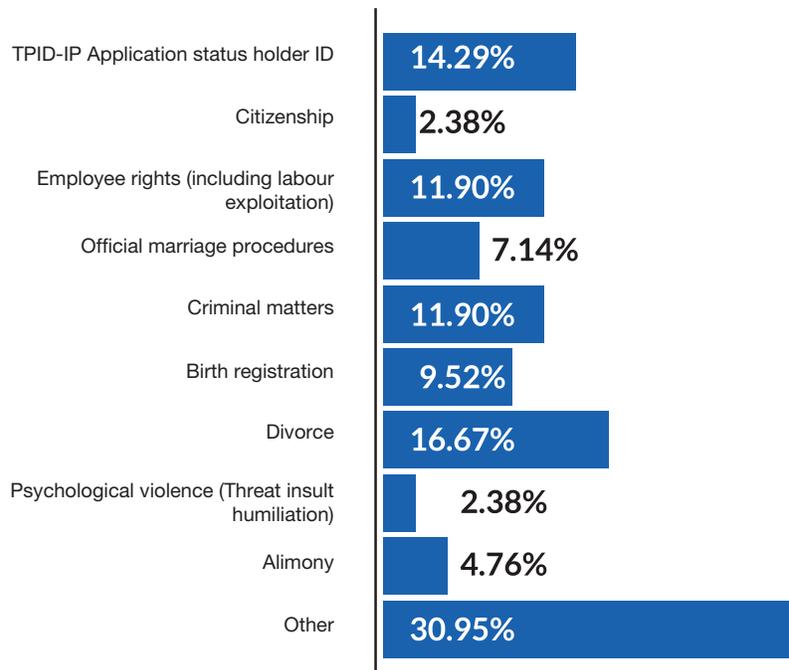


Graph 39: Accessing Legal Support



Graph 40: Types of Legal Assistance

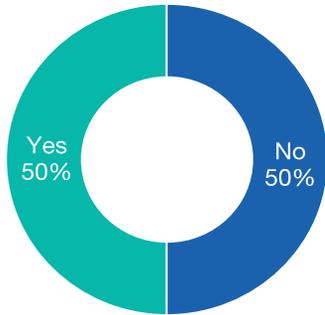
Additional support was also sought in relation to divorce (16.6%), TPID application/status (14.29%), employee rights (11.9%), criminal cases (11.9%) birth registrations (9.5%), marriage issues (7.14%), alimony (4.76%) and other reasons (30.95%).



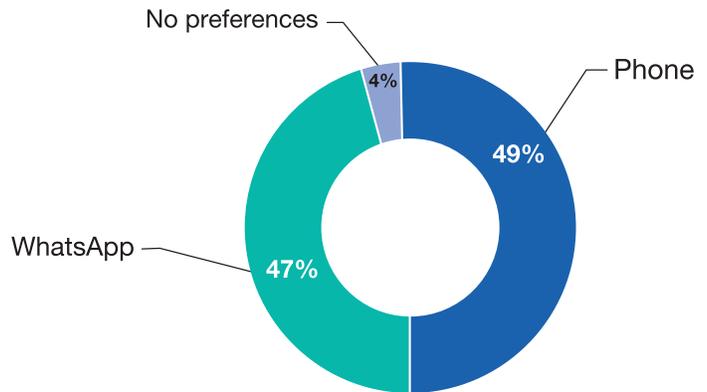
Graph 41: Areas where legal support was required

Although, the Covid-19 pandemic has led to a number of new possibilities and options with respect to remote service access, 50% of participants stated that they still encountered difficulties in accessing services remotely due to a lack of laptops, tablets, and smartphones etc.

49% claimed that they preferred to access remote services via phone, 47% via WhatsApp, with 2% expressing no particular preference.



Graph 42: Difficulties accessing remote services due to a lack of digital tools



Graph 43: Preferred digital options in relation to service delivery

53% of the responders did not have any difficulties accessing remote services with their preferred tool, 39% stated they had some difficulties, 7% had many difficulties and 3% of the responders couldn't able to reach remote services at all even with their preferred digital tools.

Conclusions

- The results of the survey indicate that families with CwDs are acutely vulnerable and often subject to additional pressures, stresses and demands in attempting to negotiate access to the services and support required for their children. Findings would indicate that in addition to these stressors, there is an additional financial burden to be borne, with government and other bodies rarely covering the additional costs incurred. These financial strains were seen to have been made worse by the advent of the pandemic and either the loss of employment or the drop in income that resulted.

One of the primary needs highlighted by the survey was that for additional information in relation to financial assistance and labour rights. As a consequence of the significant financial pressures faced by families, and the absence of any working adult within the household in many instances (46%), it was seen that 11% of children were forced to work and were not attending school, with a majority of the children working approximately 12 hours a day. 39% of families stated that the sole reason for this was the need to cover the basic expenses of the family.

Given the often complex needs of children with a disability, access to information about public services was cited by families as being of particular importance. Despite the existence of official sources of information, many families were seen to rely on relatives or friends, when trying to either access or navigate administrative channels.

- The importance of the Disability Report for families was also apparent from the research. The report was seen to determine whether a child would benefit from the special rights and regulations afforded to persons with disabilities. Despite the report's importance, the current study showed that 42% of CwDs did not have a Disability Report. The main reasons given for this were difficulties in making an appointment, a lack of information about the benefits of having a report, and language barriers.

- In like manner, the benefits of a RAM Report prepared by the Special Education Evaluation Board for children with disabilities were also noted. The report ensures that CwDs are placed in a suitable educational environment in keeping with their individual needs and that they have access to appropriate rehabilitation services. However, it was seen that the fees for these private centres prevent many refugee children from attending, with costs only covered for Turkish children (12 hours per month) by the government. Survey findings also indicated that 92% of CwDs did not have a RAM Report, with 76% citing a lack of suitable information as the primary reason. It was also noted that possession of a RAM Report was largely contingent on the child having a Disability Report and the absence of the former would indicate that the child did not have access to a school suited to their specific educational needs.

- It was also seen that some 43% of CwDs were not enrolled in school, with the child's disability the primary reason given, with schools often refusing to enroll children with disabilities. In addition, the lack of disabled access in schools and the absence of a RAM Report all negatively affected the school enrollment process.

- Families also indicated that financial problems were a major factor in their not obtaining a RAM Report. Indeed, it was clear that parents' job security was a critical component of the child's attendance at special education and re-habilitation centers, where both fees and transportation costs were a major drain on family resources.
- Findings also served to underline the importance of assistive devices in facilitating both mobility and independent living. 30% of CwDs in the study required assistive devices. Of these, 43% needed wheelchairs (either manual or electric), 35% hearing aids, and 15% medical glasses. These assistive devices were seen to determine whether the child attended school or not and were able to benefit from education effectively. Financial difficulties were again cited as the principal reason for families being unable to obtain such aids, with the provision of limited support from organizations also noted.
- While the provision of online education services sought to offset the restrictions imposed by the pandemic, it also saw many with disabilities cut off from the educational environment completely. Findings from the survey drew attention to the fact that gaining access to online services proved difficult for many because of the prohibitive costs involved in acquiring tablets, laptops and an internet connection. As a result, many children fell behind with their studies.
- While the critical role of legal advice and support was also underscored in the report, the results would indicate that 94% of participants had no immediate legal needs, although where they did arise, divorce was the primary cause.

Recommendations

- Addressing the general information deficit in relation to services will enable families to more fully provide for the needs of their children with disabilities. Information desks, hotlines, WhatsApp groups etc. would be more effective at disseminating the information required and would address the oft-cited language barriers. After their child is diagnosed with a disability, many families struggle to get the information they need from disparate sources. A clearer, more coherent and easier to follow information path could mitigate this problem for families. Dedicated information units within institutions would also prove helpful.
- As more services move online and remote learning becomes more common, the need for greater levels of digital literacy increases. Digital literacy training should be provided for families and children with disabilities, as well as the necessary tools to help them access those services. The provision of computer rooms in non-governmental organizations or public community centers would also serve to diversify the ways in which families with disabled members could accessed information critical to the families' overall wellbeing.
- The survey results showed that a significant majority of CwDs had physical disabilities resulting from birth or genetic defects. As a preventative health measure, the provision of information about genetically transmitted diseases and disabilities could serve to reduce the number of genetically-related disabilities. Addressing language barriers and the often-cited negative attitudes of medical professionals toward refugee families and women would also be beneficial. Mobile health units could also provide necessary care and treatment at the homes of families with CwDs and increase levels of awareness in relation to available services and support as well as preventative treatments before and during pregnancy (e.g. in relation to folic acid deficiency etc.)
- High demand and the limited number of hospitals providing Disability Reports could be addressed through the prioritizing of refugee families with disabled members. Mobility restrictions that prevent families travelling to hospitals for appointments should also be examined.
- Information in relation to the importance of the RAM report should be more widely disseminated and the overall process of acquiring a report streamlined. As already noted, family information units would be of particular benefit and value to families in this regard.
- The provision of appropriate language support in RAM centers should be reviewed in light of the difficulties highlighted in this report.
- In addition, the RAM report should cover not only appropriate school placements, but also the allocation of children to special education and rehabilitation centers. This would simplify the overall process for families and reduce the associated expenses, a critical point in light of the financial concerns noted above. The employment of Arabic/Persian speakers in these centers should also be encouraged.
- Given the difficulties faced by parents in enrolling their children in school, emphasized in this report, the Ministry of Education should conduct regular audits to ensure all regulato-

ry processes are being followed and adhered to. Building accessibility issues and teacher training in relation to CwDs should also be regularly examined. Action to combat peer bullying toward CwDs and appropriate feedback mechanisms should be reviewed and updated; families should also be informed about their rights, and assistance provided in relation to accessing necessary support services

- Access to assistive devices is vital for children with disabilities. With many of these devices, being imported from Europe and the U.S, exchange rate fluctuations and limited financial support from public authorities can make purchases very difficult for families if they are reliant primarily on their own funds. In order to relieve the burden on families, there should be increased government and I/NGO financial support is, therefore, crucial.

As many children with disabilities were unable to attend or participate in classes during the pandemic, training support activities provided by the government during the summer of 2021 should be extended into the summer of 2022 to enable CwDs to catch up with their peers.

Given the overarching problems noted in this report resulting from both loss of employment and income as a result of the pandemic, improved job security through the provision of vocational training, entrepreneurship support, the application of quotas etc. should be prioritized, as findings have shown that these have a direct impact on the quality of life of children with disabilities.

