

THE STUDY OF THE NEEDS OF TARGET GROUPS AMONG VULNERABLE CATEGORIES OF UKRAINE'S POPULATION

July – August 2023



The study was conducted by Ruban Litvinova Social Impact Advisory and the Kyiv International Institute of Sociology (KIIS) at the request of the Charity Fund "Believe in Yourself" and Astarta Agri-Industrial Holding. It was carried out as part of the project for developing a well-founded strategy for the social project "Resilience Program." The aim of the study is to examine the national context and identify the needs of the Ukrainian population that are critically important for the project's target groups.



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CONTEXT

Russia's full-scale invasion of Ukraine on February 24, 2022, was a challenge for the entire world. The war has resulted in countless human losses and the destruction of entire settlements, a massive number of injured, and the most significant displacement of the population since World War II, both within Ukraine and in other countries. As of September 2023, the Office of the United Nations High Commissioner for Human Rights (UNHCHR) [has recorded](#) 27,149 civilian casualties, of which 9,614 were killed and 17,535 were injured. [According to](#) the UN Refugee Agency (UNHCR), 6.2 million people have been granted temporary protection in neighboring countries, and the Ministry of Social Policy of Ukraine [reports](#) almost 5 million officially registered internally displaced persons. [According to](#) the United Nations Office for the Coordination of Humanitarian Affairs, 17.6 million people are in need of humanitarian assistance.

The war has critically affected the living standard of the population and increased the vulnerability of people facing challenging life circumstances, who are less resilient against various crises.

As a result of the full-scale war, the number of people facing challenging life

circumstances and requiring assistance continues to increase. The proportion of the population that may find themselves in difficult life circumstances and in need of social services is supplemented by new categories that become vulnerable under martial law. Among the categories requiring particular support and assistance are people at the highest risk of falling into difficult life circumstances and unable to cope with them on their own, primarily older people (60+ years old), especially those living alone, people with disabilities and their caregivers, large families, low-income groups, etc. As a result of the war, new categories have been added, namely, internally displaced persons (IDPs), families of soldiers, injured soldiers, demobilized military personnel, and veterans.

In the context of martial law throughout Ukraine, the issue of providing social assistance in local communities has become particularly relevant, as the number of people facing challenging life circumstances and requiring assistance continues to grow. To effectively provide everything necessary for the target population, it is important to understand their actual needs.

KEY FINDINGS OF THE STUDY

1. 62% of respondents claim they can only afford food. The overwhelming majority of vulnerable categories have a level of well-being below the basic. The level of life satisfaction and the psycho-emotional state are related to the level of material well-being. The proportion of respondents satisfied with their life is much lower among those who only have enough money for food (7%) than among those who can afford to buy household appliances (35–40%).

2. The top 5 needs of all respondents are related to a lack of money and the state of health. A lack of money and a high cost of treatment and medicines are the most pressing needs for all target groups of the study. The need for psychological health support is in the **top 5** among other needs. For the categories of older people and people with disabilities, physical health is the second top priority, while for the IDPs, military personnel, and their families, it is psycho-emotional health.

3. The survey participants report a negative psychological state, with 64% of respondents having a low level of emotional well-being. The majority experience emotional distress, namely, less than half of the time they were in a good mood

and felt relaxed and full of energy. Almost 45% of respondents felt nervous and anxious more than half of the time and had little interest in everyday activities.

4. Respondents do not understand the term "social service" and have a biased attitude towards psychological support. Social services are perceived as pertaining exclusively to specific vulnerable categories of people. The process of obtaining social services is described as complicated and inefficient due to long queues and disdainful attitudes. They associate psychological help with hospitalization for serious disorders and tend to keep silent about their experience of receiving psychological assistance. Despite the low level of emotional well-being, almost 75% of respondents claim they do not need psychological support.

5. Respondents report a lack of understanding from people who do not have similar experiences. Caregivers of people with disabilities, military personnel, and internally displaced persons are in particular need of socialization and a safe space for communication. Some categories of respondents feel a lack of support and understanding and need more communication with representatives of their category.

Additional insights by respondent group

IDPs: A category whose representatives are clearly aware of the need for psychological support, but access to quality care is limited by the high cost. Among the reasons for their poor mental health, IDPs cite the rejection and alienation of the local population, along with tactless questions.

People aged 60+: They say that they do not need help with mental health because they are hardened and cope with the help of physical activity and communication with their families. Most older people have not heard of events held for pensioners, although they consider them important, especially for those who live alone.

People with disabilities: The inability to move freely is one of the challenges for people with disabilities, and respondents emphasize the lack of inclusivity in settlements. A third of respondents (27%) say they need psychological or emotional support, with 53% already receiving it, yet noting the low professional level of such assistance.

Caregivers of people with disabilities: Caregivers of people with disabilities talk about "delayed life," where they prioritize the needs of their wards over their own, which affects their physical and mental health. Trainings and events for caregivers help enhance their skills of communication and support for their wards and allow them to communicate with other caregivers. They also talk about the need for care centers, where they can leave their wards under supervision and go about their own business or rest.

Injured and demobilized military personnel: The majority of the military spoke about mutual understanding and support from their families, yet, at times, they encounter conflicts after returning home. They

believe that receiving psychological assistance should be mandatory for all military personnel, despite complaints about the lack of understanding of military experience among specialists. The reasons for poor mental health include the loss of comrades-in-arms, misunderstanding by others, loneliness, emotional distress, and sleep problems. The most popular services for the military are the opportunity to learn a new profession and find meaning in life. They also need help with paperwork and obtaining appropriate services.

Military families: Relatives of military personnel experience anxiety and stress, especially when their loved ones are on the front line or in dangerous places. For many families, housekeeping is not a critical issue, but there are families that feel an additional burden due to changes in the distribution of responsibilities. Despite the emotional distress, relatives of the military personnel do not consider psychological support necessary for themselves or their families. Large families better cope with stress and anxiety, and some respondents have relatives or friends who are psychologists and receive advice during friendly conversations.

Service providers and community leaders: State service providers operate on a reactive model and do not provide adequate resources to meet the material needs of respondents and provide the necessary in-kind assistance. There is insufficient coordination with humanitarian and civil society organizations, a lack of employment services, low salaries and a shortage of qualified specialists in the services. There is also a lack of a single place to obtain certificates and unified databases, and assistance from specialized government agencies is non-systematic and insufficient.

STUDY METHODOLOGY

The study was conducted by the Kyiv International Institute of Sociology (KIIS) in cooperation with Ruban Litvinova Social Impact Advisory at the request of the Charity Fund "Believe in Yourself" and Astarta Agri-Industrial Holding. The study uses qualitative and quantitative methods to analyze the needs of target groups of vulnerable citizens in the context of the consequences of Russia's full-scale invasion of Ukraine. The study included three consecutive stages:

Focus Group Discussions (FGDs): 3 FGDs were conducted, each with 6 participants and lasting about 2 hours. The FGDs were held online with representatives of internally displaced persons, people aged 60+, and people with disabilities. FGDs were held from June 17 to June 23, 2023.

In-depth interviews (IDIs): 34 in-depth interviews were conducted with representatives of different groups, such as injured and demobilized military personnel, military families, caregivers of people with disabilities, lonely people aged 60+, service providers, and community leaders. The interviews were conducted from July 3 to July 30, 2023.

Quantitative survey: All-Ukrainian survey of people aged 60+, internally displaced persons, and people with disabilities was conducted by computer-assisted telephone interviews (CATI). The sample was statistically weighted to adjust for various parameters such as macro-region, settlement type, gender, and age. A total of 600 respondents were surveyed in the category of people aged 60+, 601 respondents in the category of IDPs, and 413 respondents in the category of people with disabilities. The field phase of the survey took place from July 4 to July 14, 2023.

The survey was limited to the territories controlled by Ukraine. The results reflect the opinions and views of different population groups concerning the problems and needs for social services that are relevant to them. The research took into account the peculiarities of the distribution of respondents into different categories and was adjusted to account for statistical errors and possible systematic biases.

All of Ukraine

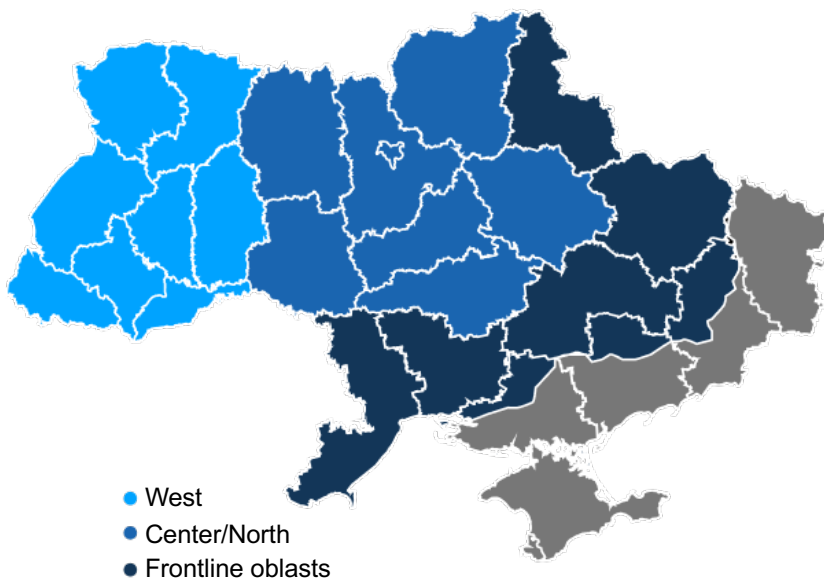
3 macro-regions excluding combat zones: West, Center/North, Frontline oblasts

1,600+ respondents

Focus groups, in-depth interviews, quantitative surveys

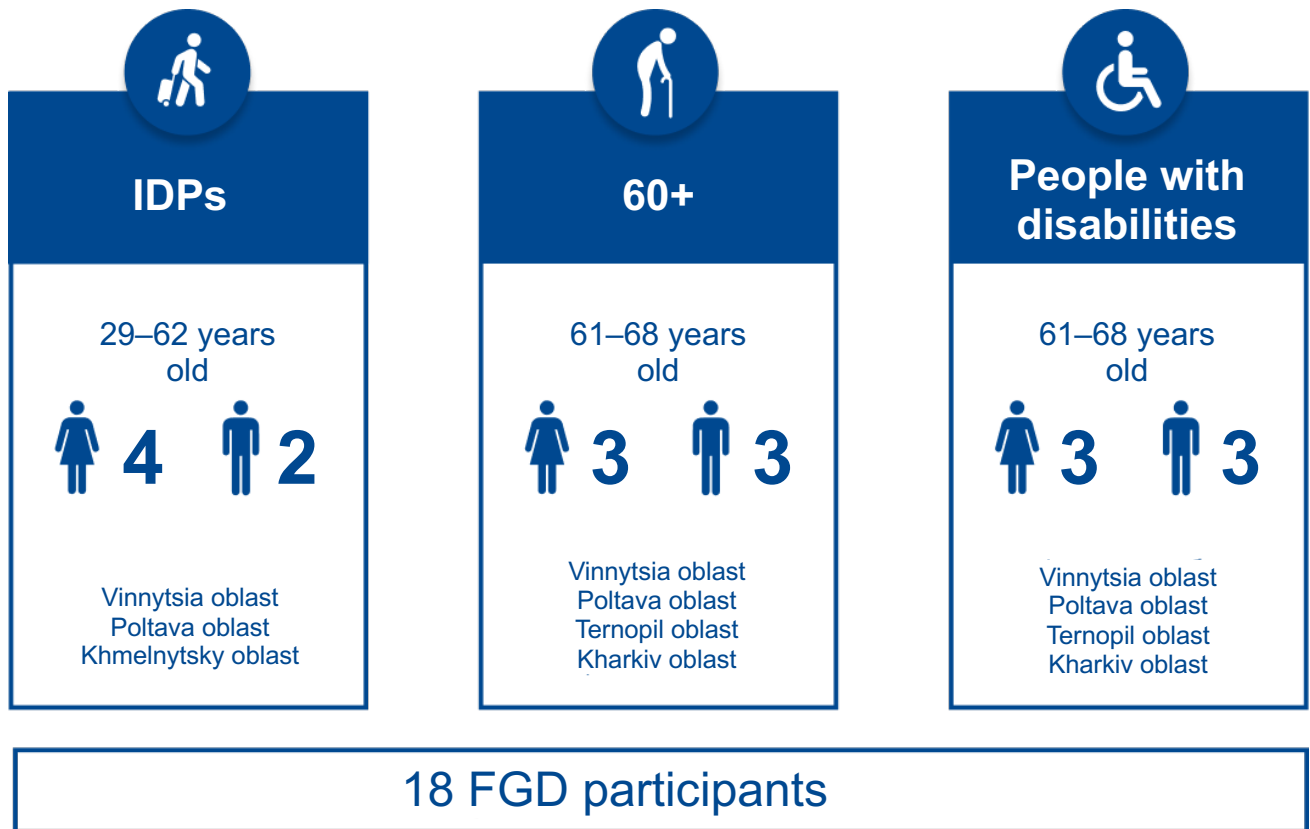
Vulnerable categories

IDPs, demobilized military personnel, military families, people with disabilities, and caregivers of people with disabilities

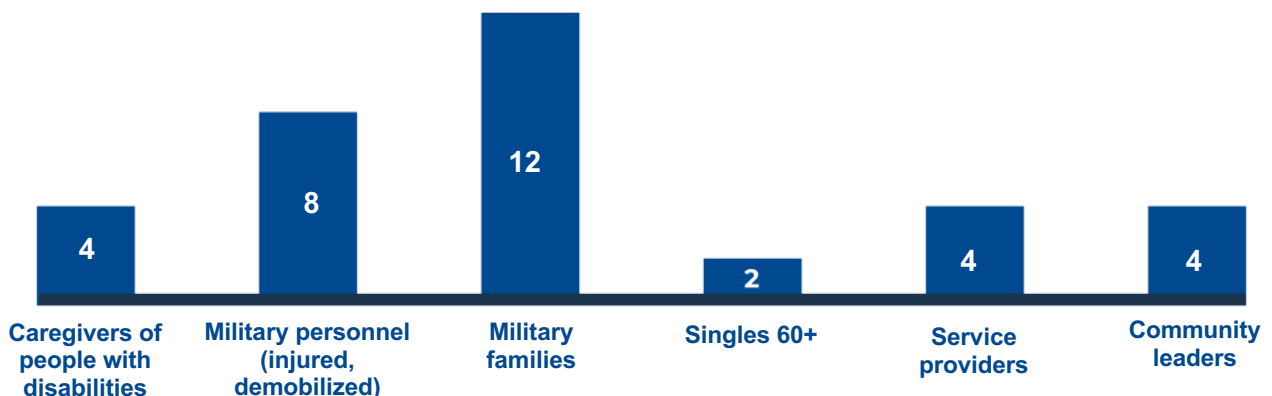


Socio-demographic characteristics

Focus group discussions (FGDs) were held for 3 categories.

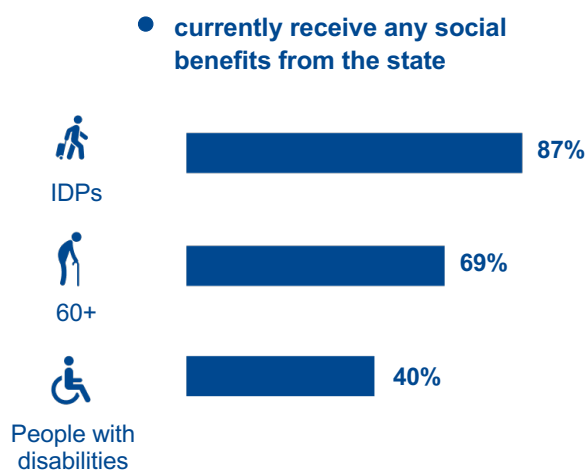
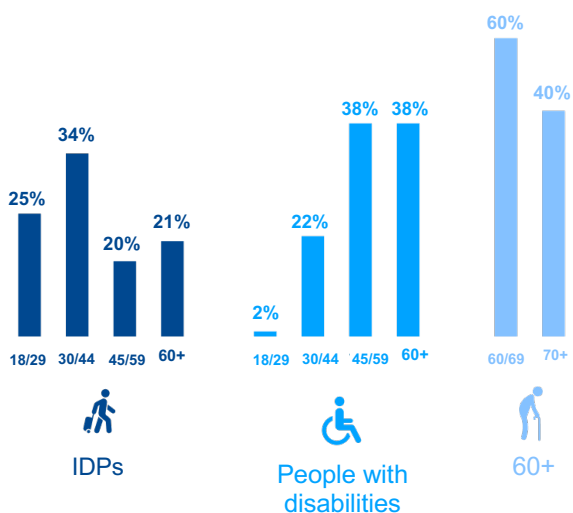
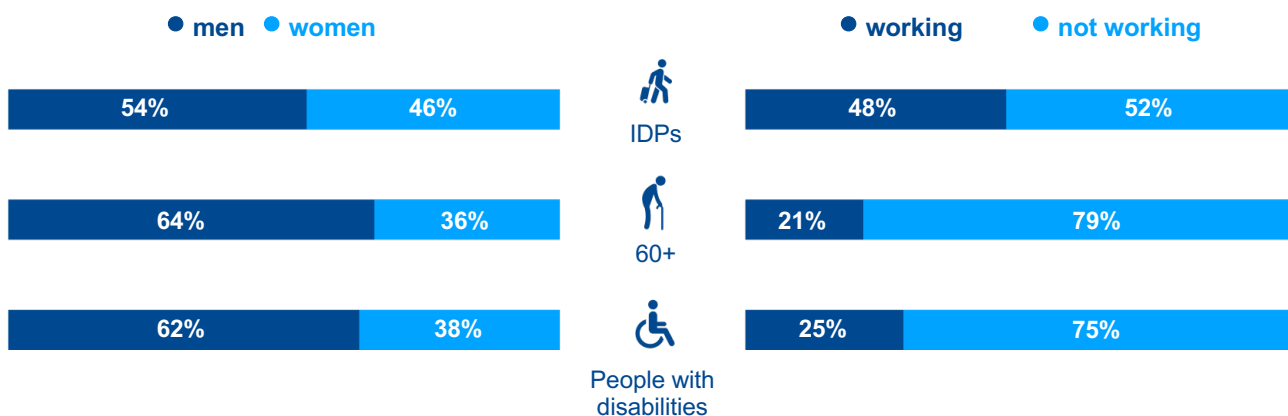
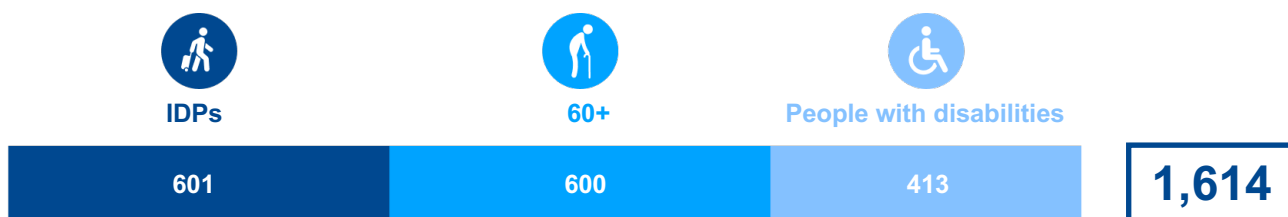


In-depth interviews were conducted with representatives of 6 target groups; a total of 34 interviews were conducted.



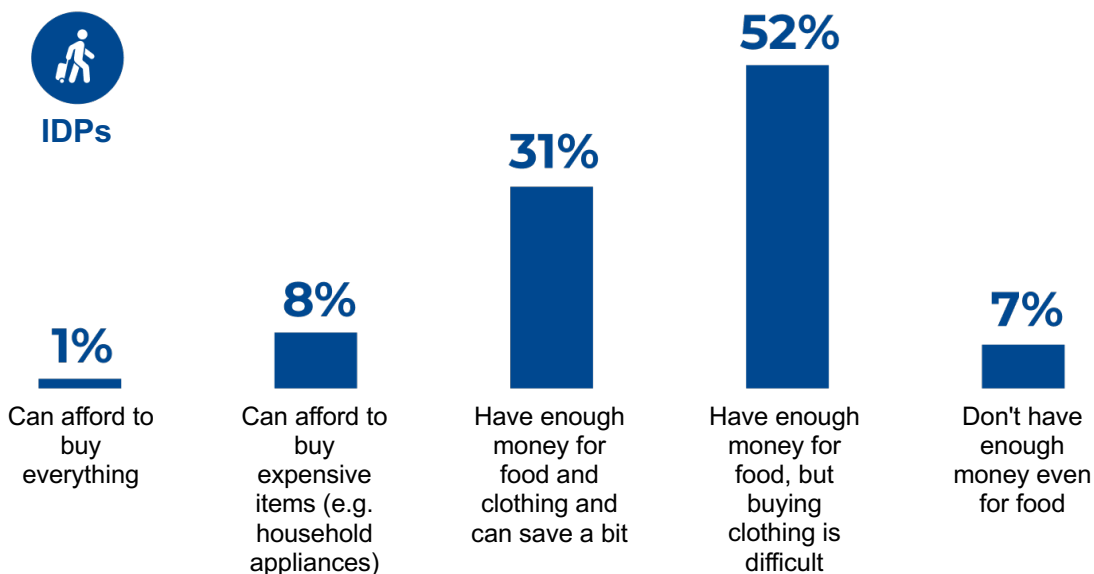
Quantitative survey

The nationwide survey was conducted for 3 categories with a total of 1,614 respondents.

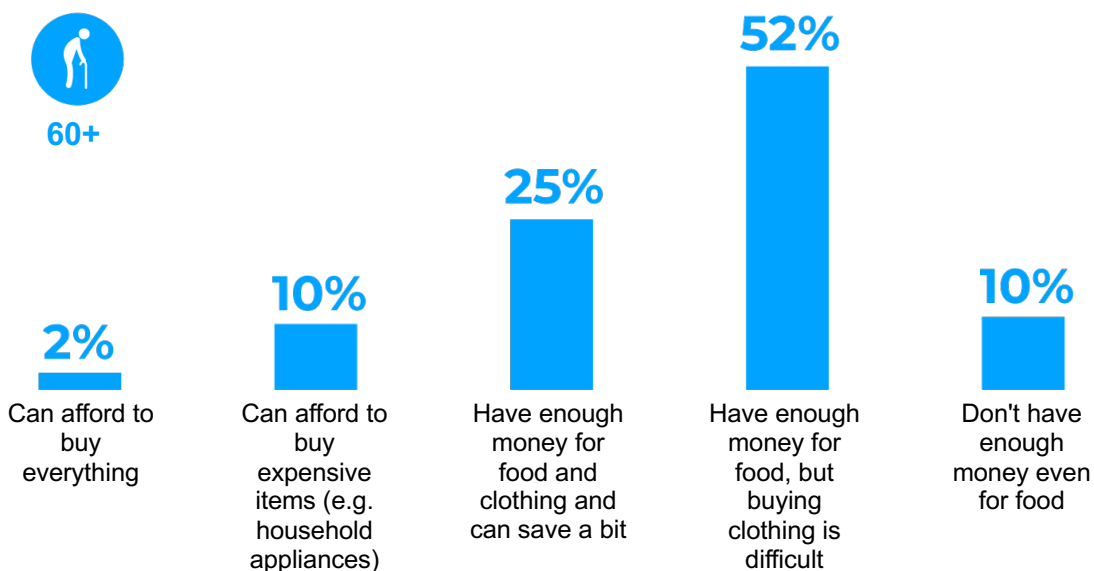




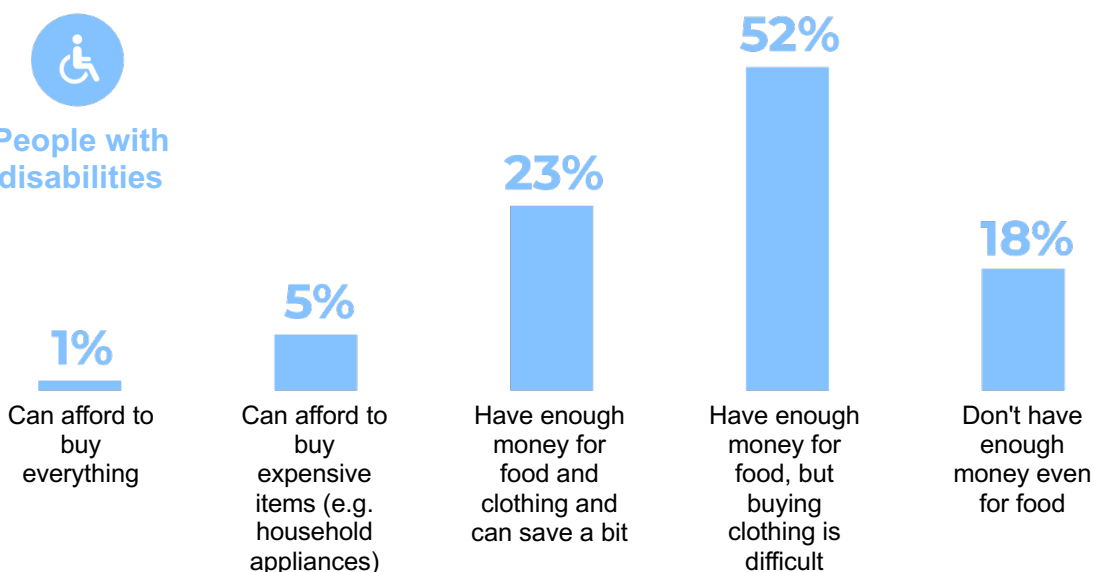
IDPs



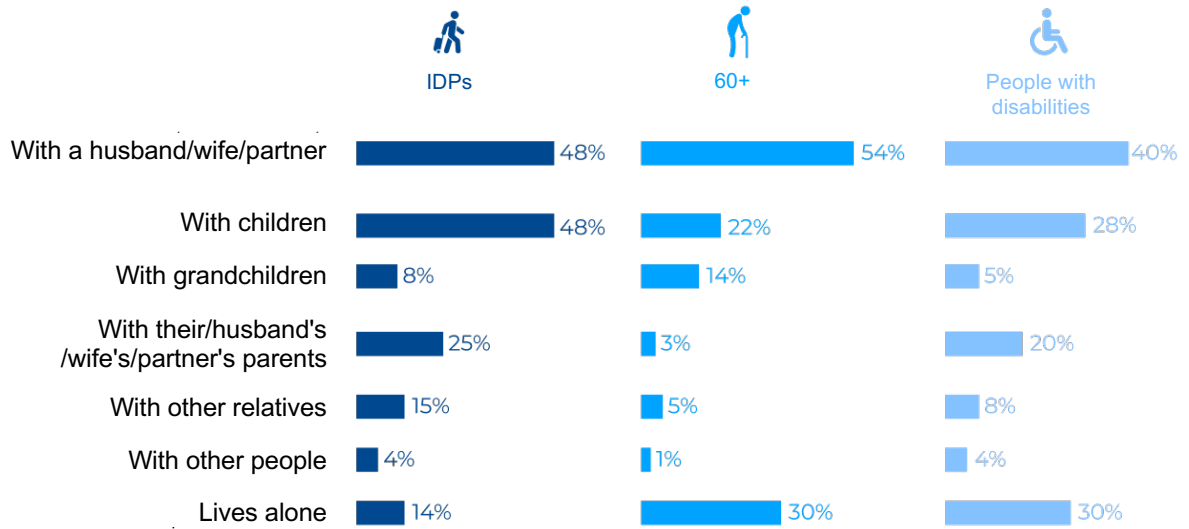
60+



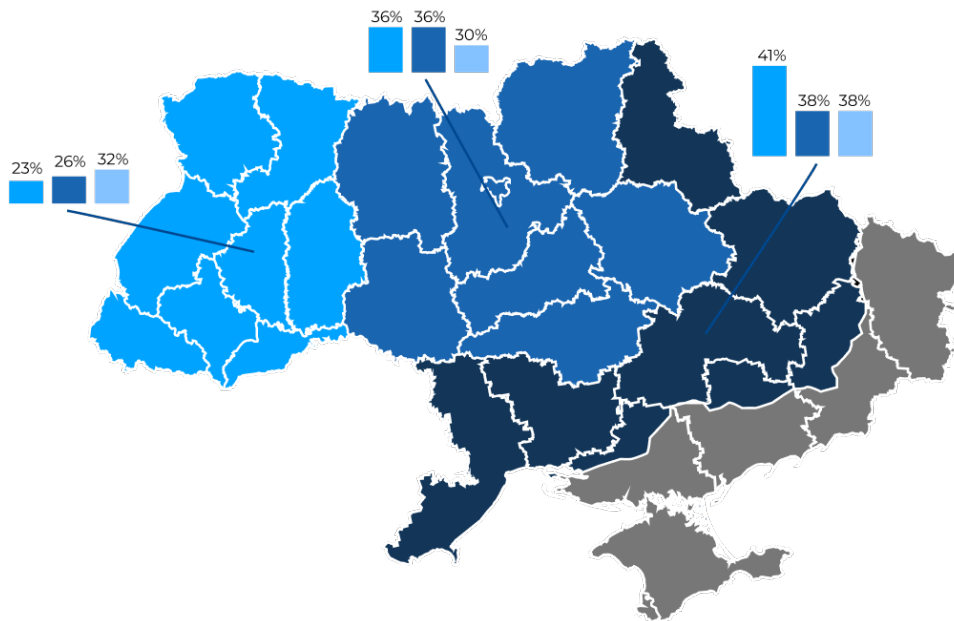
People with disabilities



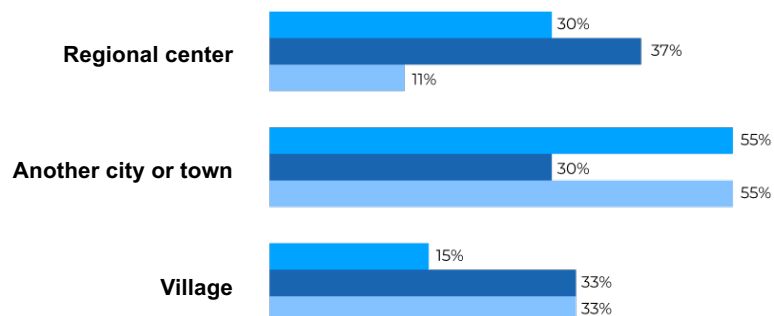
Who do the respondents live with?



Geography of the Survey



Settlement Type



MAIN RESULTS OF THE STUDY

1. 62% OF RESPONDENTS CLAIM THEY CAN ONLY AFFORD FOOD

During the full-scale war, representatives of all categories of respondents noted significant changes in their lives. The interviewees particularly mentioned the decline in purchasing power, causing people to change their diets and buy lower-quality products. The compromised quality of food quality has become a common problem for all categories of respondents. Rising prices for utilities, food, and other goods and services, along with having a sick person in the family, cause certain financial constraints and cost-cutting. As a result, basic needs are met, but the diet is disrupted (reduced consumption of meat, vegetables, and fruits). Exceptions are families living in rural areas and having their own farms.

The overwhelming majority of vulnerable people are below the basic level of well-being. The majority of respondents in the three categories have income that is only enough for food (and sometimes there are problems with food): 52% of IDPs claim they have only enough money for food, while another 7% say they do not have enough even for food. The share of those who have enough money for food and clothing is 31%. Only 8%

of respondents have enough money for some household appliances (such as a TV or fridge) in addition to clothing and food.

The figures for the elderly category are approximately the same: 52% claim they only have enough money for food, and another 10% say they do not have enough money for food. The share of those who can afford food and clothing is 25%. Only 10% of respondents have enough money for some household appliances (such as a TV or a fridge) in addition to clothing and food.

In the category of people with disabilities, the prosperity situation is similar: 52% claim they only have enough money for food, and another 18% say they lack money for food. The share of those who have enough money for food and clothing is 23%. Only 5% of respondents have enough money for some household appliances (such as a TV or a fridge) in addition to clothing and food.

Across all categories, up to 10% of respondents can afford to buy household appliances, and only 1–2% can buy everything they want or need.



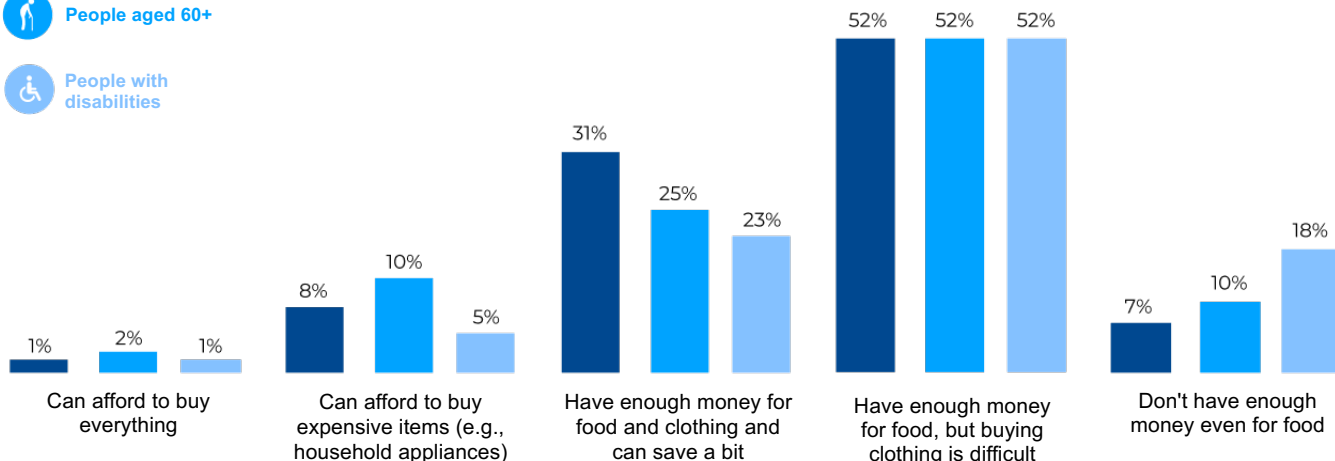
IDPs



People aged 60+



People with disabilities

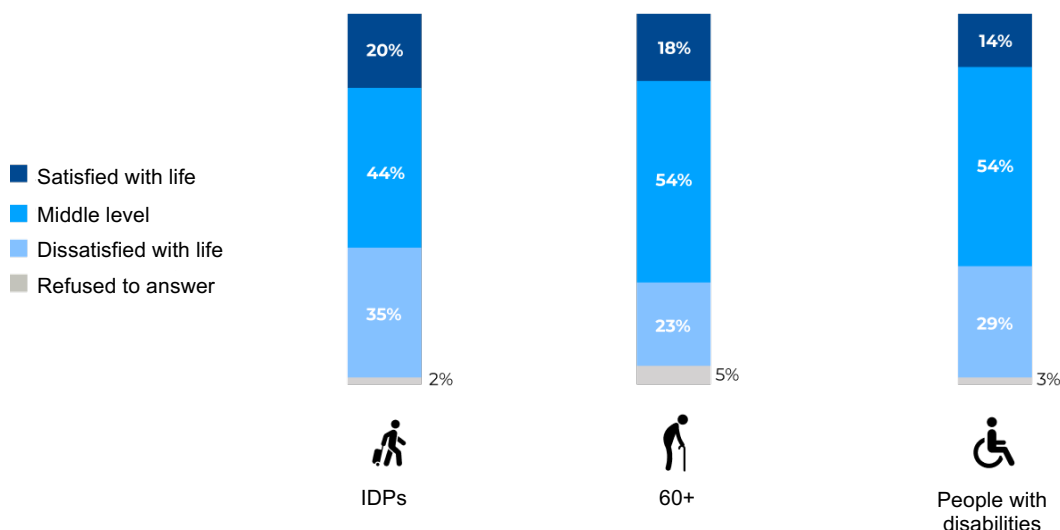


Satisfaction with the standard of living

Summarizing the research results, it can be noted that the majority of respondents in all three categories (IDPs, people aged 60+, and people with disabilities) said they were "moderately" satisfied with their life. It is important to note that the relation between the feeling of being cared for and life satisfaction is weak, while other factors play a significant role in shaping the current life satisfaction scores for these population groups.

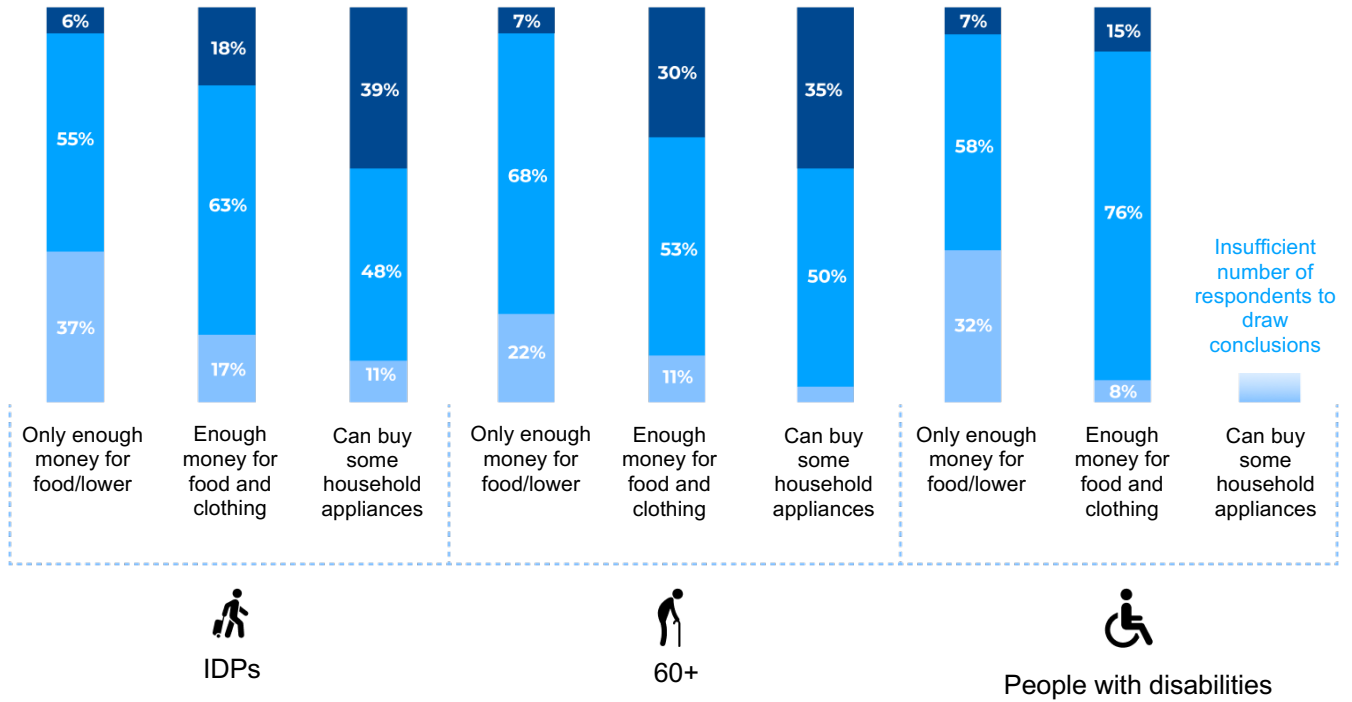
When analyzing additional open-ended questions about the reasons for dissatisfaction and why respondents rate their

situation as "moderate" or not the highest, several main themes emerge. First of all, many responses indicate material difficulties, such as lack of money, low pensions, and high prices for goods and services. Some also mentioned health problems and the impact of the war on their safety and psychological state. Additionally, there are difficulties associated with displacement and housing conditions, such as worsened living conditions due to resettlement and a sense of being far from home. All these factors contribute to overall dissatisfaction and create challenges in the daily life of the respondents.



Life satisfaction / prosperity level of the category

■ Satisfied with life ■ Middle level ■ Dissatisfied with life



2. THE TOP 5 NEEDS OF ALL RESPONDENTS ARE RELATED TO A LACK OF MONEY AND THE STATE OF HEALTH

Among the large number of needs that concern everyone, the research participants almost unanimously (at the qualitative stages of the study) and by a majority (at the quantitative stage) identify the **top 2 needs** that are common and relevant to everyone:

1) Lack of money to meet the needs (for 63% of people with disabilities; for 51% of people aged 60+; and for 37% of IDPs)

2) High cost of treatment and medicines (for 45% of people with disabilities; for 42% of people aged 60+; and for 21% of IDPs)

Respondents from all categories noted that, in general, basic needs were met, and no one reported going hungry. However, it was emphasized that nutrition has changed significantly compared to the period before the full-scale invasion and displacement (for IDPs). They emphasized that the **food is currently quite monotonous, they have to choose the cheapest products, and children lack the necessary vitamins and microelements** for normal development.

 IDP, female

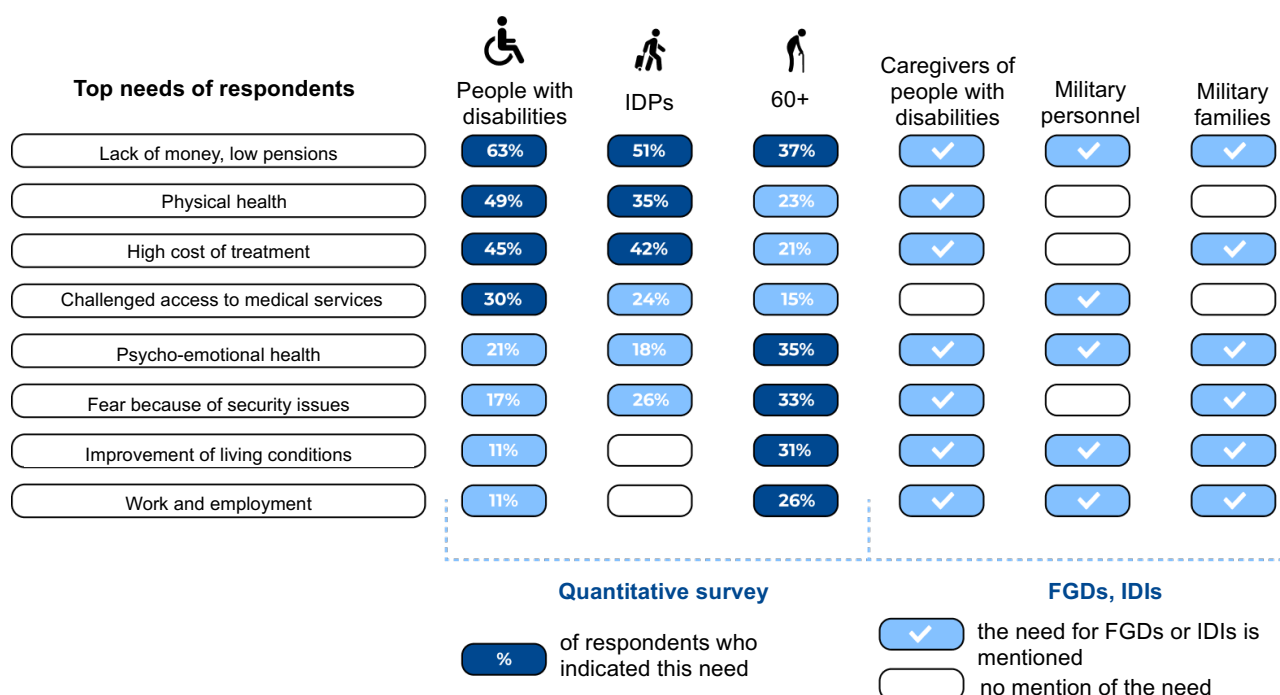


"... if previously we could afford a completely different diet, today we have a very modest one, so to say. That is, given the current prices, I cannot afford vegetables, berries, and fruits every day, as I used to. I mean, it's a very modest diet... It's the coverage of basic needs. Of course, there's a lack of all necessary micronutrients, vitamins, and so on, especially for children. They need it because they are growing. Let's just say, we eat very modestly, very cheaply and modestly. We can't afford what we used to."

 60+, male



"My friend lives alone. His wife has died, he's got no children. And he has a rather big house. In a word, that's rough. I mean, he pays the utility bills, and there's not enough money for food. He's got some overdue utility bills, because if he pays for everything, he won't have any money for food. His neighbors help him a little bit."



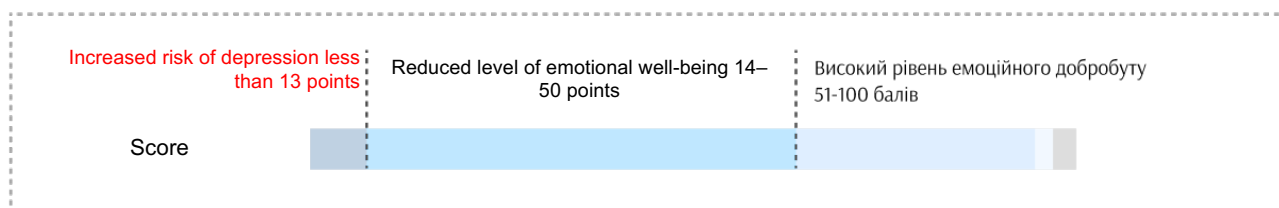
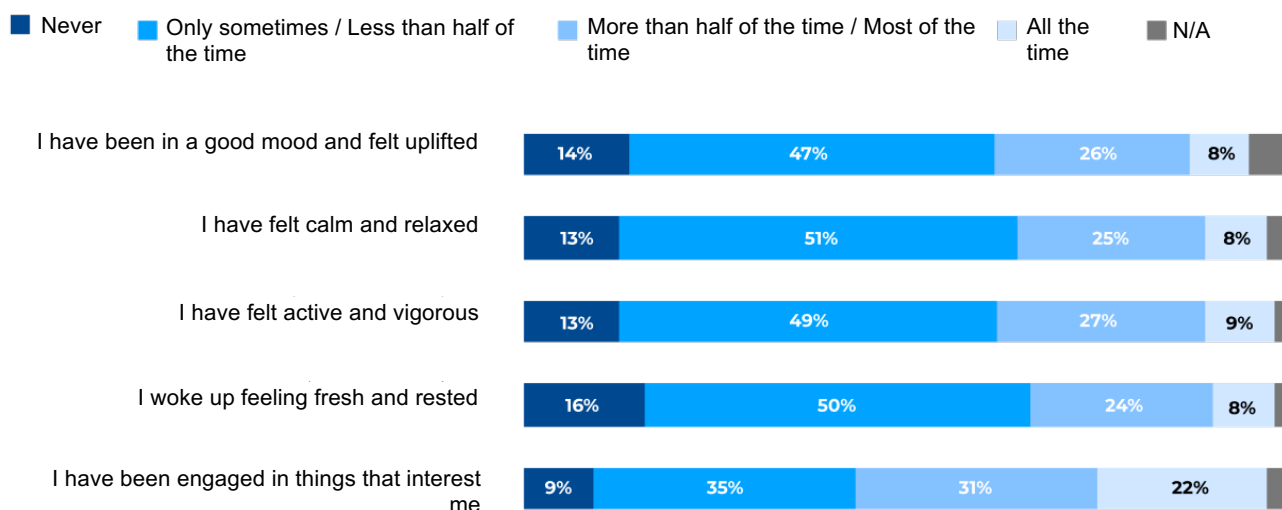
3. THE SURVEY PARTICIPANTS REPORT A NEGATIVE PSYCHOLOGICAL STATE, WITH 64% OF THE RESPONDENTS HAVING A LOW LEVEL OF EMOTIONAL WELL-BEING

A standardized WHO-5 scale developed by the World Health Organization was used to assess the emotional and psychological well-being of respondents. The results show how often respondents feel energized, rested, and engaged in their favorite activities. If a respondent scores less than 13 out of 100 points on the WHO-5 scale, they fall into the category of increased risk for depression. A score of 13–50 points means that the respondent has a low level of emotional well-being, and the score over 50 indicates a high level of emotional and psychological well-being.

The majority of respondents almost constantly experience emotional distress, which indicates a negative psychological state of the majority. **56% of respondents demonstrate a reduced level of emotional and psychological well-being**, and another **8% fall into the category of increased risk of depression**. Only a third of respondents have a high level of emotional well-being.

The majority of respondents, **61–66%**, reported that most of the time / almost never or never they were **in a good mood, did not feel calm, lacked energy, and did not wake up feeling refreshed**. The situation is better when it comes to engaging in activities interesting to the respondent, with "only" 51% not engaging in any interesting pursuits.

Self-assessment of the respondents' emotional well-being level in the last 2 weeks (WHO-5)



Test question: For each of the following five statements, please select the answer that best describes how you have been feeling over the past two weeks.

When asked about depressive moods, almost half of the respondents (48%) said that they **felt nervous or anxious** most of the time or every day. 44% of respondents said that most of the time or every day in the last month they had little interest or pleasure in everyday activities. A **third of respondents (33%)** reported **feeling dejected or depressed**, and about the same number of respondents cannot control their anxiety.

Despite the fact that the respondents recorded manifestations of negative

benefits and pension increases. Physical labor and communication with loved ones is the best self-help method.



60+ female

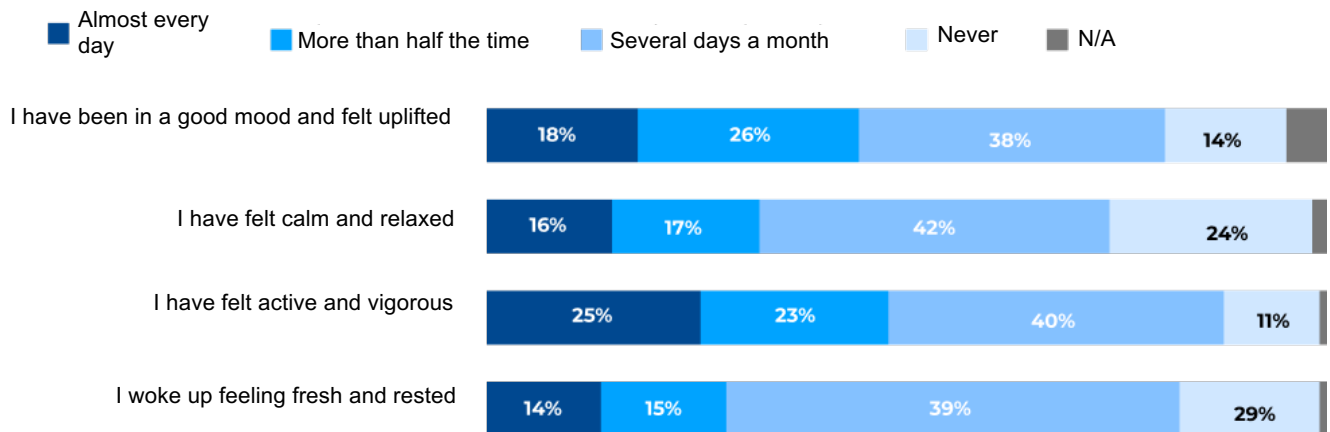


"I have no fear. I help my daughter with the gardening or communicate with my friends. They are de-stressing, and I call one or the other."

IDP, female

The exception is some participants from the categories of "IDPs" and "people with disabilities"; in these categories, almost a third of respondents

Depression level, respondents' self-assessment over the last month



Test question: In the last month, how often have you felt/experienced the following?

psychological conditions in themselves and their family members, such as nervousness, anxiety, panic attacks, depression, and stress, the **study participants do not associate the psychological support sphere with their own lives or needs**. The majority of research participants in various categories noted that they did not feel the need for professional help to overcome their negative psychological state.

The majority of respondents say that they are not likely to need psychological support, if at all. Representatives of the elderly category shared that they did not need to solve any psychological problems, **55% of respondents in the "60+" category** said they did **not need psychological help at all** – they did not feel the necessity and did not see any benefit for themselves now. It is believed that they are hardened, and the best type of assistance and improvement in the living standard is financial



Military families, serves in the Armed Forces



"Meditation situations are also very relaxing. I would like to learn meditation from a professional, for example, from a person who knows it and understands how to do it properly. Just sit in front of the TV, lift my arms or legs, or something, but the internal state..., something that would help."

admit that they are more likely to need psychological help or support, 24% and 28%, respectively. Representatives of the categories "military personnel" and "immediate families of fallen soldiers" also mentioned the importance of such assistance, as these categories recognize the need for psychological support and assistance.

Half of the respondents who said they needed psychological help and support are currently receiving psychological or emotional support (44% of people aged 60+; 52% of IDPs; and 53% of people with disabilities). At the same time, people are not inclined to share their experience of receiving such support with others. **They tend to keep silent about their experience of seeking psychological help.** Some participants noted that they and their friends had experience of visiting psychologists, but they did not advertise their experience, sharing it only with their closest friends, without details.

 **Caregiver of an elderly person** “

"A friend of mine told me that she went to a psychologist. She didn't really advertise it. She said it helped. And this happened repeatedly. I think she visited them for a few weeks."

The study participants associated psychological assistance with hospitalization and serious mental disorders. The reason for this is the existence of a societal stereotype: "Seeking help from a

psychologist equals being a mentally ill person," "problems with the head."

 **Caregiver of an elderly person** “

"Well, because in our society, which is not an American society, it is considered a stigma – something is not well with your head."

Some respondents who had experience of receiving psychological services **complained about low professionalism** or noted that psychological assistance did not help them.

 **IDP, female** “

"Yes, actually, I feel it and know many people who also need, for example, psychological counseling. There are a lot of free psychologists now, but the quality of their counseling is, well, let's just say, very poor. And working with a psychologist, a true professional, is very expensive. For example, I paid 900 hryvnias for one session. And it's not just one month, it's six months. I worked with a psychologist for 8 months... Well, it has to be high-quality help. These are not the kind of psychologists who work for free because they want some experience. With such ones, it's useless."

4. RESPONDENTS DO NOT UNDERSTAND THE TERM "SOCIAL SERVICE" AND HAVE A BIASED ATTITUDE TOWARDS PSYCHOLOGICAL SUPPORT

The study participants **do not have a clear understanding of the "social service" concept**, in addition to in-kind assistance and social payments, social services are also perceived by some respondents as utility services.

At the stage of focus group discussions and in-depth interviews, respondents were unable to define the concept of "social services" on their own, but they generally understand it. However, it was difficult for people to provide examples. Among the spontaneous mentions, the following can be distinguished as meaningful: care for people with limited mobility and the elderly (a social worker helps with cleaning, paying bills, taking documents to utilities), free or low-cost hairdressing services, social benefits, privileges (for example, free public transportation). Some respondents include garbage collection and other utilities in the category of social services.

Despite understanding the concept of "social services," the respondents have a narrow view of support. For the most part, the study participants focused on "home care" and psychological assistance, and expanded the concept to include medical care.

associate themselves with people who need social assistance. In most cases, the recipients are considered to include people with disabilities, large families, single parents, the elderly, and internally displaced persons.



An injured soldier



"I'll tell you this: I have not been seriously injured, just shrapnel wounds, and in fact, I do not consider myself to be disabled. I can still fight, and everything is fine with me, but socially I didn't need help, because I'm not bedridden, I don't need someone to take care of me."

Respondents shared their experience of receiving or applying for social services. The majority of respondents reported receiving humanitarian and in-kind aid or certain financial payments. Over the last three months, assistance was mostly sought or received by individuals in the category of "people with disabilities" — 40% of respondents indicated that they had received or applied for social services. Among the respondents from the IDPs category, 20% applied for social services, while among older people, the number was only 11%.

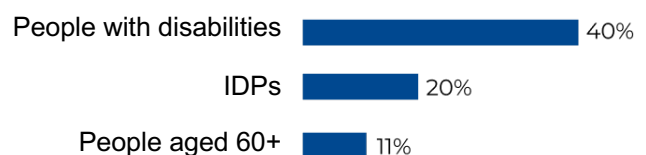


An injured soldier



"Well, it is clear that there is a social service for seriously ill patients. It is provided by the state, for example, so that a social worker could buy something. If a person is bedridden, well, generally this person is helpless, and cannot take care of themselves. So, there are social workers who come to them helping, shopping, washing, and turning them over. If it's a bedridden patient, I know such nuances, and because I have comrades like this, who are

Received/applied for the social service



Social services are perceived as relevant to certain categories of people only. The majority of respondents (except for caregivers of people with disabilities) **do not**


People who had experience of receiving social services, faced a number of difficulties, such as long queues, endless door-to-door visits, the need to write applications, and obtain various certificates. Such processes cause respondents to **feel the need to "constantly ask for help"** and to acknowledge the necessity for assistance, which is one of the barriers for people trying to avoid humiliation and to do without social assistance.

 **People with disabilities, female** “

"After a certain period of time, you need to confirm the group. It's illogical. For example, if a person has a heart defect, and it's incurable, it would not disappear, it is still necessary. Every time, you have to go through all this bureaucracy, go through these queues."

 **People with disabilities, female** “

"I support it! Even at a registration office, they lash out at you like at a dog that ran in from the street."

 **Military families, serves in the Armed Forces** “

"It's very bureaucratic... Every military faces this, and it is simply impossible. They say it's madness. They even say that they'd rather go back to the front line instead of running around with these papers and telling stories, proving, and everything... that's the attitude."

The most frequent barriers to receiving social services were **long queues** (experienced by 26% of respondents in the



"IDPs" category and 17% of respondents in the "60+" category), as well as **bureaucracy and the requirement of numerous certificates** (experienced by 17% of respondents in the "people with disabilities" category and 14% of respondents in the "IDP" category).

Information about social services is not specifically sought (except for financial and in-kind assistance). There is also a widespread opinion that the population has not been made aware about the availability of such services. Respondents also spoke negatively about the work for awareness raising and counselling of the population, emphasizing that employees of social services and other state institutions could not provide specific answers.


 **People with disabilities, female** “

"I've had enough of disability reassessments. Not a single government or non-government line or pension fund. So, I called all day to find out if the disability group needs to be confirmed by a medical reassessment now? No one ever answered me clearly. Some say it is necessary, others say that during the martial law, it is not necessary. Well, I passed a disability reassessment."

Respondents of all groups (except for military personnel and their relatives) chose **free medicines** and additional packages of free **medical treatment and examination** as the most important **social services**. An important service for all groups is **assistance in navigating available services** and support in interacting with medical and government agencies.

The most important social services	 People with disabilities	 IDPs	 60+	Caregivers of people with disabilities	Military personnel	Military families
Free essential medicines	61%	49%	40%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional package of free treatment services / medical examinations	45%	40%	40%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular food assistance	22%	13%	38%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free and affordable rehabilitation courses	21%	7%	8%	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support in organizing interaction with medical/governmental institutions	12%	11%	13%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Help with household chores and personal care	10%	5%	5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in navigating the available types of assistance and services	9%	4%	16%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Help with stress/anxiety management	3%	2%	11%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Companionship in leisure time, walks	3%	3%	5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quantitative survey

 of respondents who indicated this need

FGDs, IDIs

the need for FGDs or IDIs is mentioned
 no mention of the need

5. RESPONDENTS REPORT A LACK OF UNDERSTANDING FROM PEOPLE WHO DO NOT HAVE SIMILAR EXPERIENCES. CAREGIVERS OF PEOPLE WITH DISABILITIES, MILITARY PERSONNEL, AND INTERNALLY DISPLACED PERSONS ARE IN PARTICULAR NEED OF SOCIALIZATION AND A SAFE SPACE FOR COMMUNICATION

The **need for socialization and communication** was voiced by respondents of some categories, who said that they lacked communication with representatives of their category.

Caregivers of people with disabilities spoke about the **lack of social ties, the absence of a person to discuss their condition with, and the closed nature of the category**. The respondents also spoke about the lack of time for leisure and the opportunity to communicate with friends, because their wards are constantly with them and they cannot leave them on their own. Therefore, there is a need to organize leisure activities for this category and to create a safe communication space for people with similar experiences.

Caregiver of a person with a disability



"... if only people had some kind of recreation or leisure organized for them, you know, like some sort of gatherings somewhere, I don't know, like excursions. Or going to some other region, for example, but now it's like, when there is a war, it's not the first thing you need, but it's necessary. We need to communicate, we need such kind of leisure activities."

For military personnel, a separate need is to establish communication. Respondents reported a lack of opportunities to communicate because there are no common topics, or their friends and acquaintances have distanced themselves, while others do not understand their traumatic experiences; there is a misunderstanding or condemnation of civilians' behavior, etc. Some respondents also noted an unwillingness to establish social ties and a focus on planning their return to the front line.

An injured soldier



"...I cannot communicate normally. I don't even have the friends I had before the war anymore. You see, the friends I talked to, I'm not interested in them. I can only communicate with my comrades. I can communicate with people who went through the war because we are on the same page. You see, I'm just not interested in those who were in my life before."

Absolutely all respondents from the military personnel category emphasized the **importance of having a space for veterans**. It is a place where the military can communicate – a safe environment and a place where they are understood. It is also an opportunity to participate in community life, share experiences, and jointly solve various issues.

An injured soldier



"We have this veterans' space. Such an organization and, in fact, a very good organization. I love being there. Well, we always do, that's just what we need. The people there are very cool, it's always a pleasure to be with them."

Some **IDPs have problems with communication and maintaining social ties**. They said that there were difficulties with adaptation in a new settlement and that social activity and leisure were not well developed in rural areas. Respondents said that they spent most of their time doing household chores.

IDP, female



"... the most obvious problem is psychological, that everything is alien, that we are strangers here, that we are not perceived as Ukrainians, of the same kind. Well, we're strangers to them anyway, you must feel that, right? The locals say so openly that we are strangers here and they are Ukrainians."

Respondents also mentioned a lack of friends, especially among children

 IDP, female

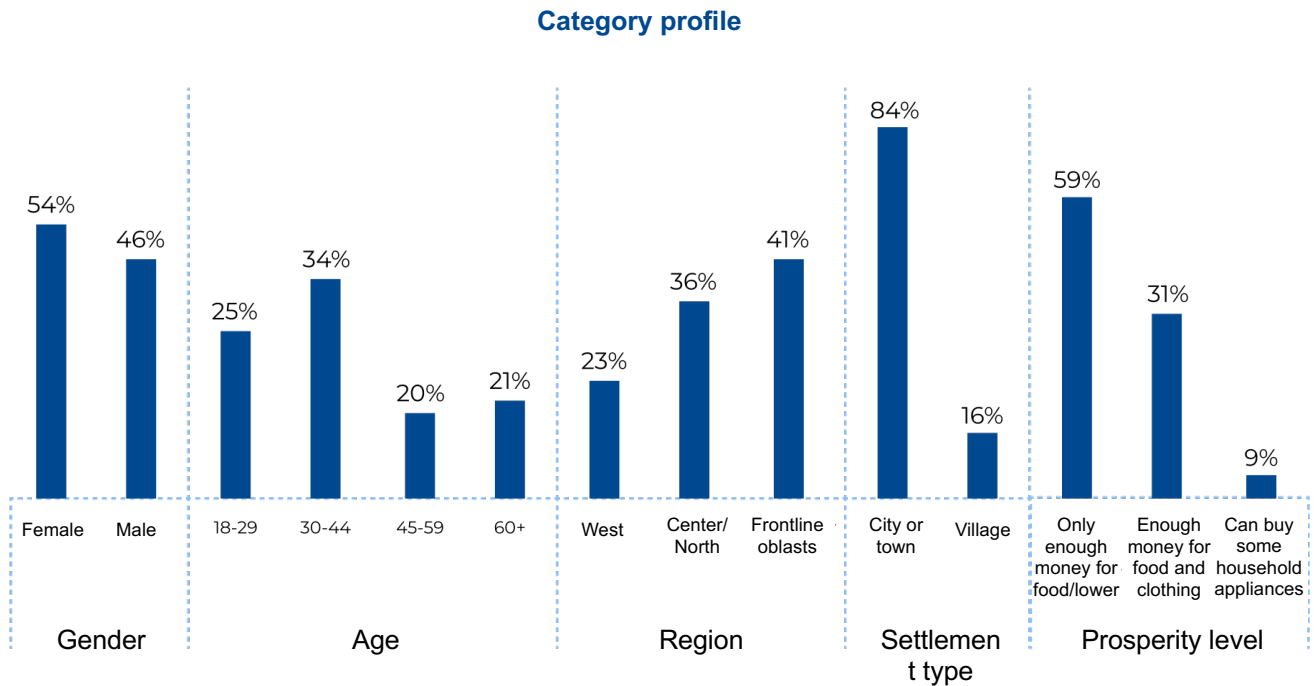
“

"Well, children are generally cruel, and to children as well. I mean bad attitude of their peers. They also try to stay in all the time, and play with each other. That is, we have no friends, we have no acquaintances. Of course, during this year, the children have no friends, it is very difficult for them psychologically, because all their friends are far away, and they suffer because of this."

"Well, children are generally cruel, and to children as well. I mean bad attitude of their peers. They also try to stay in all the time, and play with each other. That is, we have no friends, we have no acquaintances. Of course, during this year, the children have no friends, it is very difficult for them psychologically, because all their friends are far away, and they suffer because of this." (f, IDP)

MAIN RESULTS BY GROUP

IDPs (Internally Displaced Persons)



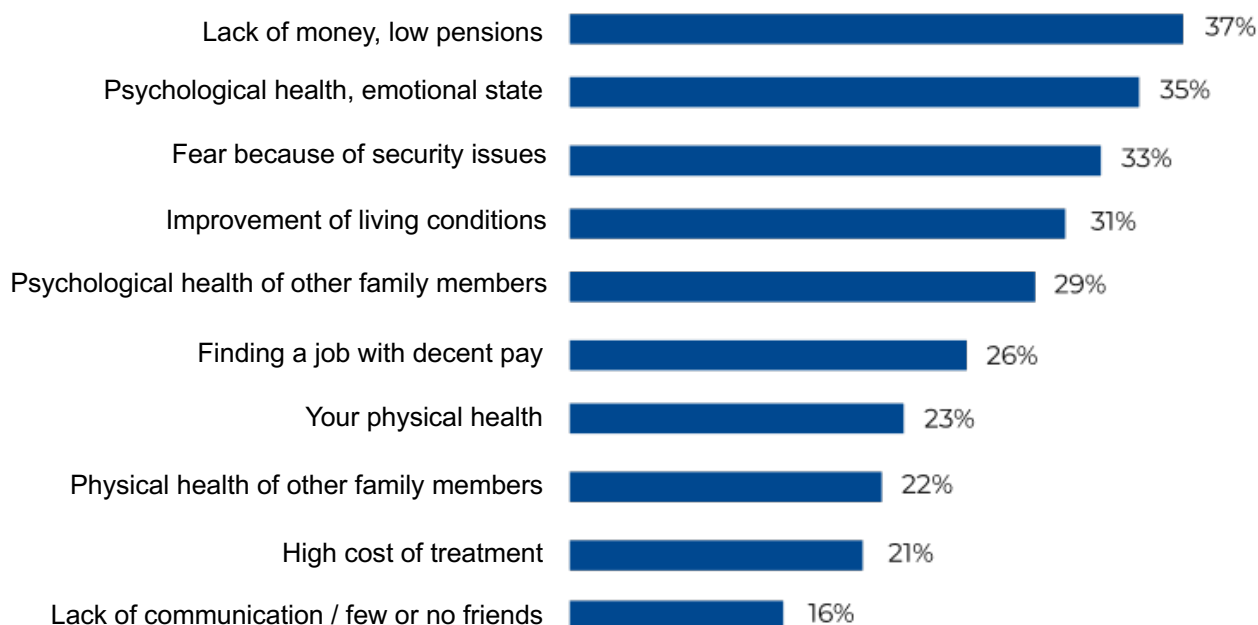
Key Insights:

- The IDP category is the most receptive to the theme of psychological assistance – 25% say they need psychological or emotional support, and half of them already receive some support.
- Respondents describe negative experiences of receiving psychological assistance. **High-quality help is expensive, and free assistance is of poor quality.**
- Representatives of the IDP category name the following reasons for poor mental health:
 - a feeling of rejection and alienation on the part of the host community
 - unpleasant and tactless questions from local people

Based on the answers of respondents from the "IDPs" category, the following top 10 issues can be identified as the most pressing.

According to the WHO-5 assessment of emotional and psychological well-being, the respondents in the category of internally displaced persons generally have an

Top 10 needs of IDPs



 IDP, female



"... if previously we could afford a completely different diet, today we have a very modest one, so to say. That is, given the current prices, I cannot afford vegetables, berries, and fruits every day, as I used to. I mean, it's a very modest diet... It's the coverage of basic needs. Of course, there's a lack of all necessary micronutrients, vitamins, and so on, especially for children. They need it because they are growing. Let's just say, we eat very modestly, very cheaply and modestly. We can't afford what we used to."

The respondents' top concerns are **lack of money** (mentioned by 37% of all respondents), their **psychological health** (35%), **fear because of security issues** (33%), **improvement of housing conditions** (31%), psychological health of other family members (29%), and finding a job with decent pay (26%).

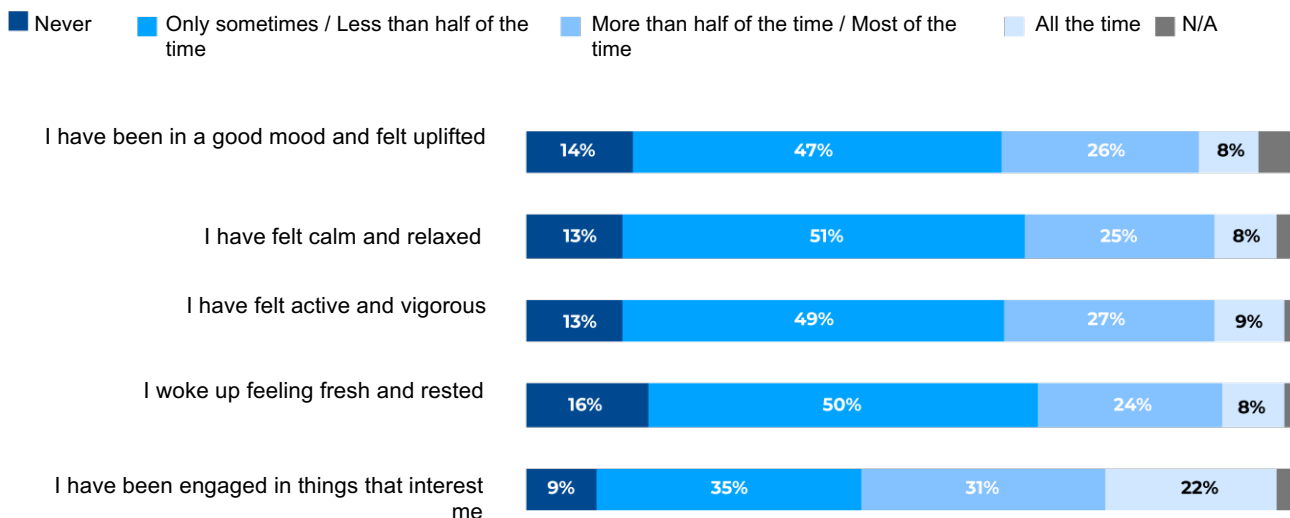
unsatisfactory level of well-being. **7%** of respondents fall into the category of **increased risk of depression**, while another **62%** demonstrate a **reduced level of emotional and psychological well-being**. Only a third of respondents have a high level of well-being.

 IDP, female



"... needs are an eternal question, without money... It was hard at the beginning, but I'm telling you, since I've found a job in September, it seems easier. And with the salary, some kind of confidence has appeared. You know, I'm standing a little more firmly on my feet."

Self-assessment of the respondents' emotional well-being level in the last 2 weeks (WHO-5)



The IDP category is the most receptive to the theme of psychological assistance. 25% of respondents indicate a rather or very strong need for psychological or emotional support. Among them, 52% are already receiving some support.

IDP, female



"When you simply don't know what to do, just take some valerian drops, and everything calms down. I had a situation in August last year, I took valerian for a month because my parents were still at home. They couldn't leave, and we were worried because there was no communication with them, not any. Then, when my husband told me that they had left and would be coming here, everything became fine."

Respondents in the IDP category not only recognize the need, but also have had certain experiences and recognize the importance of receiving assistance despite negative experiences. High-quality help is expensive, and free assistance is of poor quality. Therefore, one of self-help methods is the use of medicines.

Among the main reasons for mental health problems, the study participants named alienation or negative attitudes from representatives of the host community. They

Do you need psychological or emotional support?

Need it very much – I have an urgent need for it **3%**

Rather need it – there is a certain need, but not a very urgent one **21%**

Rather don't need it – there's no particular need, but it would be of some use **36%**
була б

Don't need it at all – I don't need it and I don't see any benefit for myself now **38%**

Hard to say **1%**

IDP, female



"At the moment, I see a problem in the fact that everyone wants to find out what happened and what's going on with us. How many of us support these and those... they sometimes touch upon a

also mentioned the lack of friends, especially for children, unpleasant and tactless questions from residents of the host community, which further contribute to the trauma after the experience of displacement.

The study participants said that they often felt rejected and alienated by representatives of the host community. They also told us about unpleasant and tactless questions from the locals, which creates **certain problems with communication and maintaining social ties**. Some respondents mentioned activities for organizing children's leisure and hobby clubs. It was emphasized that **it is necessary to organize events where internally displaced persons and local residents will interact**.

Among the **most needed social services**, respondents prioritize free medicines (40% of all respondents), an additional package of medical treatment/examination services (40%), and

 IDP, female



"... you can feel this attitude very often, when they find out that you are from there: you wanted the Russian world, you wanted it yourself, it's because of you and your Russian language. And sometimes openly in the children's school as well."

food (38%). Other services were chosen by no more than 16% of respondents: help in navigating the available types of assistance (16%), aid in managing stress/anxiety (11%), support in organizing interaction with health

facilities (10%), free accessible rehabilitation courses (8%).

A fifth of respondents (20%) in this

category indicated that they had experience of using or applying for social services from social agencies. The majority of respondents who had experience of using services (55%) did not face any barriers to receiving social services or assistance. However, for those who faced, the biggest

 IDP, female



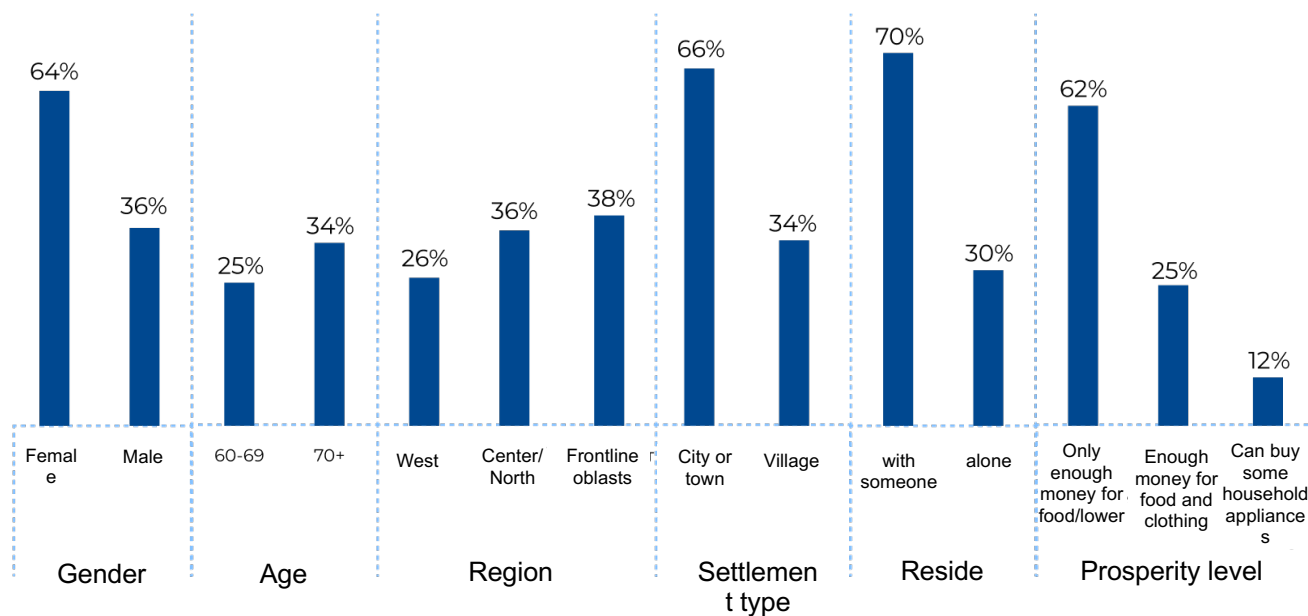
"... the most obvious problem is psychological, that everything is alien, that we are strangers here, that we are not perceived as Ukrainians, of the same kind. Well, we're strangers to them anyway, you must feel that, right? The locals say so openly that we are strangers here and they are Ukrainians."

obstacles were long queues (for 26% of respondents), 14% of respondents mentioned the inability to receive services online, and 11% of respondents mentioned the inconvenient location of service centers.

Barriers faced by respondents when receiving social services



People aged 60+



Key Insights:

- They say they don't need help with their mental health because they are hardened and cope with the help of physical activity and communication with their families.
- Most older people have not heard of events held for pensioners, although

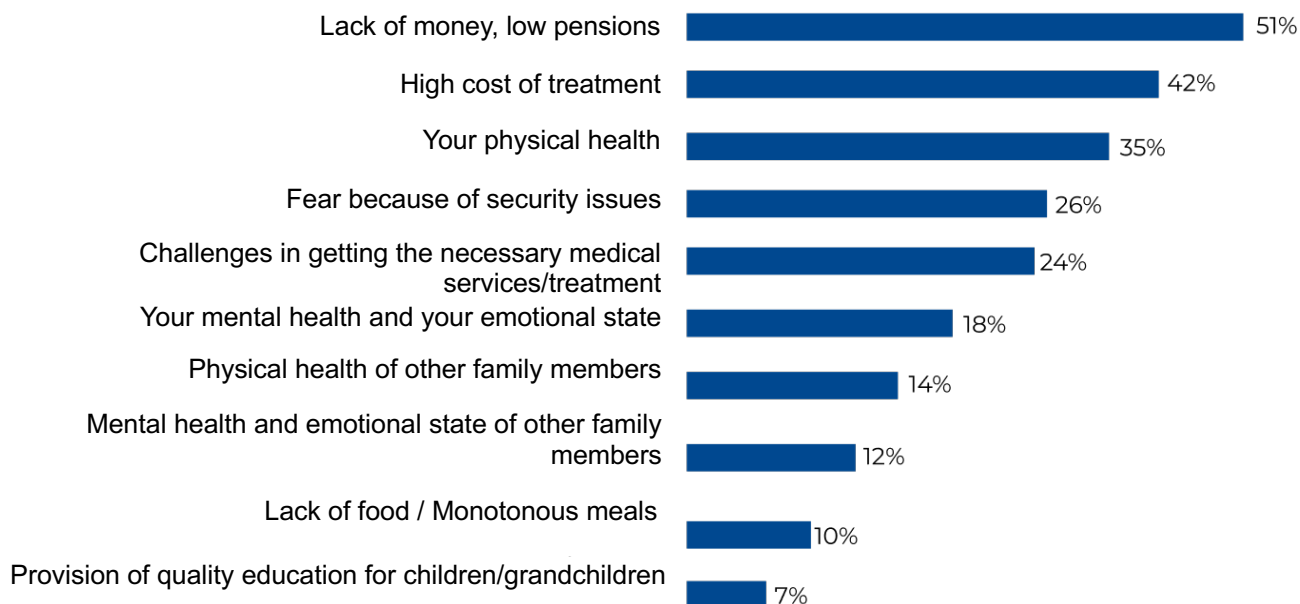
they consider them important, especially for those who live alone. Some participants in the 60+ category noted that they **knew about such events, but had not participated in them.**

Based on the answers of respondents from the "people aged 60+" category, the following top 10 issues can be identified as the most pressing.

 **People with disabilities, female** 


"All my neighbors helped me install Diia. We figured it out together. And together we sent an application for help through Diia."

TOP-10 needs of people aged 60+



The top 2 problems of respondents are **a lack of money / low pension** (51% of all respondents) and **high cost of treatment** (42%). Other top concerns of respondents are their physical health (35%), fear because of security issues (26%) and difficulty in obtaining necessary medical services (24%).

Participants in the qualitative phase of the study also highlighted the problem of older people using online services to receive social and administrative services. Among the main reasons cited were the **absence of devices with Internet access** and a lack of knowledge of how to use them. It was also emphasized that programs and applications are updated

 **60+, female** 

"There is no certainty about what lies ahead. In addition, I'm a pensioner, prices are rising, life is getting more and more expensive, and my pension, for example, when it was raised in March, I did not receive that raise. Because I retired three years ago..."

 **60+, male** 

"That's why the pension fund. I couldn't do it myself through Diia. I tried, but it didn't work. It requires some electronic signature or electronic key. But to make it, I had to go to PrivatBank. Do it somehow through PrivatBank... In a word, I got confused, and it was extremely difficult for me."

 **60+, female** 

"Well, I'm also a pensioner receiving 2,800 after 30 years of service. It's only enough to pay for utilities. There is nothing left to live for. Children buy me food."

and are no longer supported by the inexpensive smartphones owned by people aged 60+. They are forced to buy new and more expensive devices or refuse to use the online services.

According to the WHO-5 assessment of emotional and psychological well-being, the category of people aged 60+ generally has an unsatisfactory level of well-being. **7%** of respondents fall into the category of **increased risk of depression**, **50%** demonstrate a **reduced level of emotional and psychological well-being**, and 41% of respondents have a high level of emotional well-being.

 **60+, male**

“

"... I have not personally participated in such events, but I have heard that there are many things offered and organized in our city, both for pensioners and for other interest groups. And now the displaced persons are added, so in this context as well."

They mostly deny the need for psychological help or say that they are hardened and therefore do not need it. Only 15% of respondents indicate a rather or very strong need for psychological or emotional support. Among them, 44% are already receiving some support.

The majority of respondents in this category clearly state that they do not need any psychological or emotional support, with 55% of respondents among people aged 60+ choosing the option "Don't need it at all – I don't need it and I don't see any benefit for myself now."

 **60+, female**

“

"There is one in the district... where my relatives also received assistance from the village council. They wrote applications and were given money for traveling to the district center. They collected tickets and were paid. A week ago, my relative received 700 hryvnias for her fare. Are these social services?"

The perception of the term "social services" is difficult for respondents. Most participants were unable to define the term, and it was difficult to give examples, mostly mentioning benefits, subsidies, low-cost hairdressing services, and care for people with limited mobility and the elderly. Also, when mentioning the examples, they constantly asked and clarified "whether it was a social service."

Although they did not include it in the list of social services, some participants from the

Do you need psychological or emotional support?

Need it very much – I have an urgent need for it **2%**

Rather need it – there is a certain need, but not a very urgent one **13%**

Rather don't need it – there's no particular need, but it would be of some use **29%**

Don't need it at all – I don't need it and I don't see any benefit for myself now **55%**

Hard to say **2%**

60+ category said they **knew about events for pensioners and others in their locality, but did not participate in them**. However, most people have not heard of such events, although they consider them important, especially for single people.

Among the **most needed social services**, respondents choose free medicines (49% of all respondents) and additional package of treatment/examination services (40%). Other services were chosen by no more than 13% of respondents: regular assistance with food (13%), support in organizing interaction with medical institutions (9%), free accessible rehabilitation courses (7%), assistance in household chores (5%).

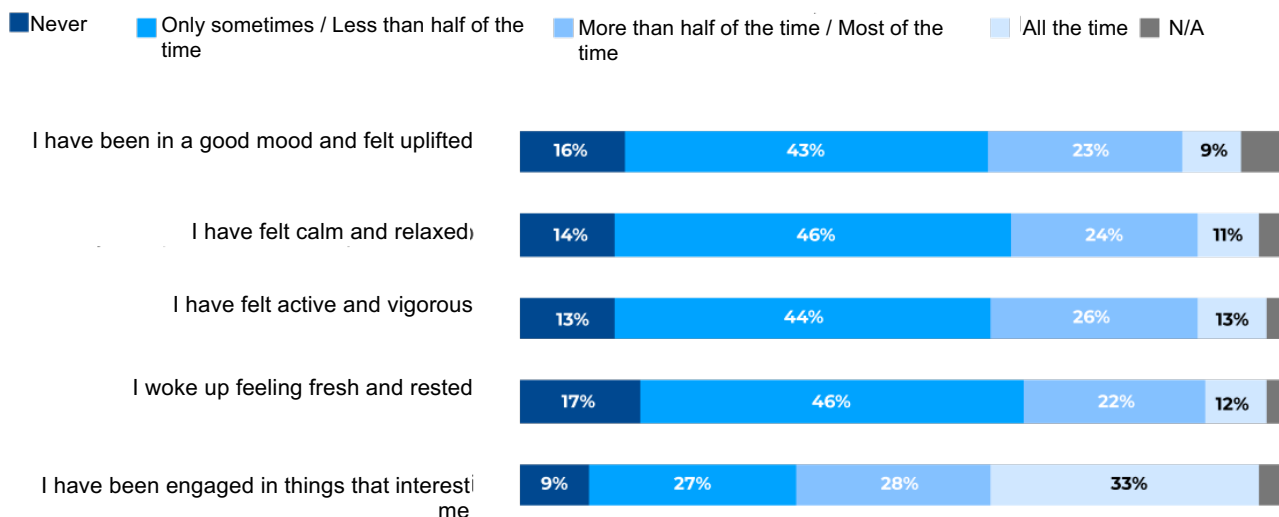


60+, female



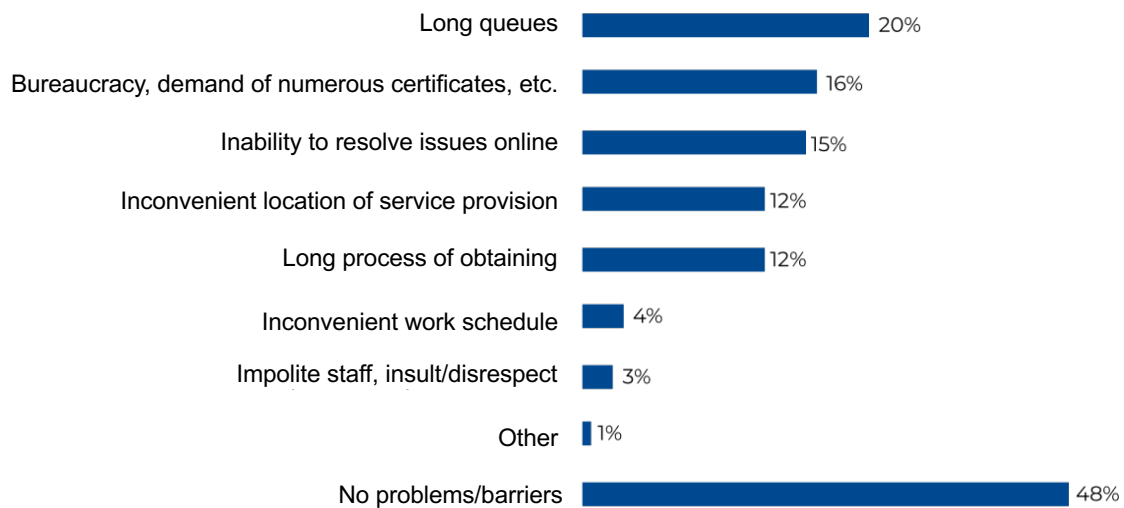
"Social assistance from the village budget. If I'm in a village, is this also considered social assistance? When they gave money for a surgery, for example."

Self-assessment of the respondents' emotional well-being level in the last 2 weeks (WHO-5)



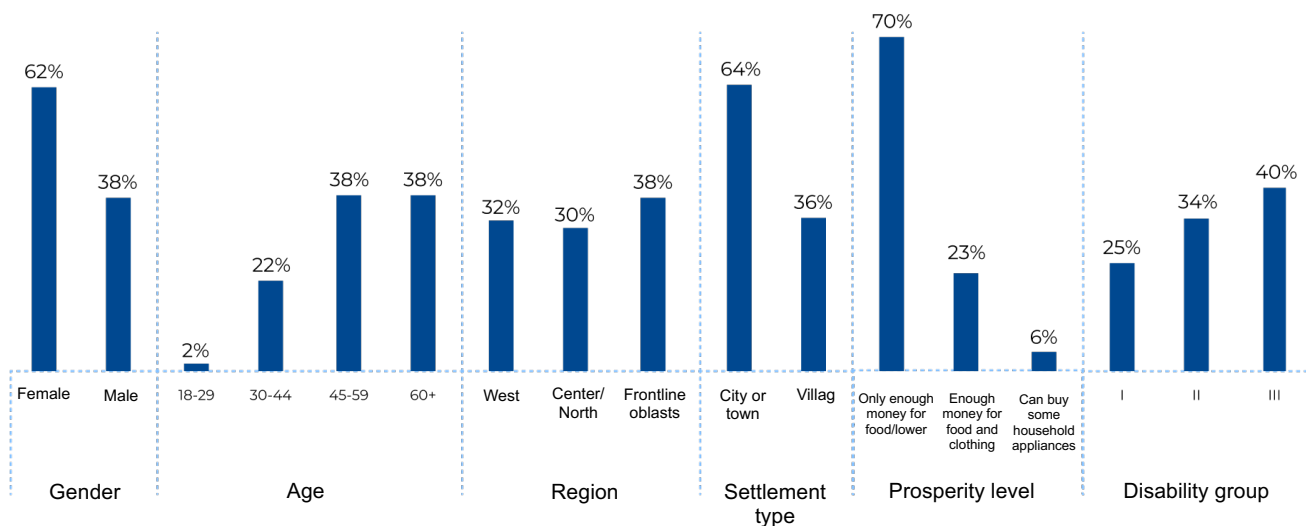
Only 11% of respondents in the category indicated that they had experience of using or applying for a service from social agencies in the last three months. Almost half of respondents (48%) who had an experience of using the services did not face any barriers to receiving social services or assistance. However, for those who faced, the biggest obstacles were long queues (for 20% of respondents), 16% of respondents mentioned bureaucracy and the need for various certificates, and 15% of respondents also mentioned the inability to receive services online.

Barriers faced by respondents when receiving social services



People with disabilities

Category profile



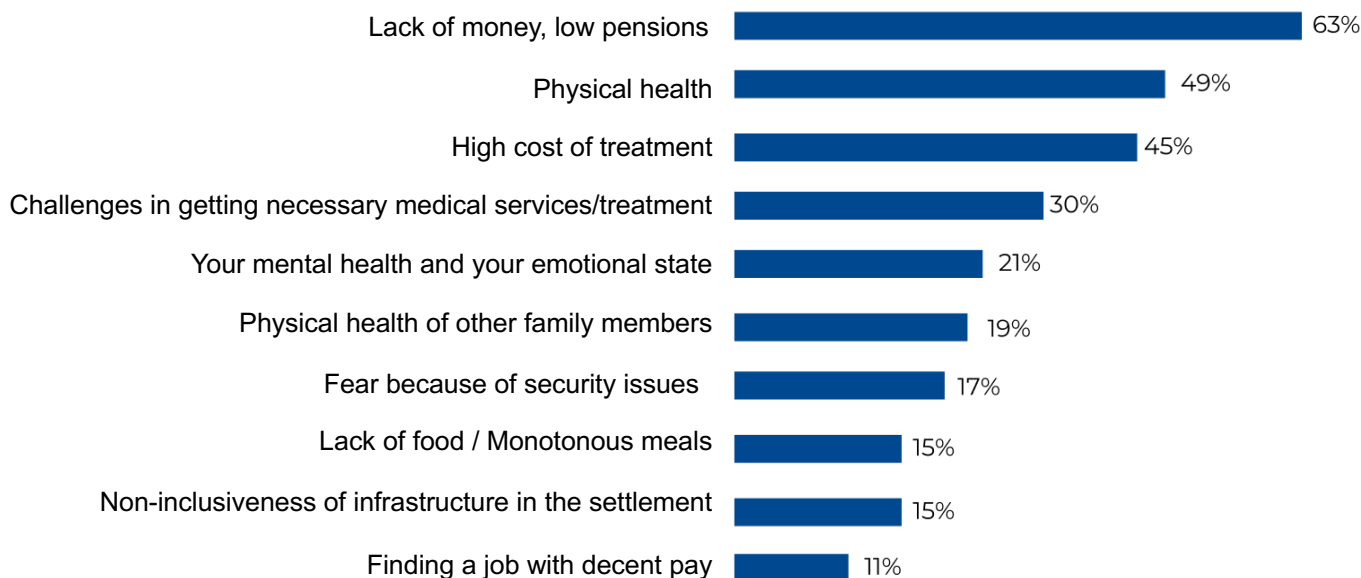
Key Insights:

- **The inability to move freely** is one of the problems for people with disabilities, and respondents emphasize **the lack of inclusivity in settlements**.
- One third of respondents (27%) note the **need of psychological or emotional support**, and half of them (53%) are already receiving it. However, some people complain about receiving **low-quality assistance**.

Based on the answers of respondents from the category "people with disabilities", the following top 10 issues can be identified as the most pressing.

specifically arrange their home and the way outside. If a person has no relatives, there is no one to help, and according to a quantitative survey, 30% of people with disabilities live alone.

TOP-10 needs of people with disabilities



The top problems of respondents are a **lack of money, low pensions** (63% of all respondents), their **physical health** (49%), **high cost of treatment** (45%), difficulty in **obtaining medical services** (30%), and their **mental health** (21%).

People with disabilities, male

"Pensions are very small, and without the help from parents I don't have enough money for medicines."

People with disabilities, male

"... I don't even have enough money to pay the utility bills. My relatives pay for me. It's only enough for groceries."

The **inability to move freely** is one of the problems for people with disabilities. They emphasized the inability to leave home or go on some errand without somebody's help, difficulties with public transportation, the non-inclusiveness of settlements, etc. Respondents have difficulty moving freely both outside and at home. They need to

People with disabilities, female

"Well, as for me, for example, I see a problem with accessibility, where ramps are just for form's sake, to create a good picture. They are impractical, uncomfortable, and unsuitable. Therefore, you consider it one of the most urgent problems to adjust all the essential facilities – hospitals, clinics, shops, pharmacies – so that people can get there normally."

People with disabilities, male

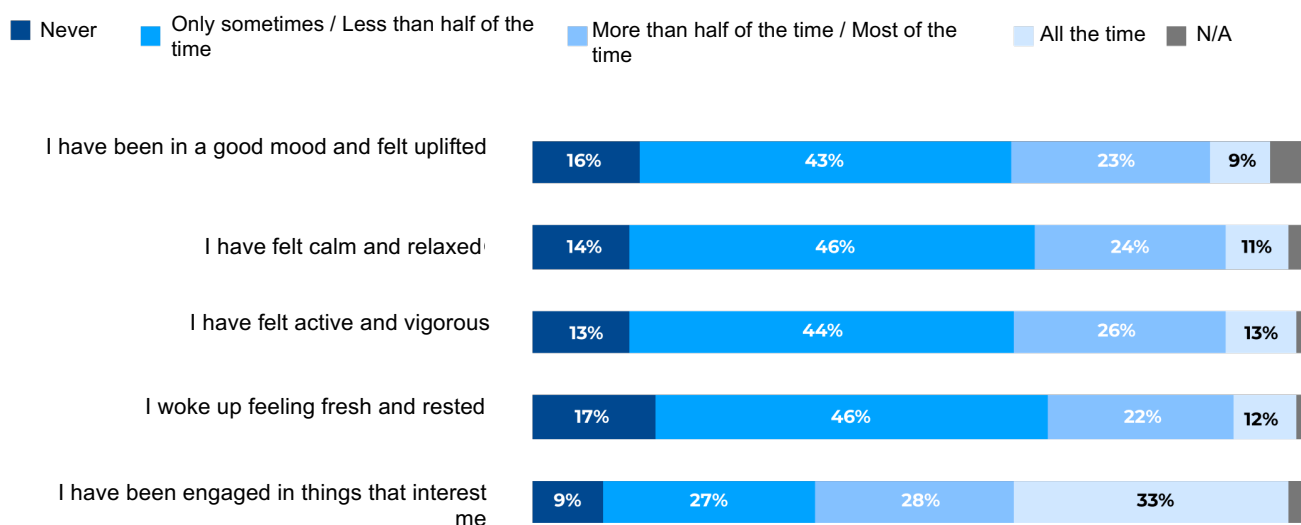
"It's just that their relatives help them by arranging all these entrances and showers. But what I know is that there are relatives who care and help. So, but for relatives, no one would have probably done it. Any official or the community would probably not have provided these people with ramps or conditions for washing, cooking, or eating in their own home."

People with disabilities also have problems with access to civil, social, and municipal infrastructure, as noted by 15% of respondents from the category "people with disabilities."

According to the WHO-5 assessment of emotional and psychological well-being, the category of people with disabilities generally has an unsatisfactory level of well-being. **11%** of respondents fall into the category of **increased risk of depression**, and another **53%** demonstrate a **reduced level of emotional and psychological well-being**. Just over a third – 35% of respondents – have a high level of well-being.

respondents in the "people with disabilities" category also mentioned the lack of centers for people like them, where they can communicate with each other and spend their leisure time. 40% of respondents in the category indicated that they had experience of using or applying for services from social agencies in the last three months. The majority of respondents (61%) who had experience using services did not face any barriers to receiving social services or assistance.

Self-assessment of the respondents' emotional well-being level in the last 2 weeks (WHO-5)



One third of respondents (27%) indicate a rather or very **strong need for psychological or emotional support**, and half of them (53%) are already receiving some support. Contrarily, 70% said that they had little or no such need.

Among the **most needed social services**, respondents choose free medicines (61% of all respondents) and additional treatment/examination services (45%). Another 22% said they received regular help with food, and 21% said they received free and affordable rehabilitation courses.

In addition to the above-listed services important to respondents, during the qualitative phase of the study, the

However, for those who have faced them, the biggest obstacles most commonly cited are failure to receive the service they need (17% of respondents), bureaucracy, and the need for various certificates (for 15% of respondents), while another 9% noted the long process of obtaining services.

People with disabilities emphasized that it was very **annoying to constantly submit all the certificates and applications over and over again**, although only 5% of respondents said they had encountered bureaucracy on the way to receiving services. The study participants also complained about the lack of appropriate doctors available in the locality and the unfriendly medical system.

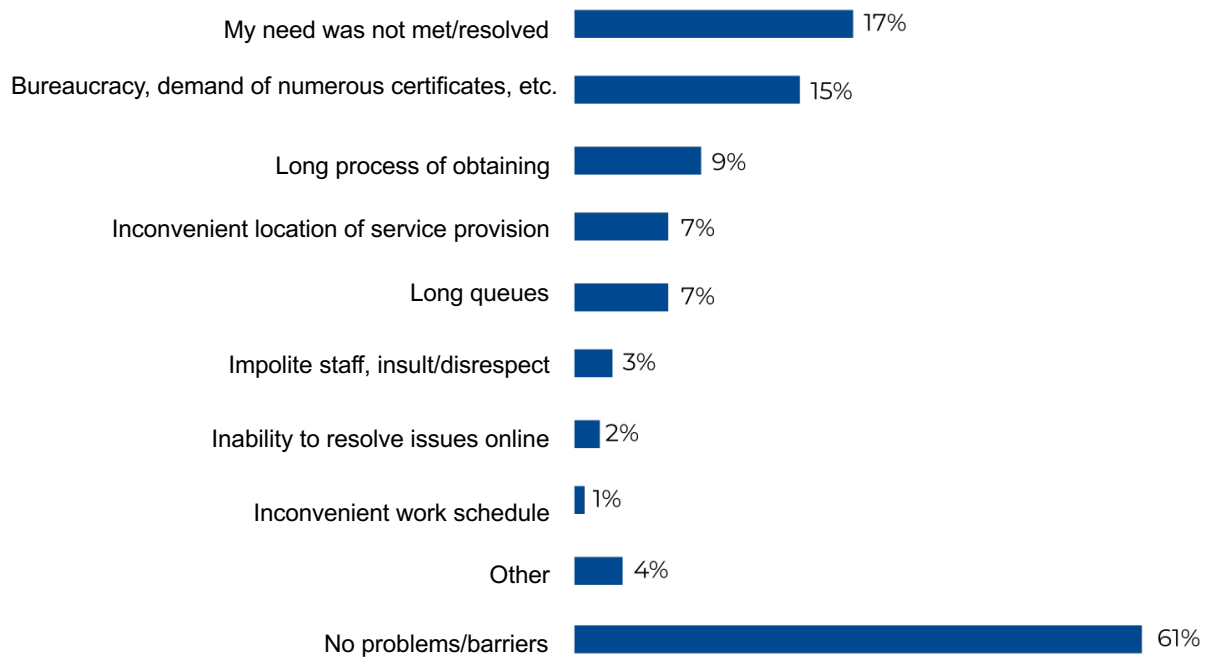
 People with disabilities, female 

"There was one thing with medicine, just like everyone else, you have to take a referral and go there, then get an appointment for some day. And it takes money to get there, and you don't want anything anymore, and you live the way you live."

 People with disabilities, female 

"After a certain period of time, you need to confirm the group. It's illogical. For example, if a person has a heart defect, and it's incurable, it would not disappear, it is still necessary. Every time, you have to go through all this bureaucracy, go through these queues."

Barriers faced by respondents when receiving social services



Caregivers of people with disabilities

In this category, 4 in-depth interviews were conducted with its representatives – caregivers of people with various types of disabilities, such as cognitive, visual, and hearing disabilities. Respondents are aged 31–46, including three women and one man. Each

of them represents one of the following communities:

Vinnytsia oblast
Poltava oblast
Kharkiv oblast
Khmelnyskyi oblast

Key Insights:

- Caregivers of people with disabilities **relate their needs to those of their wards**. Responsibility for other people affects their mental and physical health. Respondents describe it as a "**delayed life**", where their own needs and desires take a backseat.
- Trainings and events for caregivers of people with disabilities have a positive impact on their skills in supporting and communicating with their wards. Such events also allow **communication with those who have similar experiences**. Caregivers emphasize the need for **training in dealing with their wards**, especially children with disabilities.
- There is also a need to create **care centers**, where a person with a disability can be placed for a few days, or a staff member can move to the ward's home for the same period. Such centers will allow guardians to go on a vacation or devote time to themselves while their wards are under reliable supervision.
- Among the **most pressing problems**, respondents mentioned excessive physical exertion, a sense of responsibility for another person, and lack of employment opportunities.
- Among the necessary **social services**, caregivers separately identified programs for leisure activities; events to communicate with people who have similar experiences.

The needs of caregivers of people with disabilities are often related to the needs of their wards. The caregivers noted the impact of constant responsibility for others on their own mental health, physical exertion, and inability to have a personal life or find a job.

Respondents called it a "**delayed life**" because under the pressure of responsibility for another person, their own needs and desires are put aside, postponed, or not taken into account at all.

 **Caregiver of an elderly person** 

"Well, grandma often can't get up, Get ready on her own, for example, to go to the door. I need to help her all the time."

 **Caregiver of a person with a disability** 

"The difficulty is that I can't go out for a long time, I can't make my own schedule. I must always be there to help. Well, as you know, your own life, your own needs are a little bit put on the back burner."

All participants in the study emphasized the **importance of psychological support** for people who care for a person with a disability. This may involve not only psychological support, but also practical advice based on the experience of communicating with similar people. Equally important is the opportunity to **learn stress management techniques**.

 **Caregiver of a person with a disability** 

"They have a lot on their plate, not too much stress, but they just can't handle the responsibility anymore."

 **Caregiver of an elderly person** 

"It's interesting because it will help to get more relaxed to prevent heartache, raised blood pressure, and panic attacks, which people often have since the coronavirus and the war."

 **Caregiver of a person with a disability** 

"It's so interesting, and I participated in some of them, well, they were held in our church. Psychologists were there. It was quite useful to learn about ways to calm oneself down in a very critical condition. They told us to touch or taste something. You know, it's called grounding."

Trainings and events for caregivers of people with disabilities have a positive impact. First of all, participating in such events provides an opportunity **to learn how to handle and support people under your care**. At the same time, it ensures communication with people who have **similar experiences and similar life situations**. In this way, the caregiver gets new connections and psychological relief.

Caregivers spoke **about the lack of social ties**, the absence of a person with whom they could discuss their condition, and seclusion. Therefore, there is a need to organize leisure activities for this category and to create a safe communication space for people with similar experiences.

Caregivers noted the need for **training on how to deal with their wards** and understand each other. It is especially true for caregivers of children with disabilities.

There is also a need to create centers where a person with a disability can be placed for several days with proper care. Or a staff member from the center could move to the person with a disability's home for this period to look after them and create conditions for caregivers to go on a vacation or take time for themselves.

 **Caregiver of a person with a disability** 

"A center where you can place a person. For example, my family wants to go to the seaside. Just me, my husband, and our children. It's not the right time now either, but still... I could leave him there for 4 days, in some center, for example. Where he will be take care of."

Among the necessary services for caregivers of people with disabilities, respondents named the following:

- Programs for organizing leisure activities (theater and concerts tickets, excursions)

- Communication with people who have had similar experiences and can give an advice
- Allocating vouchers to sanatoriums for both people with disabilities and their caregivers (the vacation for caregivers should be separate from the ward)

Опікун людини з інвалідністю

"... if only people had some kind of recreation or leisure organized for them, you know, like some sort of gatherings somewhere, I don't know, like excursions. Or going to some other region, for example, but now it's like, when there is a war, it's not the first thing you need, but it's necessary. We need to communicate, we need such kind of leisure activities."

However, when ranking the services in the list, the most important service for caregivers is assistance in navigating the opportunities to receive support or assistance and the existing social services.

1

Assistance in navigating opportunities and existing social services

2

A feeling of safety and support from the community

3

Restoration of mental and physical condition (e.g., by taking a vacation, rest)

4

Supporting mental health through access to psychological services

5

Less workload (due to direct access to services for people with disabilities), the ability to have their own time for their needs, to realize their own potential (interests, work, hobbies)

Injured and demobilized military personnel

In this category, 8 in-depth interviews were conducted with respondents – injured and demobilized military personnel. The respondents are men aged 23–56, each representing one of the following communities:

Vinnitsia oblast
Zhytomyr oblast
Poltava oblast
Ternopil oblast
Ternopil oblast
Kharkiv oblast
Khmelnyskyi oblast
Chernihiv oblast

Key Insights:

- Most soldiers spoke of mutual understanding and support from their families. Some people mention conflicts, while others talk about **problems with communication** after returning home. The feeling of **being misunderstood urges them to return to the front line** even before the treatment ends.
- The military emphasize the importance of making **psychological assistance mandatory for all military personnel**. They recognize the problem, but do not seek help because of shame or fear.
- The servicemen who received psychological assistance provided negative feedback, saying that the assistance was ineffective because the **specialists did not understand the military experience**. Respondents say that at all stages, it is important for them to interact with a **person who has experiences similar to theirs**.
- Among the causes of poor mental health are:
 - loss of sworn brothers
 - a lack of understanding and assistance from the community
 - a feeling of loneliness and a lack of mutual understanding with others
 - the process of obtaining documents or veteran status, all the bureaucratic issues
 - emotional shocks and stress from the experience at the front
 - sleep problems
- Among the important and necessary services for the military, the first is professional fulfillment and gaining meaning in life. The next one is **orientation and support in obtaining the necessary documents and receiving the proper services**.

Most of the military who participated in the study emphasized mutual understanding and support from their families. Some participants noted that they had conflicts and initiated them themselves. Some respondents emphasized that soldiers who returned home had **problems with communication** in their families and with acquaintances and friends in general. **The feeling of being misunderstood pushes them to return to the front** (even without being treated).

The servicemen spoke about the lack of opportunities for communication due to a certain distance from others and the lack of common topics for conversation. The respondents shared that their relatives and friends did not understand what they'd gone through and expressed a certain judgement of civilians for their behavior "as if there were no war in the country."



An injured soldier



"... to be honest, it's a misunderstanding. Most of my fellow citizens do not realize that there is a war in the country. They simply do not understand this. They just live as if there is no war or it's somewhere far away, as if it doesn't exist... I'm just surprised that they are so..., how to put it? Damn, they are so naive. And they do not understand what war is. They just don't understand and it's impossible to communicate with them. Even with loved ones. It's impossible to communicate even with family and friends, because they just don't understand it."



An injured soldier



"I have arguments with my wife because we have different opinions. We're not quite on the same page... Sometimes, children have their own perceptions, and I try to convince them. And they don't understand, and I get nervous. I go to my room to avoid conflicts with them. Well, in short, something like that, unfortunately. Unfortunately, there is."

The servicemen who participated in the study shared what affected their **mental health**:



An injured soldier



"It's just that sometimes I can't convince them that this is right and this is wrong, and there are conflicts in this regard. Well, not always. Well, it happens. To be honest, it happens. I don't know who the initiator is. Maybe I'm just a little bit crazy or perceive life too differently now, and I'm a little bit excited."

- Stress from events experienced at the front
- Nervousness caused by bureaucratic issues when applying for or communicating with doctors
- Depression and nervousness caused by feelings of loneliness and a lack of mutual understanding with others
- Sleep problems

They also spoke about the **severe psychological trauma** of losing a close person (a strong and constant trigger is a funeral of fellow soldiers).



An injured soldier



"I can't help but go to the funeral of fellow soldiers, even if we didn't serve together. I go there, but I can't take the pain and tears of mothers, wives, and children... It worries me a lot. It's very hard. Everything was different at the front. I pulled out the dead or wounded. Your goal is to draw them, and that's it. And it's hard here. I constantly think about my guys... I come home and get some therapy from my children. They take care of me even more than I expected."

The respondents also mentioned the lack of understanding from the community, inability to speak out and be understood, injustice in obtaining necessary documents or veteran status, the attitude of some doctors towards the military, disrespect and some negative statements about the military as reasons for their negative psychological state.

The respondents emphasized the importance of making **psychological assistance a mandatory step for all military personnel**. They recognize the problem that

they don't seek help themselves because they are ashamed, or they don't know where to go, or they are afraid, or they will never seek help themselves.

Servicemen are aware of the possibility to receive psychological assistance in their units, as well as in rehabilitation centers and hospitals. They also emphasized the importance of psychological assistance for people like them. The main arguments include:

- An objective assessment of the impact of events in the country on the population's overall mental state;
- Changes in military personnel during their time at the front, which hinders their integration into the family, community, and civilian life in general;
- Stress and high level of anxiety for the soldier's life experienced by his relatives.



An injured soldier



"... I respect their work and think it's the right thing to do. And that we must always communicate with our brothers-in-arms, we must always bring them back to normal life. We somehow got used to explaining that you are not at war anymore, calm down, don't do anything stupid, just calm down."



An injured soldier



"I would make it mandatory for all military personnel to undergo psychological examination when they return from the front. Despite their desire... Many people do not believe and think that only those who have problems go to psychologists. To be honest, my girlfriend insisted that I go to a psychologist, and it really helps. I didn't think I had a problem"

It is also worth emphasizing that when speaking about the importance of psychological support, most respondents are confident that they can cope with negative states on their own. **Men are the least ready to seek and accept psychological support.** Analyzing the answers of the majority, we can conclude that the initiators of cooperation with a psychologist are close people (wife, girlfriend). Relatives also told us that after

being wounded, soldiers make an independent decision to talk to a psychologist to have an opportunity to speak out without scaring their loved ones with their experience.

The military who have had experience of receiving psychological assistance provided negative feedback. They consider the support of psychologists important, but from their own experience, they state that it wasn't helpful. The main argument is that **experts do not understand military experience.** The respondents emphasized the pattern-like communication and said that they noticed the psychologist's emotional shock during conversations about the events at the front and the feelings of the soldiers.

Among positive feedbacks about psychological assistance, there are statements that specialists help to overcome the post-traumatic stress disorder, stuttering, and nervousness.



An injured soldier



"... of course, psychologists worked with me and talked to me. Don't you know, perhaps that's my experience? Well, I don't believe all these psychologists, they are still people, civilians, they don't understand, they just don't understand me."



An injured soldier



"It's clear that they are professionals, and they know how to talk to a person like me and with mental problems like mine. What is it about me that I don't fall for it, or can't they convince me? In short, we don't have a normal dialog."

Some respondents say that it is important for them that the **service is provided by a person with experience similar to theirs.** Since such a person better understands the condition and needs, they will not judge and can give useful advice.

Absolutely all respondents emphasized the **importance of having a space for veterans.** It is a place where the military can communicate – a safe environment and a place where they are

understood. It is also an opportunity to participate in community life, share experiences, and jointly solve various issues.

Such centers should implement programs aimed at the adaptation and integration of demobilized soldiers into civilian and community life.



An injured soldier



"And I see that it is right to involve veterans so that they do not feel lonely, so that they do not live in their own small, stingy world with their own problems. And it is imperative that the local authorities involve veterans in anything, even a city cleanup."

In general, respondents also mentioned **services that the military need:**

- Legal services for processing documents, including veteran status;
- Mandatory psychological diagnostics after returning from the front;

- Training in psychological self-help skills;
- Psychological assistance;
- Sanatorium treatment and rehabilitation;
- Retraining courses to increase employment options;
- Events aimed at fostering respect for the military and a general understanding of the state of affairs in the country;
- Provision of social housing to military personnel.
- Veterans' associations

Among the important and necessary services for the military, the first is professional fulfillment and gaining meaning in life. The next one is **orientation and support in obtaining the necessary documents and receiving the proper services.**



An injured soldier



"You know, employment, even though a security guard is a very primitive and simple job, well, so am I. I don't just want to be a security guard, I would like to retrain. Although it's hard to relearn at my age, of course. Well, I would like to have some kind of modern profession. It seems to me that in this regard, the state needs to work a little bit to retrain our kind a little."

1

Gaining meaning in life, personal capability and dignity, professional fulfillment

2

Orientation and support in obtaining a state veteran status

3

Personal mobility

4

Access to basic treatment and rehabilitation needs

5

A feeling of safety and support from the community

6

Support during post-integration into civilian life

7

Mental health restoration

8

Better quality of socialization

Military families

In this category, 12 in-depth interviews were conducted with its representatives – military families serving in the Armed Forces, families of injured and demobilized soldiers, military families who were called up for the first time, and families of the fallen and captive military. The respondents were only women aged 28 to 46. Each of them represents one of the following communities:

Vinnytsia oblast
Zhytomyr oblast
Poltava oblast
Ternopil oblast
Kharkiv oblast
Khmelnyskyi oblast
Chernihiv oblast

Key Insights:

- The changes in communication between relatives and the military were not significant, and **relations became warmer after the separation**. Communication depends on whom the soldier is talking to: for the most part, they usually communicate in a gentle and caring manner with parents and children, while allowing to express their real feelings – nervousness and stress – with wives.
- Families of the military reported that after the start of the service, **most of the problems spontaneously mentioned by respondents were related to mental health** (separation, worries about the soldier's location, etc.).
- Housekeeping or other problems were not considered critical. However, some families experience **additional burden** of redistributing household chores and **limited mobility** due to lack of driving license and skills.
- Relatives of military personnel are constantly experiencing **anxiety and stress**, especially when their loved ones are on the front line or in dangerous positions. For the families whose soldiers are recalled for service not for the first time, the **training and the beginning of service are somewhat less stressful** if the demobilization was without significant injuries or psychological traumas.
- Relatives of military personnel do not consider **psychological support from specialists necessary for themselves or their families**. Large families find it easier to cope with the stress and anxiety related to their military family member. Those who have relatives or friends working as psychologists receive periodic consultations during friendly conversations.

Communication depends on who the soldier is talking to: for the most part, soldiers communicate with parents and children in a more positive context: they are gentle, caring, and supportive. With their wives, they can afford to show their real feelings and the state of stress; sometimes, they lose control and communicate rudely. However, **in general, respondents did not record any significant changes in communication.** On the contrary, they emphasized that the **relationship had become warmer due to the separation and the location of the military.**

Relatives of the servicemen named different variants of their behavior at home:

- rest from great fatigue, typical lack of desire to communicate with friends
- secrecy even from the closest relatives (parents and spouses)
- help with household chores



Military families



"... we didn't even go for a walk in the park or anywhere. You see, he is just so exhausted, he's sleeping and cannot get enough sleep."

Families of the military reported that after the start of the service, **most of the problems spontaneously mentioned by respondents were related to mental health** (separation, worries about the soldier's location, etc.). Housekeeping or other problems were not considered critical.

Relatives of military personnel are **in constant, daily anxiety or stress**, especially when their loved ones are on the front line, in the zero or first positions. It is worth noting that **at the stage of training and the beginning of service, it was to some extent easier psychologically for those families whose soldier was recalled for service not for the first time.** However, this applies to those who were demobilized without significant injuries or psychological traumas from their war experience.

Respondents named the following reasons for **mental health problems**:

- Constant worry about a family member who is serving

- Increased anxiety and nervousness as a result of communicating with a service member who is stressed or anxious
- A difficult period of adaptation in the first months of service (worries about the unit's location, difficulty enduring a long separation, and a lack of communication for a long time)
- Constant worries about his health and the inability to do anything about it
- Worries about missile attacks
- Lack of information about the soldier who is missing or in captivity
- The inability to endure the loss of a loved one.

The majority of participants from military families noted that they did **not need psychological support from specialists for themselves or their families.** Large families cope with stressful situations and anxiety for their relatives in the military easier. Several respondents noted that they had relatives or friends working as professional psychologists, so they periodically received some kind of consultation from them during friendly conversations.

An exception may include the families of fallen soldiers, namely, the immediate family



Military families



"I came to the village council, and what? How did they help?! The head says, "We'll find you a car, but don't forget to pay for it. We'll give you diggers, but you have to pay them"... I say, "At least let me talk to a psychologist." She said she would look for one. And still no answer... No help."

(spouse, parents, and children), who need professional help and support. A participant whose husband died noted that she had turned to the village council for psychological services for herself and her child, but had not received them.

Respondents also emphasized the **importance of free and professional psychological assistance** and relevant **courses for all Ukrainians** on how to

"communicate with military personnel on traumatic topics" and "dealing with negative psychological states."

Necessary services for military families:

- Legal support;
- Transportation services;
- Organization of leisure and development activities for children;

- Support in employment and childcare while parents work;
- Psychological services for families of fallen soldiers;
- Community's support and assistance with the soldier's burial

The most important service that relatives of the military need is "Support for the return of a serviceman to his family."

1 Supporting the return of the military to their families

2 Orientation assistance

3 A feeling of safety and support from the community

4 Support during post-integration into civilian life

4 The Union of Military Personnel



Military families



"There are also many cases, for example, when he comes back from the war and says: "I've taken a human life, and not just one. I am a murderer. It's not the same as killing a dog, I can't live." I'm... I don't even know what to say to such a person. I'm trying to pretend I haven't heard what he's saying... It's clear what he did there during the war and when he's on leave, it's eating him up from inside, he's realized that he killed people there, there's someone there, and it tortures him."

Service providers and community leaders

In this category, we conducted 8 in-depth interviews with its representatives:

4 IDIs with service providers

4 IDIs with representatives of communities in Khmelnytskyi, Zhytomyr, and Poltava oblasts.

Key Insights:

- State service providers work on a reactive model
- Insufficient resources to meet material needs and provide in-kind assistance
- Insufficient coordination with humanitarian and community organizations
- Lack of employment services
- Low salaries and insufficient qualifications of service specialists
- Lack of a single place for obtaining certificates and unified databases
- Lack of assistance from specialized government agencies

Respondents believe that all categories of people who come to them require special attention from service providers. The identified categories of people who need assistance and apply for social services were:

- Families facing difficult life circumstances;
- People with disabilities;
- Elderly people;
- Veterans and members of their families => Separately identified were families that did not have an official marriage certificate but lived together and had children (by law, such families are not eligible for assistance under the "military families" category);
- Families that do not cope with parental responsibilities;
- Internally displaced persons

Non-governmental organizations providing social services expand the list of recipient categories to include:

- Children living in the community;
- People facing difficult life circumstances;
- Victims of violence;
- Homeless people;
- Drug addicts;
- HIV patients;
- People released from prison;
- Women engaged in commercial sex industry;
- Men who have sex with men;
- Tuberculosis patients;
- Teenagers;
- Prisoners;
- Foster families;
- Family-type orphanages;
- Families with children affected by the war.

A **special group of the population** that requires the most attention **is military personnel (demobilized) and families of military personnel**, including those who have been **killed**. The lack of previous experience of cooperation on such a scale underscores the importance of education, training, engaging

professionals, and preparation to ensure effective assistance for this category of the population.

Representatives of local authorities emphasized that **communities should be allowed to independently approve the list of categories entitled to social services**.

Some communities noted that they were conducting a **population needs assessment**. According to the Law of Ukraine "On Social Services," such measures are taken once a year using the methods for identifying the needs as set out in this law.

The needs are identified during:

- Communication with representatives of vulnerable categories;
- Filling out questionnaires by recipients of social services;
- Filling out questionnaires by community residents (surveys on the streets of community settlements).

The key needs that service providers observed among their clients include difficulties with documentation for the military and people with disabilities. Inclusive spaces for all categories of the population and the accessibility of services are also referred to as pertinent. They particularly emphasized the existence of stereotypes about psychological assistance.

Service providers



"As for psychologist and psychotherapist services, they don't understand that a psychologist is to help them, not treat them. So, we need to erase this border, and it will take more than a year. I think so, but we have to start. We need to start, we need to involve volunteers and religious organizations so that people had a choice of where they can get social services, because today, we are the only ones in the register of our territorial community."

The lack of housing was also mentioned as a key need, especially for those who had to move for the second time.

Service providers



"The military moved their families and had to take them out again. I mean, those who moved in 2014 from the Russian-occupied territories of the Autonomous Republic of Crimea and Donetsk and Luhansk oblasts to the south of the country, Kherson and Zaporizhzhia oblasts, which are now under occupation again. They do not want to and do not understand what to do. They do not feel protected. There might be another occupation. And the issue of housing is very critical for them."

According to the leader of one of the communities covered by the study, almost the entire population seeks social services. **The main service that is most in demand is information.**

Community leaders, Khmelnytskyi oblast.



"Almost 80 percent of the population is covered. I would say that every person living in the community is involved, in one way or another. Perhaps these are not so highly specialized services, but they provide information and counseling. More information. This service is now widely used globally because there are communication technologies, mass media, websites, and Facebook. I think it's 80 percent."

In general, the representatives of local authorities assess the **level of public awareness about available social support programs** as high, unlike the representatives of non-governmental service providers.

Respondents found it difficult to identify the most important services, noting that all assistance provided in the community is in demand among residents. **The most important social services** for the community are those that are most in demand among users:

- Home care (additional reasons include the recipient's inability to care for themselves or run a household);
- In-kind assistance, including hairdresser and tailor services;

- Information services;
- Psychological assistance;
- Rehabilitation services;
- Shelter for internally displaced persons and victims of violence (including domestic violence);
- Day care.

Community leaders who participated in the study emphasize that **all social services are provided to community residents free of charge.** It was noted that community deputies made this decision and that social services are provided by city and village councils.

Community leaders, Poltava oblast.



"... all social services are provided free of charge by the decision of the session and the resolution of the deputies. We have the resolution of the city council session, where we made changes to provide all social services in the community. This one is free. The covered categories are assigned to social services departments. There are no paid services, all of them are provided free of charge at the expense of the city council."

The study participants in the category of "community leaders" generally stressed the **absence of challenges faced by the community in receiving social services and assistance.** At the same time, they emphasized the presence of minor problems when working with vulnerable categories, for example, dissatisfaction with a social worker.

Community leaders, Poltava oblast.



"Well, our department has not received any complaints. Perhaps there were none. If someone is unsatisfied with a social worker as a person or as an employee, the person receiving social services should apply directly to the management... There are different cases: someone is unsatisfied with a person, someone knows this person in the village, maybe it is an acquaintance. She does not want her to come to her house and help her. In this case, we replace social workers with others."

The entry into force of new legislation in the field of social services **has complicated the process of obtaining services for the**

population. However, community representatives noted that their authorities are "socially oriented," so all institutions in the community help people to get the service they need, and social workers collect the necessary documents to sign a service contract.

It is worth highlighting that some communities cannot provide:

- Rehabilitation services for children due to the lack of specialists;
- Inpatient care because the service is provided by the state, and the local budget does not have enough money to ensure it;
- Organizations for veterans and their families that provide psychological and legal support, programs for adaptation to civilian life and return to the family;
- Rehabilitation for the military (individual statements);

 **Community leaders, Khmelnytskyi oblast.** 


"there's so much pain for all of us now that we should not wait until the guys come home with a victory to start providing them with social services. We need to work on adapting the family now. Because the family needs to know that it has changed during the war. The family member who is fighting now has changed during the war. Good psychological support should be available now. There is a shortage of psychologists, and there are almost no people that would be equal."

- Facilities for the homeless;
- Provision of necessary medicines to rural health posts;
- Activities and facilities for the development and leisure of people with cognitive disabilities.
- Day care;
- Shelter for victims of violence.

Some of the **services that the community cannot provide are purchased from neighboring communities and the**

recipients are sent there. The services are still free for the public, including the transfer.

It is important to emphasize the observation that **officials are not inclined to talk about problems.** Most of them talked about achievements and positive aspects. The answers were limited to discussing the needs that were regulated and financed by the central government.

 **Community leaders, Khmelnytskyi oblast.** 

"Of course, there are problems. I'm just saying I can't talk about them because I'm an official. Well, if there were any problems, we would write to our leader, the mayor. We would write an official note, there would be a decision of the executive committee... It's not the case that we remain idle and wait without taking any action to address a problem."

Representatives of service providers noted that communities did not provide:

- Support with employment;
- Shelters for the homeless, victims of violence, and people released from prison;
- Comprehensive client management from the identification of their needs to the time when the person can solve their own problems and cover their own needs.

Scheme of social service provision

❖ By municipal institutions:

Application of a community resident to the institutions (listed above) => the study of the citizen's needs by specialists => filling out of an application and preparation of documents for the provision of social services (with the help of social workers) => consideration of the application => social service provision.

For **large communities**, the scheme of social services provision may be as follows:

Collection of needs among the recipients by the elected head => transfer of information to the social service => creation of a schedule for visiting the mobile social office in each community settlement (once a month) => service provision.

❖ **By non-governmental organizations:**

Search for potential recipients (including with the help of municipalities and local governments) => initial needs assessment => offer of the services that can be provided to the recipient => contract execution => service provision.

Cooperation of governmental social services with charity funds and public organizations is focused mainly on providing in-kind assistance to the population. However, the respondents talked about the experience of inpatient care or temporary shelter provision by a public organization. That is, a reappointment is made. It is worth emphasizing that the service is also paid for out of the city council budget and is provided to the public free of charge.

Cooperation with charity funds, businesses, and public organizations facilitates the work of the social services and assistance sector. Furthermore, public organizations conduct information campaigns and identify clients for social services.

 **Community leaders, Khmelnytskyi oblast.** “

"... they help us, they help our residents. If a non-governmental organization takes on a greater role, we would be grateful for the cooperation and for resolving the issue, perhaps on equal terms."

Some representatives of non-governmental organizations noted that for **better satisfaction of the key clients' needs** they additionally require:

- Human resources:

direct involvement of specialists to increase the staff;
improvement of employees' competencies;
psychological support for employees;
- Financial resources:

- for financial assistance for service recipients;
- for purchasing fuel for vehicles to reach remote settlements;
- for implementing new projects.

- Changes in the legislative framework, the creation of a veteran policy, which is currently missing in the country, according to respondents. At the same time, it was noted that the regulations necessary to provide services to military personnel, veterans, and their families are already being implemented.

Service providers need the following resources:

- Increasing the number of social work specialists;
- Trainings and work with employees on job burnout;
- Digitalization of social services;
- Development of a unified map of social services for the population;
- Intellectual resource, including training of employees for participation, projects creation, grants writing, and attracting donor support (individual statements)

Community representatives generally declare that they do not need additional resources. It was emphasized that all requests from citizens were satisfied and financed out of the city budget. The only difficulty is the lack of professional psychologists willing to work in rural areas, depressed regions with no large enterprises and no developed infrastructure.

 **Community leaders, Poltava oblast.** “

"... we have the right conditions, we have workspaces, computers, equipment... a municipal institution applied. They received requests for technical rehabilitation equipment. These are wheelchairs, canes, and crutches. So, the session allocated funds and we bought them."

Service providers identified problems that make it complicated or impossible to provide certain social services to the population and the necessary **resources that could improve the situation:**

- Lack of motivation among the population to seek psychological support;
- Problems with the provision of in-kind assistance (especially fuel materials for beneficiaries);
- Material resource;
- Intellectual resource (training employees in project development, grant writing, and donor assistance);
- Trainings and addressing employee burnout;
- Digitalization of social services, as well as the ability to order certificates on one website;

Service providers



"Again, this requires both material and intellectual resources. That is, to develop a project. So, you need to have at least some idea of how to develop it, how it is often used in this project, how to finance it, how to do everything correctly, so that there are no questions later. So, of course, the training is a 100% improvement of our skills."

- Low salaries of social workers;
- Training of specialists to provide psychological support.

Service providers



"There is a lack of psychologists who work with military personnel and those who will work with their families. They will have to be trained. They should already have some experience in providing psychological assistance because we all understand that when the victory is won and the guys come back, these boys and girls will return from the front line. They will be our target audience with whom we will have to work to reintegrate this category of individuals into society. But these people have family members who live in the community today. We have already started working with them."

Service providers



"Women do not apply. Social workers working in communities do not see the problem of domestic violence at all. Last year, I held a number of information sessions in small territorial communities, and the social workers said: "You are so smart, you know, you came from the city! It's easy to talk! Everyone here lives like this. Where will she go? Who needs her here, in the village? Or should she go to your city?" They are not even interested in redirecting these people. They will tell the victim, "Sorry, honey, you have a house and a garden, so, go and work. Everyone lives like this."

Separately, among the **challenges** that **organizations** providing social services face in their work, the following were highlighted:

- **Lack of assistance from specialized government agencies in solving people's problems.**

Service providers



"I spent 4 years recovering documents. I'm telling you, this is the mission of a social worker. But when you come to the state migration service, you realize that they are not interested. If you don't have certain documents, no one would write to alternative institutions to retrieve them..."

- **Ill-conceived state programs regarding the treatment** of certain types of diseases. For example, hepatitis treatment is expensive and time-consuming and is fully covered by the state. At the same time, diagnostics are also expensive, but the state does not cover their cost.

Service providers



"... now I am even approached by people who serve in the Armed Forces of Ukraine, who have been withdrawn and are currently in hospital. They ask for financial assistance to pay for a hepatitis test, which is necessary for treatment. That is, the treatment is free, but all the diagnostics that need to be done before treatment are expensive."

- Absence of zero tolerance for violence (especially domestic violence). It was emphasized that during trainings delivered for social workers of municipal institutions, especially in rural areas, there were

statements about the impossibility of combating domestic violence.



- Lack of dormitories for long-term accommodation of people who have suffered from violence and undergone rehabilitation.

- **Lack of coordination in the "humanitarian organization – humanitarian organization" and "humanitarian organization – local authorities" formats for matters of covering the basic needs of vulnerable categories of the population, including internally displaced persons.** The essence of the problem is that in large settlements, humanitarian aid is often provided by several organizations. This allows people to live on the money and assistance they receive instead of trying to find a job. In contrast, vulnerable categories in remote areas and small settlements received humanitarian aid once every 3 months at most. At the same time, there is no opportunity to find a job in this area.

Service providers



"We more than cover their needs. Humanitarian aid does not have a single database where we could see a specific person. Yes, this is a problem of personal data protection, that is, we do not have a publicly available database for us to see that a citizen Karpenko received 3 rations here, 2 rations there..."

- **The reluctance of local authorities to sign contracts with shelters so that victims of violence can stay there and undergo rehabilitation.** There is no reappointment of such people by social services. Respondents think that the reason for this is the need to pay money for this service, which the

community does not have or saves for other needs.

- **A lack of understanding among the population of what social services are and how to access them.**

Service providers



"... a child with autism was born. Before the child turned 4, the mother did not know and did not understand that it was autism and that her child needed early intervention services. She didn't even know where to go, or how it would be, what it would be, whether it would be free, for example... That is why there are a lot of such systemic gaps

- **Stigmatization of social services.** Entry barrier to accessing social services – they are needed by vulnerable population categories who are stigmatized and will not seek advice or assistance on their own. It was emphasized that social workers should look for them at their places of residence.

Service providers



"... when we talk about social services, we are still working with a vulnerable category that is very stigmatized. Accordingly, they will not come to some beautiful center to tell some manager that everything is bad for them. And very often these people, these families, are vulnerable, they do not realize that they are in trouble. They just go with the flow and sink even further into this social bottom."

- Danger of working with families at their place of residence. Social workers are usually women. In the families they work with, there may be aggressive, drunken men who pose a danger not only to family members but also to social workers.

Systemic barriers to providing social services:

- **Difference of the social service models:** application of community residents to institutions (if social services are provided by municipal institutions) or searching for potential recipients (if social

services are provided by non-governmental organizations).

- **Lack of coordination in the** "humanitarian organization – humanitarian organization" format
- Representatives of local authorities emphasized that communities should be allowed to independently approve the list of categories entitled to social services.

All respondents are positive about the possibility of **co-financing social services with the state**. It was emphasized that today, social services are provided exclusively out of the community budget, so any share that the state can finance would be welcomed by the communities.

Community leaders, Zhytomyr oblast.

"... if the state took on a greater role. Yes, everything now comes from the local budget, from the local government administration. If the state took on some part of the costs, it would certainly be easier for us to co-finance something. For example, we are building the Veteran Hub with our own resources, and if it were state-funded, we would have been operating long ago..."

Separately, service providers identified the problem of domestic violence in communities and the lack of places for victims to live. There are issues with police motivation to accept reports of violence, including financial or psychological abuse. The local authorities are reluctant to sign contracts with shelters so that victims of violence can stay there and undergo rehabilitation. **Among the services provided by state-funded organizations, social service providers highlighted the maintenance of shelters and crisis rooms.**

Among the possibilities for improvements in the provision of social services, respondents singled out:

- Increasing the number of social work specialists;

- Ensuring advanced training for social service workers;
- Setting salaries that would attract people to the profession;
- **Creation of databases where all key points in the cases of clients receiving services will be recorded, which will** reduce the need to ask the recipient to bring various certificates;

Service providers

"If one specialist quits, another comes in. They already have the history and see all the dynamics of families. And if the family moves somewhere, we also see it. We don't need a separate one to do everything over again. And now the software and the digitalization of Ukraine in general allows us to do this at such a decent level. So that this platform could really do everything possible to reduce the amount of paperwork."

- Development of a **unified map of social services for the population** with information about all social organizations, services, and customer reviews;
- An **extensive advertising campaign** about organizations and types of social services.

The study participants emphasize the importance of changes in legislation so that any organization (both municipal and non-

Service providers

"... social advertising that would be on television and radio, let's say, on different channels. And it would be published somewhere. There are more chances for people to see it if it's in the employment center, on a mandatory basis, or in the social protection department. Where documents are issued to vulnerable categories... so that everyone has access and understanding..."

governmental) could provide social services. It is also possible to introduce licensing for the provision of social services. In the case of transferring the provision of social services to non-governmental organizations, the state will act as a controller, while social service agencies may carry out monitoring.

Overall, respondents emphasized that they did not observe a high level of civic engagement.



Community leaders, Khmelnytskyi oblast.



"Our civil society institute is not very well developed, so people tend to approach local authorities more than public organizations."