

Disability and unsafe migration: Data and policy, understanding the evidence

INTRODUCTION

In order to respond to the needs of migrants and refugees, accurate, reliable data are needed to profile these populations. Currently, there is a critical lack of robust data regarding the numbers of disabled migrants, their characteristics in terms of age, gender, impairment, location or living situation. An estimated 10 million people are disabled within displaced populations, with around 2 million experiencing significant difficulties in functioning.¹ Moreover, the numbers of disabled people are likely to be higher within displaced populations.

Certain forms of migration, such as displacement and irregular migration, are associated with increased vulnerability. Through displacement, communities and families become split. Dispersal also brings associated insecurities and disadvantages. Disability however increases the vulnerability that all migrants would experience, and current literature recognizes that “disabled persons are one of the most vulnerable and socially excluded groups in any displaced or conflict affected community.”^{2, 3, 4, 5, 6}

The total numbers of disabled migrants and refugees run to many more than those estimated for the displaced populations; however, apart from recent notable exceptions, they have been relatively marginalized in discourses around migration.

The UN in Conclusion no. 110 (LX1)⁷ draws attention to the increased challenges faced by disabled refugees, their lack of visibility within wider refugee populations and the elevated threats to safety and risk of harm many experience. The Conclusion goes on to underline responsibilities under the Convention on the Rights of Persons with Disabilities (CRPD),⁸ among signatory States and calls on the United Nations Convention on the Rights of the Child (UNCRC) to implement disability awareness in policy guidance and training.

This briefing draws on available data and research evidence to address key issues for disabled migrants and refugees. The objective of this briefing is to raise awareness of the need for data on disabled people within migrant and refugee populations.

1 Please refer to the Section “Profiling the Displaced in Displaced Populations”.

2 E. Pearce, ““Ask us what we need”: Operationalising Guidance on Disability Inclusion in Refugee and Displaced Persons Programs”, *Disability and the Global South*, 2(1):460–478 (2015).

3 The Sphere Project, *Humanitarian Charter and Minimum Standards in Humanitarian Response* [Online] (The Sphere Project, Rugby, 2011). Available from www.sphereproject.org/handbook/

4 World Health Organization (WHO) and UNICEF et al., *Guidance Note on Disability and Emergency Risk Management for Health* [Online] (WHO, Geneva, 2013). Available from http://apps.who.int/iris/bitstream/10665/90369/1/9789241506243_eng.pdf

5 M. Kett and M. van Ommeren, “Disability, conflict and emergencies”, *The Lancet*, 374 (9704):1801–1803 (2009).

6 M. Kett and J. Trani, “Vulnerability and disability in Darfur”, *Forced Migration Review: Disability and Displacement*, 35:12–14 (2010). Available from www.fmreview.org/en/disability/FMR35.pdf

7 United Nations High Commissioner for Refugees (UNHCR), Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR No. 110 (LXI) – 2010, Executive Committee 61st session. Contained in United Nations General Assembly document A/AC.96/1095, 12 October 2010. Available from www.unhcr.org/excom/exconc/4cbeb1a99/conclusion-refugees-disabilities-other-persons-disabilities-protected-assisted.html

8 UN, Convention on the Rights of Persons with Disabilities [A/RES/61/106], 24 January 2007 [Online]. Available from www.un.org/development/desa/disabilities/resources/general-assembly/convention-on-the-rights-of-persons-with-disabilities-ares61106.html

The briefing discusses the following:

- Defining disability
- Operationalizing the definition
- Profiling disabled migrants and refugees
- The multiplier effect of impairment in migration
- Accessing rights
- Improving data availability: the essential contribution of disabled migrants and refugees

DEFINING DISABILITY

Article 1 of the CRPD⁹ provides the following understanding of disability:

“...persons with disabilities include 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”.

Disability is not just about the “impairment” – the medical problem which the individual might display. It is widely recognized that disability is complex, and the UN definition reflects that complexity, in making reference to social factors.

“Impairment” is the word that United Kingdom disability activists use to refer to the physical or psychological outcome of a medical condition, accident or genetic predisposition that affects function. For instance, impairments might include physical conditions, as well as acquired conditions or injuries, and mental health issues or intellectual disabilities. The idea held within the UN definition is that external factors in society and the environment can have a disabling impact *in interaction* with impairment. This indicates a shift in approach from ideas of “charity” or pity, putting disability on the agenda as a matter of social justice and enabling a better understanding of the diversity involved:

“The disability experience resulting from the interaction of health conditions, personal factors and environmental factors varies greatly. Persons with disabilities are diverse and heterogeneous.” (WHO, 2011:7)^{10, 11, 12}

OPERATIONALIZING THE DEFINITION

The CRPD¹³ underlines a requirement for equality and non-discrimination of disabled people. This invokes a need for adjustments to prevent disadvantage and offset the impact of impairment, including in the context of migration. The provision of accessible information, sign language interpreters, additional time in asylum interviews, the provision of aids (such as wheelchairs and hearing aids), level access to buildings and in camp settings are obvious examples of fundamental adjustments.

There are also wider structural issues that require attention in terms of adjustments in to support disabled migrants and refugees. These issues are identified both by the CRPD (2006) and feature in the current UN Sustainable Development Goals (SDGs) and targets relating to disabled people. These include the following: (a) provision of education for disabled children; (b) access to appropriate health care; and (c) safety from risk of harm, including exploitation and physical or sexual violence. However, it is known that migration, especially in irregular situations, increases the likelihood of exclusion from education for disabled children, lack of access to medical care and an elevated risk of exploitation and violence, with disabled women and children being most at risk.

10 World Health Organization (WHO), *World Report on Disability* (WHO, Geneva, 2011).

11 While it is important to have a working definition in order to account for disabled people within any given population, it is also critical that this is recognized as a starting point. Identification of disabled people within a population should be for the purposes of positive action and not an end in itself.

12 There is significant diversity in the meaning of disability across cultures. This can lead to further difficulties in identifying disabled people in a range of cultural settings where interpretations can vary widely. Disabled family members may be “hidden” due to culturally bound stigma or shame or fear that asylum applications or safe passage may be threatened by the presence of a disabled person. There is a need for cultural sensitivity and an insider view when accounting for disabled people across cultures.

13 UN, 2007.

9 Ibid.

PROFILING DISABLED MIGRANTS AND REFUGEES

As stated earlier, in order to respond to the needs of disabled migrants and refugees, accurate, reliable data profiling this population are needed. Currently, there is a critical lack of robust data regarding the numbers of disabled migrants, their characteristics in terms of age, gender, impairment, location or living situation. Prevalence data for disability globally are often used as an indicator of the probable numbers of disabled migrants and refugees. The *World Report on Disability*¹⁴ states that around 15 per cent of the world's population has some form of disability, with 2–4 per cent experiencing significant difficulties in functioning. The United Nations High Commissioner for Refugees (UNHCR) state that there are currently some 65.3 million displaced people globally.¹⁵

Extrapolating from the WHO estimate (15% disabled people in any population) and the UNHCR figures, it is estimated that disabled people within displaced populations number almost 10 million, with around 2 million experiencing significant difficulties in functioning. Moreover, the numbers of disabled people are likely to be higher within displaced populations. Injury incurred in conflict or accident during flight, lack of access to routine medications, as well as the experience of trauma are all factors in producing or compounding impairment, therefore increasing the numbers of disabled people within displaced populations beyond the reported global prevalence rates.

The Washington Group on Disability Statistics was formed as a result of the United Nations International Seminar on Measurement of Disability that took place in New York in June 2001. An outcome of that meeting was the recognition that statistical and methodological work was needed at an international level in order to facilitate the comparison of data on disability cross-nationally. The group is working on developing a definition of disability for use in national censuses. The work produced by this group may be a useful starting point in developing a tool for the collection of data on disabled migrants and refugees.¹⁶ It is important however to note that self-declared information could be misleading, as individuals

may be protective of personal information that they may consider will reduce their chance of asylum or resettlement.

Existing statistics can also be misleading. Pearce¹⁷ reports on the use of UNHCR Profile Global Registration System (ProGres) in data collection in Lebanon, Bangladesh, Ethiopia and Nepal, which shows between 2 and 7.5 per cent of refugees are recorded to have a disability. UNHCR Pre-registration statistics for Greece in the period 9–30 June 2016, showing profiling data on 27,592 individuals reported that 5 per cent of this number had a disability and 5 per cent had a serious or incurable illness. Using the raw data to map across type of impairments or illness and other demographic characteristics, such as age or gender would offer more information for more targeted strategic responses. Likewise, more detailed data on impairment type would support planning and responses to individual need.¹⁸

Given extrapolations based on global prevalence data reported above, the numbers reported in the examples would seem to be a significant under count. It is always always difficult to collect data on mobile populations. However, additionally the Women's Refugee Commission¹⁹ note that those collecting data often lack the expertise in identifying and categorizing disability, potentially leading to further inaccuracies. Moreover, because of existing stigma, disabled family members may be concealed and therefore not included in the data collected. Further, DPOs may only have data for people who are in their own target group, which is unlikely to be useful for countrywide planning.

Assessing needs on the ground

The ProGres data collection software, which was launched in 2004, aims to improve and standardize data gathered on refugee populations. This system does allow for the collection of data on disability and some disaggregation in relation to impairment type, with categories for physical disability, sight, hearing and speech impairments. It also includes the confusing category "mental disability". This is not a term used

14 WHO, 2011.

15 www.unhcr.org/figures-at-a-glance.html (accessed October 2016).

16 www.washingtongroup-disability.com (accessed October 2016).

17 Pearce, 2015.

18 http://asylum.gov.gr/en/wp-content/uploads/2016/08/Preregistration-data_template_5_EN_EXTERNAL.pdf

19 Women's Refugee Commission, *Disabilities among Refugees and Conflict-Affected Populations* (Women's Refugee Commission, New York, 2008).

by disability professionals, and it is unclear whether it may refer to individuals with an intellectual (learning) disability, or to those with mental illness/mental health need. This conflation of terms will inevitably lead to inaccuracies in data collected. Such problems with terminology render the data redundant in relation to strategic planning and service-level responses to displaced disabled persons.

Research carried out by the European Union Agency for Fundamental Rights (FRA) reported that procedures for identifying disabled migrants and refugees in Member States were found to be “lacking”. This is in part due to simplified or emergency procedures initiated in response to large numbers of migrants and refugees arriving during 2015–2016. However, it was noted that disabled migrants and refugees are often identified on an “ad hoc basis”, sometimes during routine health screening, although this in itself is inconsistent, and that many disabled people in mobile populations remain unidentified. This research also reports wide variation in the identification of different impairments with those with visible impairments being more likely to be identified, while those with hidden impairments such as an intellectual (learning) disability remaining undetected. Staff responsible for data collection often had little or no training in disability and therefore lacked the expertise to identify less visible impairments.²⁰

Some studies might give us a more accurate picture, by making sure that samples are representative.

- A study conducted by **HelpAge International and Handicap International**²¹ aimed to highlight the number and needs of disabled, older and injured Syrian refugees living in Jordan and Lebanon. They show that 30 per cent of refugees have specific needs with 20 per cent affected by physical, sensory or intellectual impairment, 14 per cent affected by chronic disease, such as diabetes, heart or lung disease, and 5 per cent from injury with the majority of these injuries relating specifically to the conflict.

These figures clearly outstrip estimates based on global prevalence and those gathered using the ProGres tool. The high rates recorded underline the impact of conflict and flight in generating impairment.

- The **Women’s Refugee Commission**²² reports on a study that sought to describe the situations of disabled migrants and refugees among conflicted affected countries, namely Jordan, Nepal, Ecuador, Thailand and Yemen. This large-scale study, which employed robust methodological approaches, reported impoverished circumstances and a paucity of support for disabled migrants and refugees. Many were concealed in shelters, were not included in assessments and had no voice in programme design. Their experience of accessing humanitarian assistance was fraught with many encountering the disabling impact of social, environmental and communication barriers. They reported extreme protection risks including violence, abuse and exploitation.

THE MULTIPLIER EFFECT OF IMPAIRMENT IN MIGRATION

HelpAge International and Handicap International²³ found that migrants and refugees with additional needs prompted by disability, illness and injury highlighted the same basic concerns as others in these populations, these being a lack of income, inadequate shelter, limited access to basic health care, food and other household items. However, they go on to note that “the difficulties faced by those with specific needs in addressing basic concerns and accessing adequate levels of assistance have more severe consequences for their health and living conditions than the general refugee population” (p. 4). This increased vulnerability is also highlighted by Pearce,²⁴ who points to the increased risk of exposure to violence, including sexual violence particularly for disabled women and children, risk of illness and hunger with lack of access to health care and medicines or ability to access available food supplies.²⁵ Access to assistive devices is extremely

20 European Union Agency for Fundamental Rights, Thematic Focus: Migrants with disabilities (2016). Available from <http://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-disability#identification>

21 HelpAge International and Handicap International, *Hidden victims of the Syrian crisis: disabled, injured and older refugees* (HelpAge International and Handicap International, London, 2014).

22 Women’s Refugee Commission, 2008.

23 HelpAge International and Handicap International, 2014.

24 Pearce, 2015.

25 M. Mizra, *Unmet needs and diminished opportunities: disability, displacement and humanitarian health care*, Research Paper no. 212 (UNHCR, Geneva, 2011).

limited, reducing mobility, exacerbating hearing or sight impairments, and thus increasing dependency. Families with a disabled family member will also experience increased challenges during flight and in receiving countries in supporting their relative. This may impact how they make their journey, avail of opportunities for employment, accessing health care where needed or in relation to concerns about stigma or attitudes that may prejudice settlement. It is critical that non-governmental organizations (NGOs), local, national and international organizations are alert to the many and diverse challenges faced by disabled migrants and refugees in order to begin to respond with appropriate and effective strategies and within the framework of international rights, as discussed below.

ACCESSING RIGHTS

The CRPD²⁶ is the defining international standard on the rights of disabled people. It is one of the most ratified rights documents globally, with 165 States being Parties to it. Although not making specific mention of disabled migrants and refugees, Article 11 is attentive to rights relevant to the migration of disabled persons in requiring State Parties to take:

“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”.

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26 UN, 2007.

Gaps in the evidence

There are substantial and wide-ranging gaps in general and official knowledge and understanding of disability and migration and significant work is called for in this area. Areas of immediate concern are as follows:

- (a) The need for robust and reliable data about the numbers and profile of disabled migrants and refugees globally;
- (b) The implications of the intersection of rights instruments in relation to disability and asylum;
- (c) The experiences of disabled migrants in relation to flight, asylum seeking, life in camps and life in urban settings.
- (d) The experience of disabled migrants and refugees in relation to gender and age;
- (e) The experience of flight and disability for those with acquired impairments;
- (f) What about those who remain? Especially if flight leaves them with less family support;
- (g) The needs and experiences in relation to specific risks:
 - (i) Health
 - (ii) Violence
 - (iii) Exploitation
 - (iv) Abandonment
 - (v) Hunger
 - (vi) Poverty
 - (vii) Education and training
- (h) What services and supports are available for disabled migrants and refugees in receiving countries to promote rehabilitation and integration?
- (i) How can the voices of disabled migrants and refugees be encouraged in the development of strategic planning nationally and internationally?

The need to clarify the relationship between the CRPD²⁷ and the Refugee Convention²⁸ was discussed by Crock, McCallum and Ernst (2011).²⁹ It is important to consider whether displaced disabled persons can access the rights owned in the CRPD,³⁰ as well as the impact of statelessness in accessing these rights. Some States asserted that the obligations under the CRPD³¹ are owed solely to nationals; asserting that the social and economic conditions in their countries prevented them from extending this support to migrants and refugees. However, Crock, McCallum and Ernst³² point out that this position is based on inadequate doctrinal foundations underpinning human rights, and it also sits uncomfortably within established jurisprudence of human rights treaty bodies. These complicated and specialized areas of international law require further investigation as they have particular impacts on disabled migrants.

Providing for refugees and migrants through a rights framework and employing the spirit and provisions of the CRPD,³³ State Parties are required to accommodate disabled persons within the asylum process and afford their rights under the CRPD³⁴ as refugees. Crock, McCallum and Ernst³⁵ provided examples by way of explanation, detailing the need to adjustments in procedure in terms of the provision of accessible information for people with cognitive impairments or communication difficulties; or enabling testimony to be given in asylum applications where the applicant has behavioural difficulties that result in challenges in delivering a coherent and consistent testimony. Accommodations such as these and numerous others are needed in order that “the experience of disability is

not compounded, and they [applicants] can participate fully and effectively in the refugee status determination process” (p. 9). Research is required to ascertain the procedural difficulties experienced by disabled asylum seekers or the adjustments that are or are not put in place in response.

IMPROVING DATA AVAILABILITY: THE ESSENTIAL CONTRIBUTION OF DISABLED MIGRANTS AND REFUGEES

Improving the availability, quality, timeliness and coverage of data on disability for policy could be facilitated by contributions and insights from disabled people’s organizations in migrant- and refugee-receiving countries. The active involvement of disabled people in collecting data and information could improve the quality of the evidence base for policy. The CRPD³⁶ provides an obligation for the “active involvement” of disabled people in decision-making. Moreover, including the voices of people in developing countries is a central plank of the UN Sustainable Development Goals³⁷ that set the directions for global development between 2015 and 2030. People with disabilities had a voice in developing these goals. Equity and participation are key values.

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27 Ibid.

28 UN, *The 1951 Convention Relating to the Status of Refugees and its 1967 Protocol* [Online] (UNHCR, Geneva, 2011). Available from www.unhcr.org/uk/about-us/background/4ec262df9/1951-convention-relating-status-refugees-its-1967-protocol.html

29 M. Crock, R. McCallum and C. Ernst, “Where Disability and Displacement Intersect: Forced migrants with Disabilities”, Discussion paper prepared for the Vulnerable Persons Working Group International Association of Refugee Law Judges World Conference (Bled, Slovenia, 2011).

30 UN, 2007.

31 Ibid.

32 Crock, McCallum and Ernst, 2011.

33 UN, 2007.

34 Ibid.

35 Crock, McCallum and Ernst, 2011.

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36 UN, 2007.

37 UN, Goal 10: Reduce inequality within and among countries – Sustainable Development Goals [Online]. Available from www.un.org/sustainabledevelopment/inequality (accessed November 2016).

Recommendations

1. The presence of disabled people within populations of migrants and refugees needs to be continually highlighted.
2. Reliable robust data are needed on the numbers and profile of disabled migrants and refugees.
3. Front-line staff require disability awareness training in order to effectively identify and support disabled migrants and refugees.
4. Examples of informal and formal supports can be provided in camps, possibly drawing Community Based Rehabilitation approaches. These approaches were initiated by WHO with a view to enhancing the quality of life for disabled people. These are multisectorial approaches that are implemented through the combined efforts of disabled people, their families and communities, as well as relevant governmental agencies and NGOs, educational and social services with the aim of promoting social inclusion and equal opportunities for disabled people.
5. Greater understanding of the elevated risk posed by migration to disabled people is needed along with strategies to mitigate risks.
6. Research is urgently required, with a specific focus on disabled migrants and refugees, as noted in Gaps in the evidence.
7. DPOs should be engaged at all levels in relation to the issues raised in this paper in order to ensure the voice of disabled people is present in challenging inequalities and proposing solutions.

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About

GMDAC

In response to growing calls for better data on migration, and better use and presentation of migration data, IOM has created a Global Migration Data Analysis Centre (GMDAC). Located in the heart of Berlin, Germany, the Centre aims to provide authoritative and timely analysis of data on global migration issues as a global hub for data and statistics on migration.

Data Briefing Series

The GMDAC Data Briefing Series aims to explain what lies behind the numbers and the data used in migration policy and public debates. The Briefings explain what “the numbers” indicate about movements of migrants, refugees and asylum-seekers, on a range of topics for policy across the globe.

The way the data are presented has an important influence on public perceptions of migration in Europe and the development of policy. The Series will serve to clarify, explain and exchange specialist knowledge in an accessible format for wider public and policy audiences, for capacity-building and evidence for policy. Briefings will be of interest to expert, as well as lay audiences, including journalists, students, local authority and city planners and lawyers.

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