



Yana (name changed), 9, sits at her desk at the Ukrainian school in Warsaw
Paul WU, DEC

REPORT

EXPERIENCES, NEEDS AND ASPIRATIONS OF CHILDREN, ADOLESCENTS AND CAREGIVERS DISPLACED FROM UKRAINE

September 2023

Canada

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ACRONYMS

AMIF	Asylum, Migration and Integration Fund
CATI	Computer-assisted telephone interviewing
CP	Child Protection
CVA	Cash and Voucher Assistance
EU	European Union
FGD	Focus Group Discussion
FRA	European Union Agency for Fundamental Rights
GP	General Practitioner (medical doctor)
KII	Key Informant Interview
MHPSS	Mental Health and Psycho-social Support
MSNA	Multi-Sectoral Needs Assessment
NGO	Non-Governmental Organisation
RRP	Regional Refugee Response Plan
SCI	Save the Children International
TPD	Temporary Protection Directive
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

Summary

IMPACT Initiatives and Save the Children International (SCI) conducted a mixed-method child protection (CP) and Cash assessment between November 2022 and April 2023 to better understand the needs and experiences of the refugee children and their caregivers in Europe.* As part of its ongoing regional longitudinal phone survey, IMPACT conducted 15,229 interviews with Ukrainian refugees living in 24 European countries. Complementary to the survey, IMPACT conducted qualitative consultations with 307 children aged between 8 and 17 years old, focus group discussions (FGDs) with 115 child caregivers and 33 host community members, as well as 34 individual key informant interviews (KIIs) with service providers in the CP, education and health sectors in Poland and Romania.

Key Takeaways

The assessment demonstrates that refugee children and caregivers from Ukraine feel generally safe in their host countries and enjoy, for the most part, access to a range of services. Yet many continue to face significant challenges as result of their displacement.

Well-being and safety concerns

"I am worried whether we will be able to return to Ukraine to my dad and my kitten." - Girl, 8-11, Romania

During the consultations in Poland and Romania, children said that they were most worried about missing their family, friends or pets left behind in Ukraine. They also expressed concerns about not knowing the local language of the host country and about experiencing xenophobic remarks and bullying in their host location. Particularly younger children reported bullying and xenophobic remarks, both by other children and by adults, and instances of physical bullying were mostly mentioned by young boys in Romania. Loneliness seemed to be most prevalent among adolescents in Romania and younger children in Poland. Similarly, caregivers across the 24 countries reported in the survey that children were most negatively affected by worries about the future (17%), not having

* The research was funded by SCI, Global Affairs Canada, and the Swiss Agency for Development and Cooperation.

enough friends around them (13%), not knowing the local language (13%), and missing friends and family in Ukraine (9%).

Protective factors

Children in Poland and Romania highlighted family, in particular mothers, and friends as their most trusted adults for seeking support. In both countries, some of the younger children stated they had no one they trusted to reach out to or help them in case they had a problem, and some said that they would instead solve problems by themselves. Caregivers, on the other hand, reported in the regional survey that they especially trusted host-government institutions, such as police (32%) and state social services (25%), and volunteer/community organisations (24%).

“In Poland, my relationship with my mother is better than it was in Ukraine. The war changed my parents. They listen to me now.” - Girl, 12-14, Poland

CP needs and service access

In the consultations in Poland and Romania, children reported that better access to extra-curricular activities, especially sports, and more leisure time were their main needs. In both countries, adolescents often highlighted their independence and that they would reach out to the relevant service providers, such as healthcare practitioners or teachers, for their respective needs. In Poland, children also stressed the need for better access to Polish language classes, while children in Romania urged for more in-person education. Similarly, caregivers reported in the survey that children most urgently needed access to extra-curricular activities (17%), healthcare services (14%) and education and childcare (9%) – despite an increase in children’s access to these services between the survey rounds.

Although psycho-social concerns negatively affected children’s and caregivers’ wellbeing, the survey and consultations demonstrate that only a few children and caregivers sought out access to MHPSS services. Particularly adolescent girls explained they wanted to talk to a psychologist, but that they did not know how to contact one, or that their parents disapproved.

Language-, cost-, and information barriers, as well as long waiting times and availability of staff were the key obstacles to accessing services, according to caregivers and service

providers in survey and qualitative interviews. Adolescents in Poland explained that their school schedule specifically conflicted with extra-curricular activities, and service providers in Romania highlighted that adolescents had more difficulties accessing extra-curricular activities because less programs were directed towards them.

Integration and movement intentions

87% of caregivers in the regional survey reported that they planned to stay in their current location in the short-term, mainly for security reasons (31%) and due to better access to education (27%), employment opportunities (24%) and accommodation (23%). Qualitative interviews with caregivers in Poland and Romania show that most families plan on returning to Ukraine once the security situation allows. **Refugees and host communities in both countries explained during the qualitative interviews that knowing the local language was both the most important facilitator of and barrier to integration.** Despite this, only 32% of caregiver survey respondents across the 24 countries reported attending local language classes. **Enrolment in local schools and joint activities with local children were seen as other important facilitators.** Host community members mentioned the unclear intentions of refugees to return or to stay in the mid- and long term as a barrier to integration.

“We really need jobs for half a day or part-time jobs because everyone has children, and usually everyone here is alone, with no one to help. For example, I am alone here with two children. I can't leave them alone, and there are many people like me here.” - Female caregiver, Romania

Financial situation

In Czech Republic (58%), Poland (54%), and Slovakia (51%) most refugees were working either in the host country or remotely in Ukraine or other countries, compared to Germany (16%), where households were largely dependent on government assistance.

During qualitative interviews, caregivers in Poland and Romania explained that a **lack of appropriate childcare options and the language barrier were significant obstacles that would prevent them from finding employment.** The assessment also shows that refugees spent most (44%) of their monthly expenses on food and beverages. **Only in Poland, households spent more than a quarter of their expenses on rent.** The cost burden of paying

for accommodation was also highlighted by service providers during the qualitative interviews in Poland.

Recommendations

Given the challenges children from Ukraine and their families face, governments, the European Union (EU), civil society and humanitarian organisations can take several steps to improve their lives. Importantly, all those providing care, services or making decisions related to children from Ukraine should give them the space to express their opinions on matters that concern them and take their opinions into account when taking decisions.

To host country governments:

Generally:

- Ensure child participation and consultation in the design, development and implementation of national-level policies related to Ukrainian refugees.
- Include civil society and local authorities in the programming and monitoring of the national response to displacement from Ukraine.
- Make sure that refugees have access to social protection and CP systems and are aware of their rights and entitlements on an equal footing with the national population.
- Make sure that the refugee population has access to information on the available forms of legal protection (asylum or Temporary Protection*) and can access them as well as legal assistance.
- Ensure service providers, especially health care services, are aware of relevant procedures, policies, and laws in support of refugees and their rights and entitlements.
- Make sure that services are inclusive of persons with disabilities and children with high support needs.
- Ensure an environment where refugees feel welcome and where social inclusion and cohesion are promoted through campaigns, awareness, messaging, targeted events and initiatives in coordination with civil society organizations and humanitarian actors.

Specifically:

- Subsidize and increase access to a wider range of extra-curricular activities and to specialized healthcare, including Mental Health and Psycho-social Support (MHPSS) services and dental care, for low-income households, so that no child is left behind.

* Under the EU's Temporary Protection Directive (TPD)

- Increase refugees' awareness about physical healthcare and MHPSS services available, when and how to access them.
- Subsidize and increase access to childcare, especially for single caregivers, to reduce barriers to employment and reduce stress.
- Provide sports, music and other recreational activities for refugee children, integrated with local children. Tailor those activities, so that they are age and gender- appropriate and inclusive and meet the needs and priorities of children.
- Increase access to and awareness of local language courses for refugee children and their caregivers, as well as other preparatory classes for students entering the local education system.
- Enable the integration of Ukrainian children into local schools by expanding school capacity, training teachers, hiring additional support staff, and providing language support for the children.
- In Poland specifically, decrease financial barriers to accommodation for refugees with children.
- Improve labour market access and income from work for people with disabilities.

To the EU:

- Commit to provide protection to all refugees who fled the conflict in Ukraine, without discrimination, for as long as hostilities are ongoing in the country and until it is safe to return by extending the application of the TPD to March 2025, or providing international protection as appropriate. Authorities should start considering how to guarantee access to international protection without delay in case the hostilities will continue beyond the timeframe of application of the TPD, in order to avoid any gaps in enjoying residence permits, access to education, health and other services.
- Ensure that the European Child Guarantee national action plans include children from Ukraine, specifically in the areas of education, housing, and mental health support. EU Member States should make adjustments to plans to ensure this, if they have already been submitted.
- Continue to provide financial support to EU Member States for expansion of school capacity, healthcare access and childcare. Moreover, the allocation of EU funding for the Ukraine response should remain conditional on fulfilment of the criterion of distributing 30% of funding to civil society organisations and local authorities for cohesion and AMIF funds.
- Systematically gather country-specific data on reception and support provided to refugees and on the use of related funds.

To civil society organisations and other humanitarian actors:

- Systematize children's participation through the creation of online and offline spaces at all levels for children's meaningful, safe and sustained participation in program design and implementation.
- Strengthen family and communities' ability to respond to the mental health and psychosocial needs of children and increase access and availability of focused, non-specialised MHPSS services.
- Ensure Cash and Voucher Assistance (CVA) programs are tailored to support specific income gaps, such as Cash for Rent, Cash for Protection, Cash for Education etc.
- Ensure the availability of age and gender appropriate recreational activities to support psychosocial wellbeing and community integration of Ukrainian refugees.

Inherent value of children's consultations

Beyond the value of the assessment's findings on CP needs and the financial situation of Ukrainian refugees in host countries, the inherent value of direct consultations as a method of assessing children's and adolescents' needs was illustrated by the young participants' urge to express their concerns and work on solutions together with peers and adults.

INTRODUCTION

As of mid-August 2023, around 6 million Ukrainian refugees remained displaced across Europe due to the ongoing hostilities that escalated into a full-scale war on 24 February 2022.¹ Most of the refugees are women and children. Humanitarian organisations and governments require more robust information on the protection needs and risks that Ukrainian families with children face in Europe. The Ukraine response has suffered from a lack of visibility of the voices of children throughout their journey. In addition, despite much of the humanitarian assistance being delivered in the form of cash/voucher assistance, humanitarian organisations lack information on the financial situation of Ukrainian refugees – and how it interacts with their needs and service provision.

To fill the knowledge gaps described above, IMPACT and SCI conducted a mixed-method CP and Cash and Voucher Assistance (CVA) program assessment in Europe between November 2022 and April 2023.² This included a regional survey in 24 countries and qualitative research in Poland and Romania.³ SCI and IMPACT jointly developed the research tools and conducted training of data collection teams. The research was funded by SCI, Global Affairs Canada, and the Swiss Agency for Development and Cooperation.

The assessment sought to provide answers to the following research questions:

- 1. What are the demographic profiles of households with children and adolescents displaced outside of Ukraine?**
- 2. What are the main risk and protective factors that affect the extent to which children, adolescents and their caregivers displaced outside of Ukraine are protected from violence, abuse, exploitation, and neglect?**
- 3. To what extent are the child protection needs of children, adolescents and their caregivers displaced outside of Ukraine being met in the host country, and do specific vulnerabilities affect how their needs are met?**
- 4. What are the main facilitators and barriers to integration in host countries of children, adolescents and their caregivers displaced by the conflict in Ukraine?**
- 5. To what extent are households displaced by the conflict in Ukraine able to pay for their living expenditures abroad?**
- 6. What are the perceptions of households with children and adolescents displaced outside of Ukraine regarding their return to the country?**

The assessment included a longitudinal phone survey with Ukrainian refugees*, in-person refugee children's consultations†, focus group discussions (FGDs) with refugee caregivers and host community members, as well as key informant interviews (KIIs) with CP, health and education service providers in host countries. The tools were developed in partnership with SCI.

The inherent value of direct consultations as a method of assessing children's needs was illustrated by their urge to express their concerns and work on solutions together with peers and adults. The humanitarian community has an obligation to listen to these voices and integrate children's consultations more actively in their program planning and design, in line with the UN Convention on the Rights of the Child,⁴ and as outlined in the Core Humanitarian Standard.⁵ Asking children to express their needs and describe their experiences is crucial for ensuring that those affected by crisis own the evidence and the proposed solutions are relevant to them.

The project also demonstrated the usefulness of longitudinal data analysis with refugees as a method to follow individual experiences over time. This temporal dimension of displacement analysis allows for better taking into account the effects of changes in policies and assistance in the host states, changes in the dynamics of the conflict setting that caused people to flee in the first place, and finally, changes in the actions and aspirations of the refugees themselves.

* "Ukrainian refugees" will be used throughout the report to refer to the children and caregivers participating in this research. However, the survey also included a very small number of non-Ukrainian nationals among the refugees.

† "Children" in this report refer to all participants of the children's consultations, while age differences in the research results will be highlighted by referring to "younger children" and "adolescents".

METHODOLOGY

Quantitative methods

IMPACT collected quantitative data through CP and Cash modules added to its ongoing monthly, longitudinal survey between November 2022 and April 2023. IMPACT conducted 15,229 phone interviews with Ukrainian refugees living in 24 European countries. This data aimed at providing a quantitative “baseline” of refugees’ experiences of being displaced from Ukraine and living with children in the host community, as well as providing insights into their financial situation. Analysis focused on the five top-refugee-hosting countries of the Regional Refugee Response Plan (RRP) (Czech Republic, Moldova, Poland, Romania, and Slovakia), as well as Germany, which hosts the second largest Ukrainian refugee population in the EU, after Poland. Results for these six countries were disaggregated by several demographic variables, such as gender of respondent and existence of a person with disability in the household.

The CP survey included questions on CP needs, safety and well-being risks, protective factors, as well as service access and barriers of the children and their caregivers. Moreover, interviewees were asked about facilitators and barriers of integration and movement intentions. The Cash survey, on the other hand, included questions on respondents’ occupation status and employment category, as well as on household income and expenditures, savings and remittances. Both surveys collected demographic information on the respondents and their household, such as age, gender and number of household members and presence of a person with disability in the household.

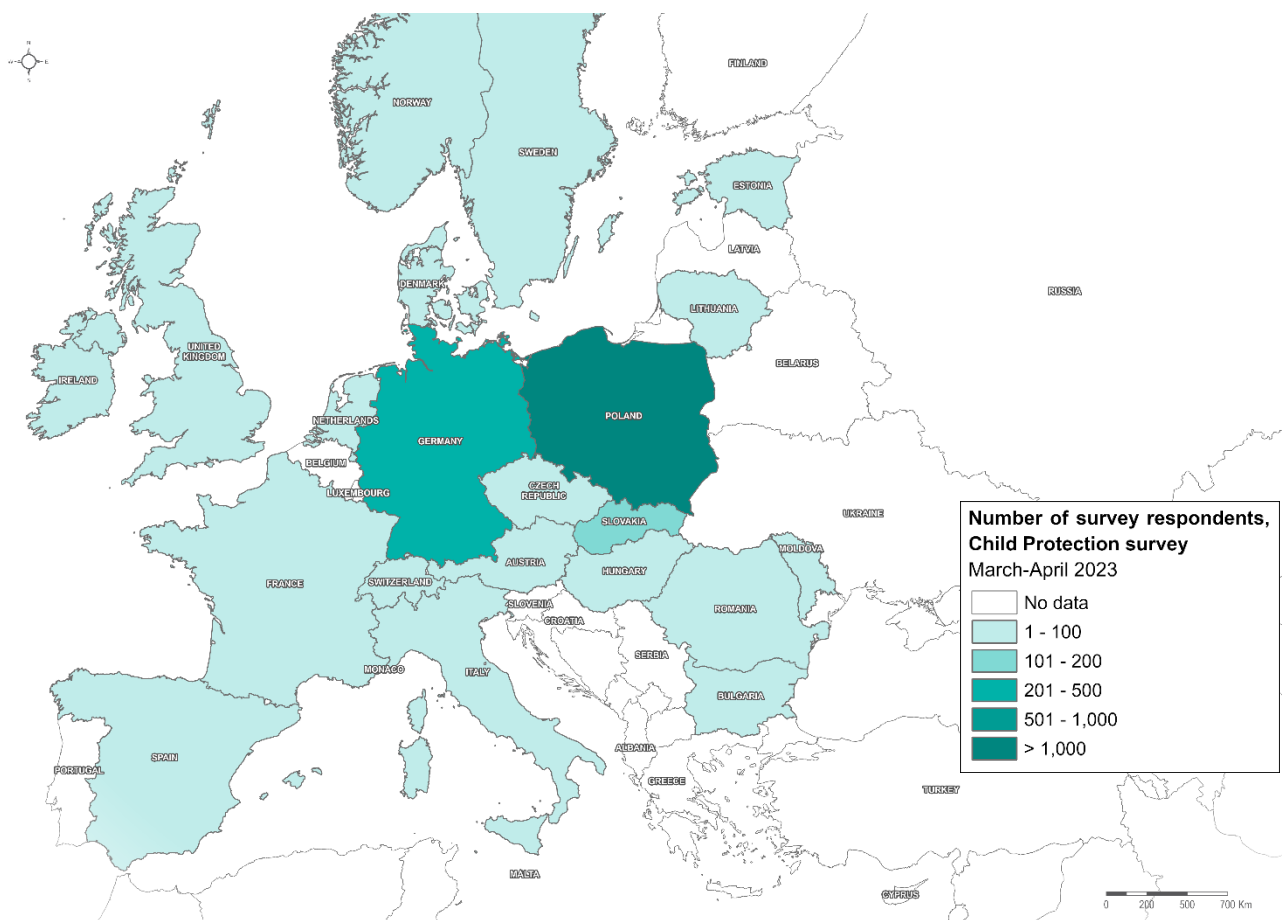
Researchers identified respondents through convenience sampling among people who have crossed the border from Ukraine. Consent was obtained as part of a data collection initiative implemented in partnership with UNHCR at border crossings, transit sites, and reception centres in Poland, Slovakia, Hungary, Romania, and Moldova. Respondents were also sampled through the dissemination of an invitation to the survey via social media. Only people that were at least 18 years old were interviewed. Those who agreed to participate were called one month after their consent for the first survey. Most respondents continued across several survey rounds.*

* The sample follows a fixed panel plus “births” design, whereby samples of new people displaced are added to the survey sample regularly. The addition of new respondents to the panel allows for a more accurate sample of the dynamic target population, incorporating people displaced after the beginning of the initial data collection. It also allows addressing attrition to ensure a significant sample of respondents over time. Each round of data collection takes place on a fixed monthly schedule and new respondents are included in the panel and interviewed during the next round of data collection following their consent, together with ongoing respondents.

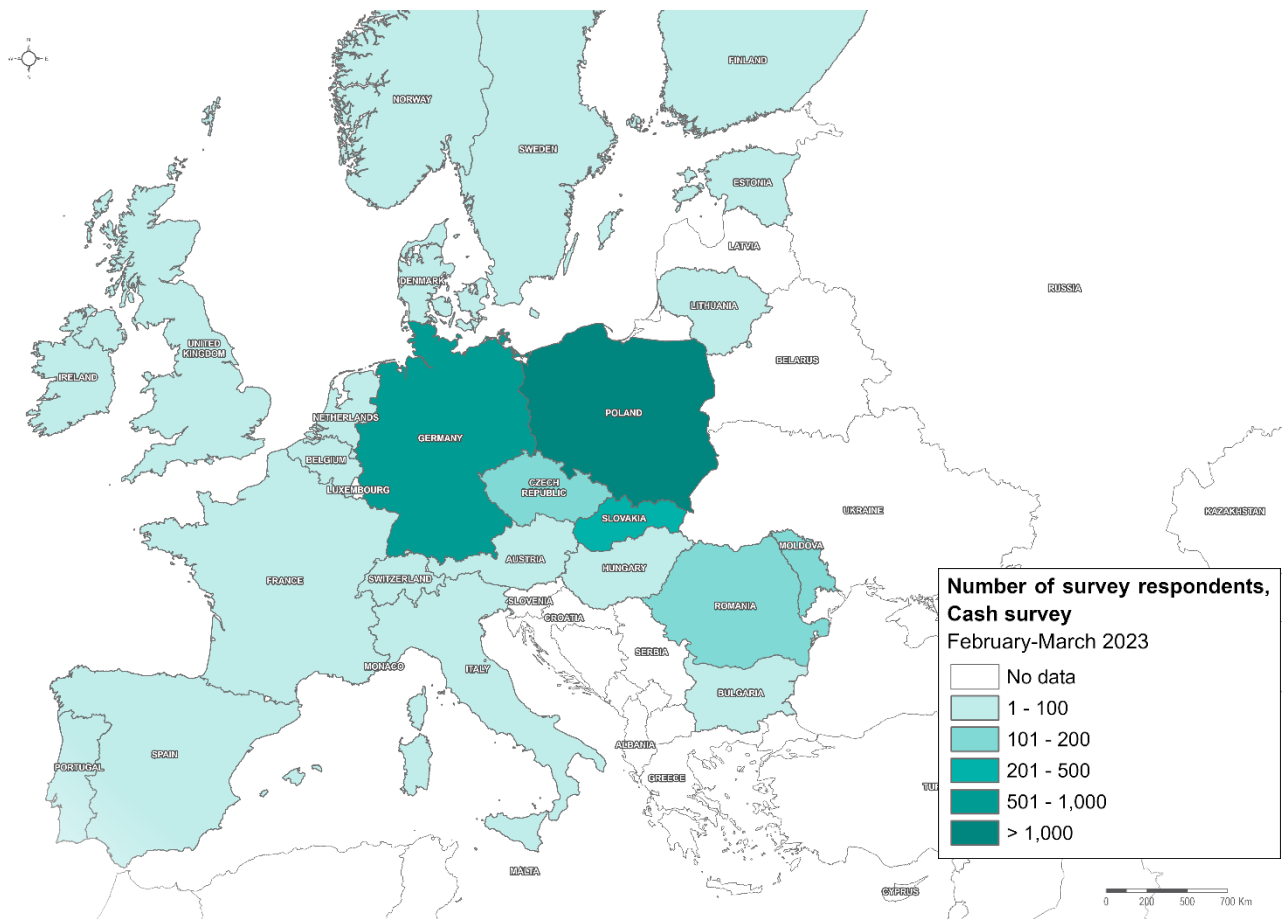
Data was collected through computer-assisted telephone interviewing (CATI). Interviews lasted, on average, around 20 minutes. Questions on CP were included in two survey rounds and questions on financial aspects of refugees' lives were asked to respondents during three rounds:

- Child Protection survey (see map 1): Between 16 November and 7 December 2022, and again between 10 March and 3 April 2023, the team conducted two rounds of a total of 4,489 phone surveys with refugee child caregivers.
- Cash survey (see map 2): Between 13 December 2022 and 7 March 2023, the team conducted three rounds of a total of 10,740 phone surveys with refugees (including those who were not caregivers).

Map 1: Number of survey respondents during CP survey round March-April 2023



Map 2: Number of survey respondents during Cash survey round February-March 2023



Qualitative methods

Complementary to the survey, in partnership with SCI, IMPACT conducted qualitative research in Poland and Romania in December 2022 and January 2023. This included children’s consultations, FGDs with child caregivers and host community members, as well as individual KIIs with service providers in relevant sectors. IMPACT also conducted desk research of secondary data on the protection and socio-economic situation of Ukrainian refugees in the six main refugee-hosting countries.

Children’s consultations

In December 2022 and January 2023, the IMPACT research teams* conducted 46 gender and age separated consultations with 307 refugee children (145 girls and 162 boys) from Ukraine living in Poland

* The data collection teams were composed of two facilitators and either one or two not-takers. When possible, teams were gender-separated. All team members were Ukrainian.

and Romania. The children discussed about their safety and well-being concerns and protective factors in the host country, as well as about their CP needs, service access and barriers. The consultations were implemented at child-friendly spaces and schools provided by SCI in Poland and SC Romania (Salvati Copiii) as well as Save the Children's partner NGOs in five locations with a large refugee population in both countries: Warsaw and Krakow in Poland and Bucharest, Galati and Suceava in Romania. Children were purposively sampled by SC and partner organizations based on gender (boys and girls) and age group (8-11, 12-14, 15-17), among those children who took part in their programs.* The semi-structured consultations relied on age-appropriate child participatory methods† delivered in group settings, which were tried and tested (e.g., in inter-agency children's consultations as well as children's consultations conducted by SCI). Each consultation included between three and eight participants‡ and lasted between 90 minutes and two hours. Additional consultations with some children and caregivers were held by SC staff in Suceava, Romania in March 2023, to close the feedback loop and validate analysis results and child-friendly briefs.

FGDs with caregivers

Eight gender-segregated FGDs with 115 refugee child caregivers from Ukraine were implemented at the same schools and social hubs and during the same period as the children's consultations. They also relied on the same data collection teams. The caregivers discussed about their and their children's safety and well-being concerns and protective factors in the host country, as well as about children's CP needs, service access and barriers. They also talked about facilitators and barriers to integration of children and themselves in the host community and about their experience of finding salaried work. Participants were selected based on their gender (men and women) and duration of stay in the host country (minimum two weeks). Between three and nine caregivers took part in each FGD.§ The discussions lasted between one and two hours.

FGDs with host communities

IMPACT research teams** conducted six FGDs with 33 host-community members in the same five locations and during the same time period as the children's consultations. Participants were asked to discuss facilitators and barriers to Ukrainian refugees' integration in their location. The groups were not gender segregated. Participants all lived for several years in the respective host community, having almost

* The latter ensured children were in the country long enough to be able to discuss meaningfully the needs they have and their access to services.

† Activities conducted with the children, depending on age appropriateness: *Body mapping*, FGDs, *dot voting*, *Yes-No-Maybe*, *Helping Hands*, feedback activities.

‡ Between six and eight participants were invited to each consultation, but some invitees did not attend.

§ Between six and eight participants were invited to each FGD, but some invitees did not attend.

** The teams for the FGDs with host communities were composed of one facilitator and one not-taker and were not gender segregated. Team members were Romanian and Polish speaking.

exclusively the nationality of the host country. Between four and eight participants took part in each FGD.* Discussions lasted between 45 minutes and two hours.

KIIs with service providers

34 individual KIIs were conducted with government, NGO and UN service providers from the CP, healthcare and education sectors. Interviews took place either in person or virtually (depending on the preference of the respondent) in the same five locations and during the same time period as the children's consultations. Interviews lasted between 30 minutes and one hour.

Ethical considerations

Written consent for their children's participation was obtained from caregivers in advance, and ascent was obtained from the children at the start of each consultation. For the interviews with adults, the researchers obtained verbal consent. All survey and qualitative tools were designed to minimize risk of upsetting, re-traumatizing or otherwise harming participants of the survey and qualitative interviews. Most notably, respondents were not asked to discuss their experiences during the war, the current situation in Ukraine, or own experiences of abuse or trafficking. The teams conducting the children's consultations were trained in child participation methods and the safe identification and referral of CP and safeguarding concerns to relevant actors. A referral pathway was in place to help provide timely support should serious concerns or unmet urgent needs be disclosed. The research was approved by an independent ethics review committee facilitated by SCI.

Limitations

Due to the method of convenience sampling for the survey, findings from the quantitative data collection are only indicative – not statistically representative – of the needs and experiences of Ukrainian refugees. Moreover, refugees in three of the six countries with most refugees – Czech Republic, Moldova, and Romania – are underrepresented in the sample when compared to the distribution of refugees in Europe. Additionally, the absolute number of survey respondents in these countries is less than 100 per round, which makes the findings less robust than in Poland, Germany and Slovakia.

Qualitative data collected for this research also has several key limitations: Research participants took part in SCI's and its partner organisations' programs, and therefore their needs were likely less pronounced and

* Between six and eight participants were invited to each FGD, but some invitees did not attend.

service access more positive compared to those who did not take part in such programs. Moreover, no children with disabilities and almost exclusively children of Ukrainian origin were consulted. Finally, due to the organizing of children consultations at child-friendly spaces, schools and hubs led by SCI and partners, many participants of the children's consultations in Romania and all child participants in Poland were attending Ukrainian hubs or Ukrainian schools led by these organisations at the time of the interviews. Therefore, the report does not provide robust information on the situation of children attending public schools or no schooling at all.

Disaggregation of research results

For the quantitative analysis, survey results were disaggregated by survey round (i.e., time), country, gender, age, occupation, education and single-caregiver status of respondent, household size, and presence of a person with disability in the household. Qualitative results were disaggregated by gender (for children and caregiver FGDs), age group (for children) and location. This report focuses on notable differences in the results between survey rounds and sub-groups of research participants. When no reference to sub-groups is made, no notable differences have been found. All quantitative findings for each disaggregation method can be accessed through this [online dashboard](#). Additional time and country-specific findings can be accessed through the CP country briefs for [Poland](#) and [Romania](#).

For more information on the methodology used for this assessment, please refer to the [Terms of Reference](#).

SOCIO-DEMOGRAPHIC PROFILES

Gender and age of respondent

Figure 1: % of survey respondents in March-April 2023, by gender



Respondent and household demographics remained stable between the two CP survey rounds. Out of the 2,151 respondents in late 2022, and the 2,228 in early 2023, 95% were women (see figure 1). The larger share of women respondents reflects the gender distribution of adult Ukrainian refugees in Europe (around 80% female) due to the general mobilization of men in Ukraine and is close to the 89% women respondents included in a comparable UNHCR survey of the overall refugee population.⁶ The slight over-representation of women respondents in the sample is likely due to the larger share of women caregivers. On average, across the two survey

rounds, 54% of the respondents were between 31 and 40 years old. 41- to 50-year-olds accounted for 27%, followed by 18- to 30-year-olds (13%).

Education of respondent

Almost two thirds (63%) of caregivers indicated that they had received university education*, while about a quarter (27%) had completed technical or vocational schooling. Formal education levels among the caregivers in the sample were therefore slightly higher than those in other reports on the general Ukrainian refugee population in Europe.⁷ At the same time, findings from a study in Germany showed that education levels of Ukrainian refugees are higher than those of both the general population in Ukraine and the German population.⁸

Household composition

The share of households that reported they had 2 members remained constant, at 29% across both rounds, and 35% of households counted three members.[†] This was followed by households with four members (20%) or more (18%). Almost all members of the surveyed households with children were either women

* Bachelor, master, PhD or higher.

† In both survey rounds, the respondents interviewed reported having on average 3.4 members in their household. As only respondent households with children were included in this survey, the average is slightly higher than the 2.9 average of the three Cash survey rounds that also includes non-caregivers and the 2.6 average reported for the general Ukrainian refugee population in Europe.

(42%) or children (52%) (see figure 2). This household composition is comparable with regional UNHCR estimates.⁹

Potentially vulnerable household members

Half of the surveyed households with children were led by a single caregiver* (see figure 3), and 99% of single caregivers in the sample were women. The share of households that reported including a person with disability (15%) or pregnant or breastfeeding women (6%) also remained constant across the two rounds. Very few respondents indicated that their household includes children that are not usually under their legal responsibility (3%). The share of these groups among household members is consistent with findings from other assessments.¹⁰

Figure 2: Average % of household members in March-April 2023, by gender and age group

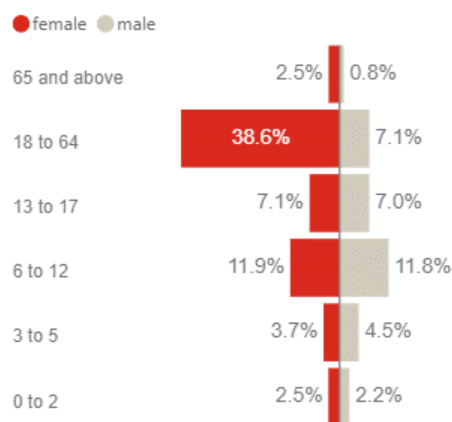


Figure 3: % of households led by single caregivers in March-April 2023, by gender

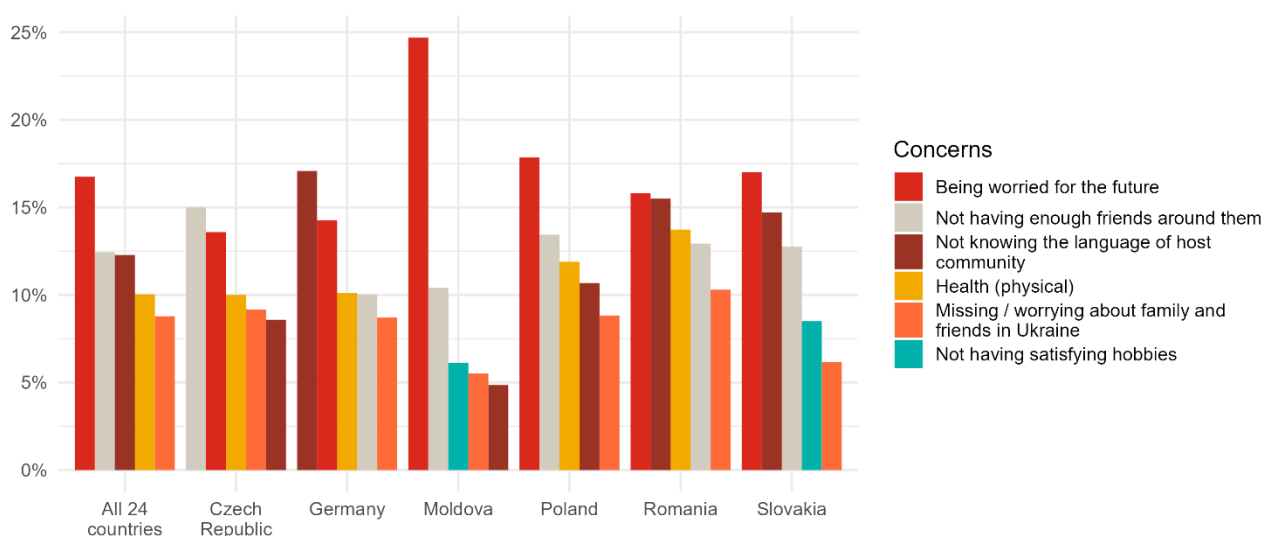


* For the purpose of this report, the term “single caregivers” refers to those respondents that said that they were responsible for taking care of children in their household and who did not report any other adult household member.

SAFETY AND WELL-BEING CONCERNS

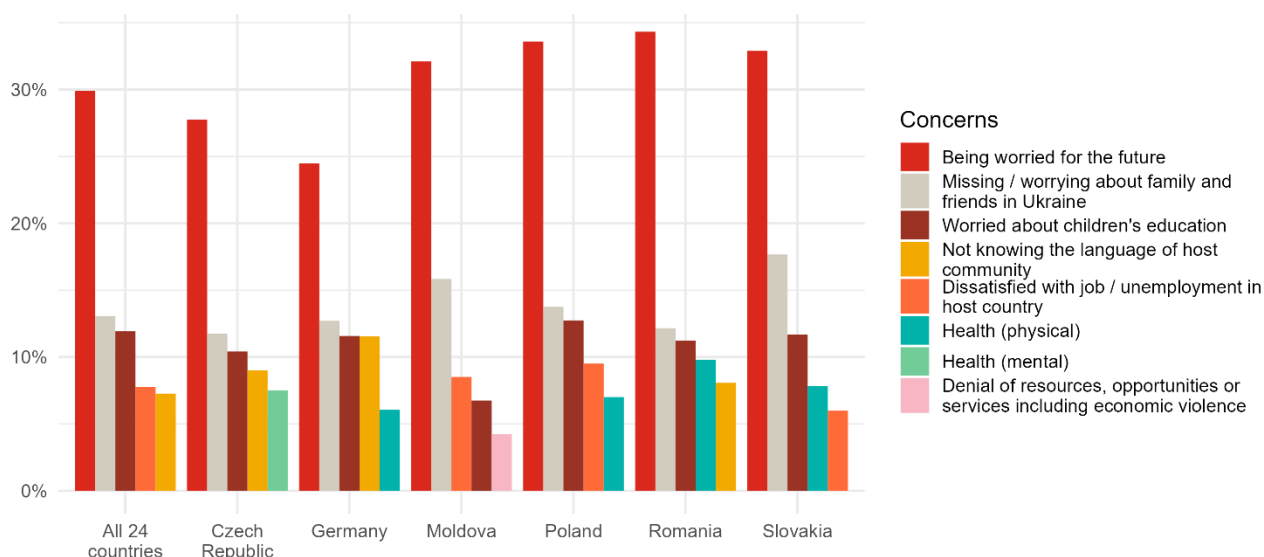
Overall, across the 24 surveyed countries, about half of the respondents reported no safety and well-being risks or concerns for neither caregivers nor children. Single caregivers more often reported refugee children’s concerns than respondents with co-caregivers.* The concerns that survey respondents reported for children largely fall into three categories (see figure 4): psycho-social concerns, concerns related to access to services, and the language barrier. Mirroring the survey findings, during qualitative interviews, children said they missed and worried about family and friends and that they sometimes felt lonely. They also highlighted the language barrier as a concern, explaining that it limited their autonomy as well as the financial situation of their household. Caregivers, in both the survey (see figure 5) and FGDs, highlighted issues related to the financial situation as some of the most significant concerns faced by caregivers. Other top concerns reported for caregivers through the survey largely mirror those reported for children. However, in the consultations, children also described additional concerns, related to harassment from locals and to the financial situation of their household, suggesting a potential gap in perception with their caregivers.

Figure 4: % respondents by main safety and well-being concerns of refugee children from Ukraine in host country (top 5), by country and type of concern - average between survey rounds 1 and 2



* Corresponding to the definition of single caregivers provided in the chapter on socio-demographic profiles, households with multiple caregivers refer to those where the survey respondents reported at least one other adult household member - disregarding whether this member played a caregiving role or not.

Figure 5: % respondents by main safety and well-being concerns of refugee caregivers from Ukraine in host country (top 5), by country and type of concern - average between survey rounds 1 and 2



Worries about the future

Across the 24 surveyed countries, the top concern reported for both children (17%) and caregivers (30%) was that of being worried about the future (see figures 4 and 5). This was also the most reported concern for children in all but two* of the top 6 refugee-hosting countries (see map 3). The share of respondents reporting worries about the future for children and caregivers remained stable across the two survey rounds - both when looking at aggregated results for all respondents and changes for individual respondents. In both rounds, worries about the future were more frequently reported as a concern for refugee caregivers than for children.

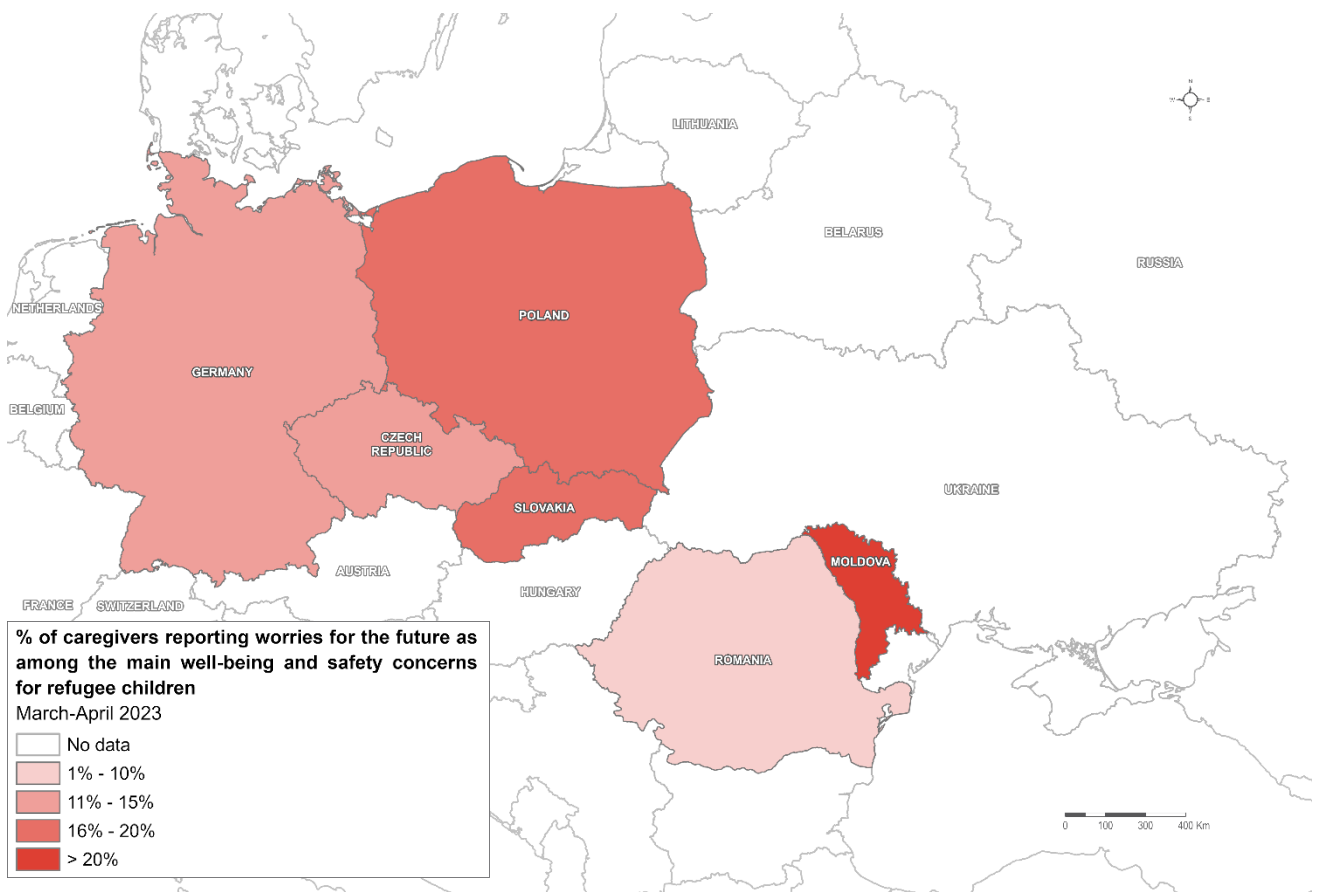
More single caregivers reported being worried about the future as a concern for the children in their care (19%) compared to respondents from households with multiple caregivers (15%). A possible explanation for this would be that single households have lower levels of family support in the host country, which have the potential to increase stress levels of caregivers who have to take on dual roles and responsibilities in their caregiving duties. This could increase their concerns about their children's future. As will be further explored in the chapter on income and expenditure patterns, single-caregiver households were also less

* The exceptions were Germany, where most respondents mentioned concerns of the children not knowing the local language (17%) and Czech Republic, where caregivers indicated they were most concerned about children not having enough friends around them (15%).

likely to have employment and more likely to face costs as a barrier to services for themselves and the children in their care, compared to non-single caregiver households.

During the qualitative interviews, worries about the future were not mentioned as such, as children and caregivers were able to go into detail about the nature of their concerns, such as financial concerns or the uncertainty regarding their movement intentions.

Map 3: % respondents reporting worries about the future as among the main concerns for children



Separation and loneliness

“I am worried whether we will be able to return to Ukraine to my dad and my kitten.” - Girl, 8-11, Romania

Psycho-social concerns related to separation from family and friends emerged as a significant risk factor for the well-being of refugee children and caregivers from both the survey and qualitative interviews,

and they remained stable across survey rounds. Survey respondents indicated that worries about family and friends in Ukraine were top concerns for children (9%, see figure 4) and for caregivers (13%, see figure 5). Similarly, during consultations, many children expressed missing their family, friends and pets in Ukraine. Caregivers and service providers also described that the displacement and family separation negatively impacted the well-being of both children and caregivers. Some service providers related behavioural changes they noticed in children, such as outbursts of anger or isolation to these factors. This echoes previous findings, which indicate that almost half of Ukrainian refugee children felt restless and about a third said they felt anger.¹¹ In another study about half of the children aged 12-15 said they had trouble sleeping, focusing, and felt they lost self-confidence.¹² Additionally, during consultations in both countries, children often talked about missing Ukraine generally and wanting to return. In Romania, young boys (8 – 11 years old) also said that they were concerned about the war or that they were following news related to it.

Caregivers in the survey also highlighted loneliness as a significant concern for children (12%, see figure 4). Mirroring this, some children also said they did not have enough friends or felt lonely – particularly older children (12 – 17 years old) in Romania and younger children (8 – 11 years old) in Poland. This difference in the age groups may be related to the differences in education and extra-curricular activities between the two countries. In both countries, some of the younger children stated they had no one they trusted to reach out to or help them in case they had a problem. Some children explained that they did not go out of their homes much. In Romania, they said they had no interest to go out or they had limited access to peer activities, while in Poland this was mainly attributed to the lack of time because of the employment of the caregivers.

A few children in both countries mentioned they had a conflictual relationship or no trust in their caregivers. In Romania, this was mainly reported by young girls (8 – 11 years old). There, some of the children explained that they felt their caregivers were not listening to them or that they could not keep their secrets. Additionally, in both countries, some of the younger children stated they had no one they trusted to reach out to or help them in case they had a problem. While the parent-child relationship seems to be under stress in some cases, as will be seen in the next section, in both Poland and Romania, children saw family as the most important protective factor.

Language barrier and new environment

“Once I got lost and couldn’t explain to anyone that I was lost.” – Boy, 12-14, Romania

Children in Poland and Romania mentioned that they were concerned by the language barrier and by being in an unfamiliar environment. During the consultations, they explained that these affected their

autonomy, making it difficult for them to move around, communicate with the host community, and to access services or extra-curricular activities. A few children also said that unfamiliar places made them feel scared at times. This corresponds to previous findings showing that refugee children from Ukraine had difficulties with the language barrier in host countries, along with the changes to their routine and surroundings of their host communities.¹³

Overall, 13% of caregiver survey respondents in the 24 countries indicated a lack of local language skills as one of the main concerns for refugee children. The share slightly decreased from 14% to 11% between late 2022 and early 2023, while it remained constant for caregivers (8% and 7%, respectively). In the FGDs, caregivers described the language barrier as an issue impacting the autonomy of the children, although some, particularly in Romania, mentioned they allowed their children to travel in the city by themselves. Some service providers in Romania also highlighted that being in an unknown environment increases exposure to risks of exploitation for both caregivers and children. The unknown environment, however, was not reported during the caregiver FGDs as an important concern for caregivers themselves.*

Verbal and physical harassment

In the qualitative interviews, most children and caregivers said that they felt safe in Poland and Romania. Similarly, across the 24 countries surveyed only 6% of respondents reported being concerned about verbal harassment, and 2% about physical harassment or violence for refugee children. The share of respondents who indicated verbal or physical harassment as concerns for caregivers is even lower (1% for both). The share of survey respondents remained stable across survey rounds.

At the same time, when asked about their main worries and concerns, during consultations children mentioned different forms of violence as one of the most important issues. In both countries, but especially in Poland, children reported experiences of xenophobic or upsetting remarks from members of the host community. Children in most of the consultation groups in Poland mentioned instances of verbal violence,

* Notably, no questions regarding severe cases of violence were asked during the qualitative interviews with children or caregivers.

and participants of almost half of the groups described having witnessed or experienced cases of physical violence. Some children in Poland mentioned that they felt unsafe on public transport because some locals said offensive things to them. Younger children also recounted instances of bullying from peers, particularly in Polish schools* and xenophobic reactions from adults, usually in public spaces or transportation. A few caregivers in Warsaw also said that they were aware of children being bullied in schools. In both countries, gender did not seem to be a factor with regards to verbal hostility, either from peers or locals, however, in Romania instances of physical bullying were reported mainly in young boy groups. The boys mostly mentioned that these usually took place on playgrounds.

During the survey very few caregivers in the survey reported verbal harassment (6%), having a conflictual relationship or being bullied by the local community (2%), or other types of violence as well-being concerns for the children in their care. Further, in contrast to the reports in Poland, where both children and caregivers in the FGDs talked about incidents of aggression from locals, in Romania these were exclusively reported by children. This may suggest a gap in the awareness of caregivers regarding the concerns of children.

Financial insecurity

Children expressed concerns and worries related to their caregivers' stressors, especially regarding the household's financial situation. Some children expressed worries about their household's financial situation

“Most of all, Ukrainians are worried about finding a job. Because dad's salary is not enough for the whole family. Mom is looking for a job every day. She has already been to many job interviews, but the salary is very small.” - Boy, 12-14, Romania

and some also noted their families could not afford the same amount and quality of food or access to certain services as before the displacement.

In Poland, children often also said that it was difficult for their families to find accommodation. They explained this was either because there was a lack of availability, or because it was difficult to be accepted with children, pets, or also due to the available housing often being far from their caregivers' place of

work. Caregivers, particularly women, as well as service providers in Poland, confirmed that it was more difficult for households with children or pets to find accommodation. Moreover, service providers in both countries highlighted that the difficulty of finding longer-term housing was a significant risk factor for children, as it created an unstable environment for them. Some service providers highlighted

* At the moment of the consultations, none of the children attended Polish school. Their testimonies are based on previous experience or the experience of friends or classmates.

accommodation as the most important concern for refugee households, expressing concern particularly regarding the situation of households residing in collective shelters who would not be able to contribute to their accommodation costs – which they were obligated to do based on the Polish government's recent policy changes. The service providers explained that this increased the risk of eviction to the already heightened risk of violence, abuse and exploitation that children face in collective shelters.

The testimonies of some children illustrated that they were aware of the difficulties their caregivers faced when searching for employment, and they mostly described the same barriers as the caregivers. Adolescents (both girls and boys) said that they were looking for employment themselves and supported their caregivers by helping with chores or looking after younger siblings. While increasing their autonomy and serving as extra income to the household, adolescent's employment could also put them at greater protection risks. Notably, children's concerns about the household's economic situation seemed to be largely invisible to their parents: While some caregivers in the FGDs and the survey reported to have concerns related to financial aspects, they did not mention this as a significant concern for the children in their care.

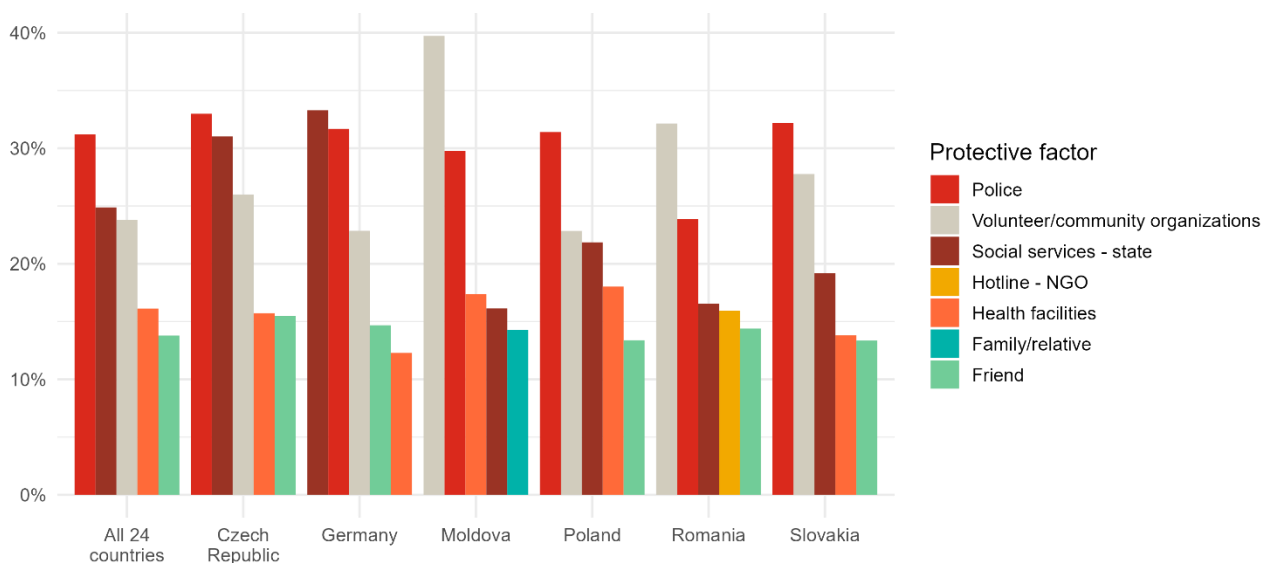
Unaccompanied or separated children

While the risks related to unaccompanied or separated children were not the focus of the assessment, some CP service providers in Romania highlighted their increased vulnerability. They explained that they were exposed to increased risks because of the limited capacity of the local social services to manage the increased number of cases. This echoes previous reports that service providers from the Bucharest social services indicated that their workload had significantly increased due to the war.¹⁴

SOURCES OF SAFETY AND WELL-BEING

Children overwhelmingly described family and friends as their main sources of safety and well-being. Both children and caregivers also mentioned that the host community, particularly hosts, neighbours, friends or volunteer organisations helped them feel welcome and provided support. Caregivers in the survey and children during consultations also described host institutions, particularly the police as a significant source of safety. The importance of each protective factor remained relatively stable across survey rounds (less than 5%).

Figure 6: % respondents by top 5 protective factors for refugee children from Ukraine in host country, by country and type - average between survey rounds 1 and 2



Family and friends

Across the 24 surveyed countries, only 14% caregivers indicated friends and 9% family as a protective factor for children. Within the top 6 countries, family was generally not mentioned as a top protective factor, the exception being Moldova (see figure 6). In contrast, during

“If there are problems, I will talk to my parents. If I need a piece of advice, I will talk to my friend.” - Girl, 8-11, Romania

consultations in both Poland and Romania, children overwhelmingly reported that family and friends were the people they could rely on most. This was despite them worrying about family and friends in Ukraine and often lacking friends in their current location. This echoes previous findings that show refugee children

from Ukraine were able to talk about their worries with their family, but also that the majority of children felt that parents were sensitive to their emotional well-being needs.¹⁵ In both countries, children most often mentioned that the first persons they would ask for help would be their parents, particularly their mother, followed by siblings and friends. One explanation for the difference in perceived importance of family and friends between children and caregivers may be related to the weakening of adults' social and family support networks due to the war and displacement.

Additionally, single caregivers saw family as a less important protective factor (8%) than households with multiple caregivers (11%). Friends, on the other hand, were indicated as a slightly more important protective factor for single caregivers (16% compared to 13%). This may relate to the fact that most women with children were displaced without their partner, due to the prohibition of men leaving Ukraine in the context of the general mobilization.

In Romania, the importance attributed to family as protective factor during children's consultations, as well as the degree of independent problem-solving and involvement into the family's decision-making slightly varied depending on age. Family was particularly highlighted as a protective factor by children aged between 8 and 14 years during the consultations in Romania, while in Poland reports were similar across all

"In Poland, my relationship with my mother is better than it was in Ukraine. The war changed my parents. They listen to me now." - Girl, 12-14, Poland

ages. In both countries, adolescents often highlighted their independence and that they would reach out to the relevant service providers, such as healthcare practitioners or teachers, for their respective needs. A few younger children (8 – 14 years old) said they would not ask for help but tend to solve problems by themselves. Adolescents mentioned being involved in the decisions of their

households and while opinions were split on whether gender impacted the inclusion in decision-making, girls and boys described similar levels of involvement. Children in both countries also explained they enjoyed activities with their families, such as being in nature, going to parks, or visiting museums. Children also highlighted that they enjoyed doing sports – in Romania, particularly older boys. Some children also mentioned they liked spending time on their digital devices, playing video games, or drawing.

Friends were the second most reported source of help or comfort during the children's consultations in both Poland and Romania. Many children said they spent time with friends or peers: in Poland at school, and in Romania through participating in activities organized by NGOs or by meeting friends in their free time. Some children said they were still in touch with their friends from Ukraine. Others mentioned they had also made friends in their current location (without specifying whether these were Ukrainian or local). However, as mentioned in the previous chapter, children and caregivers also frequently highlighted loneliness and

lack of friends in the host location as a key concern. Both the importance of friends as protective factor and the risks of a lack of thereof illustrate the positive effects of social engagement among peers for the refugee children, which will be further elaborated in the chapter on service access and needs.

Host community

Volunteer and host community organisations were indicated as an important protective factor by respondents across the 24 countries surveyed (24%) and remained stable across both rounds. Among the top 6 countries (see figure 6), such organisations were the most trusted factor in Moldova (40%) and Romania (32%). Additionally, previous findings indicate that volunteer organisations were the top provider of assistance in Romania.¹⁶

Similar to the survey findings, trust in the host community emerged as another significant source of safety and well-being referred to by both children and caregivers during qualitative interviews. Despite the instances of harassment previously described, most children and caregivers expressed that they felt safe in their host location and welcomed by the host

“If I had a problem, I would talk to any neighbour on our street. I know all of them.” - Boy, 12-14, Romania

communities in Poland and Romania. Children felt particularly safe in places where they spent a considerable amount of time, such as home, parks, schools, malls or social hubs ran by NGOs. Many children also emphasized they liked spending time in nature or parks in their current locations. Additionally, during FGDs in Poland, caregivers described schools as important protective factor for their children. They referred, in most cases, to the community-run/Ukrainian schools or hubs, attended by their children.

During qualitative interviews, children and caregivers often highlighted that they felt local communities were overall supportive. Some of the children in both countries also shared that they were helped by locals or being comfortable with asking any adult for help. Children and caregivers also explained that having local social ties was important for their household and sometimes described instances when they were aided by locals. Sometimes these were people they knew, such as hosts or neighbours, and in other cases they were strangers – with caregivers in Romania in particular describing instances when strangers would offer pocket money or sweets to their children. This mirrors previous findings that 40% of refugees with children had received assistance from locals they weren't acquainted with.¹⁷ In the same study, respondents indicated ordinary locals as the second most common source of assistance overall.

Host state institutions

Across the 24 countries, survey respondents reported that police (31%), state social services (25%) and volunteer organisations (24%) were among the actors they trusted most for seeking support with the safety and wellbeing of their children (see figure 6).^{*} The results remained stable across the two survey rounds. At the same time, only 1% of survey respondents tried to access police and 5% tried to access NGO social services. One explanation could be that respondents based their trust mostly on “passive” engagement (i.e., hearing/witnessing experiences from others) with these services, rather than on having already reached out for help themselves. Similar to reports regarding safety and well-being concerns, the large majority of survey respondents did not change their view on the main protective factors between the two survey rounds. The share of respondents with a person with disability in their household who reported trust in

“You can contact any state authorities. They are always willing to help.” - Boy, 15-17, Romania

state social services was slightly higher (27%) than those without (25%).

In Poland, a third of survey respondents reported police (31%) as one of their most

trusted factors in their host country (see figure 6). This corresponds to previous findings in Poland, where 91% of respondents reported that police were the first organisation they thought of if needing to refer someone in case they experienced violence.¹⁸ However, during consultations in Poland, children expressed diverse views on the police, with some children also mentioned they trusted police, while some also said they saw them as unhelpful.

By contrast, during consultations in Romania, almost half of the groups of children also mentioned they would ask for the help or protection of the police if they had problems or felt unsafe, indicating a positive perception of the institution there. Mirroring this, about a quarter of survey respondents in Romania also indicated police as one of most trusted protective factors (24%). Survey respondents in Romania also indicated the governmental social services as an important protective factor (17%), mirroring reports from the caregivers in the FGDs who described the 50/20 governmental programme¹⁹ as one of the most significant protective factors for their household. Notably, some caregivers expressed concern that their household would not be able to remain in Romania if the programme was discontinued.[†]

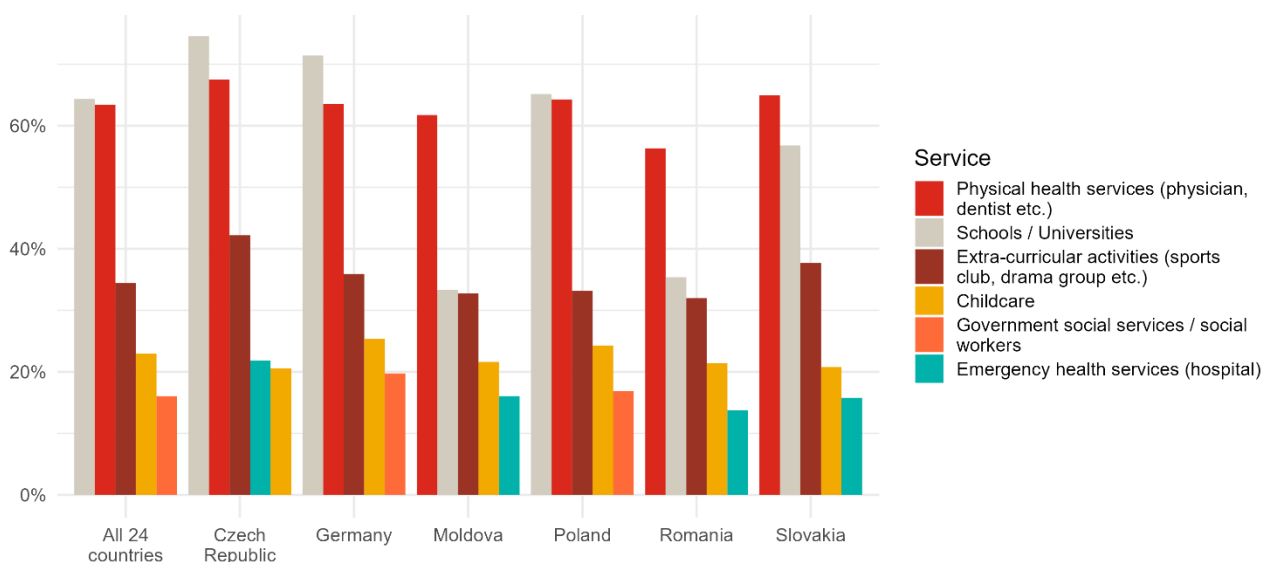
^{*} The notable exception is Moldova, where more caregivers indicated that they trusted healthcare providers than those trusting governmental social services in situations when their children needed help.

[†] The programme was modified effectively on 1 May 2023.

PROTECTION NEEDS AND ACCESS TO SERVICES

The extent to which caregivers and their children attempted to access services varied significantly between services, according to survey respondents – which is consistent across the top six refugee-hosting countries (see figure 7). Attempted access increased between end of 2022 and early 2023, especially for physical health services and extra-curricular activities. Among those who tried accessing services, the large majority of children and caregivers managed to access and afford these services (see figure 8). Successful access improved across all service types between the survey rounds. At the same time, the main unmet needs that respondents indicated (see figure 9) also corresponded to the services they tried accessing the most: extra-curricular activities*, education, and health services. These needs and gaps in service access were confirmed by qualitative interviews with children, caregivers and service providers in Poland and Romania. Access to MHPSS services was highlighted by services providers as additional priority need. Survey respondents most often reported cost of services, long waiting time, lack of available staff as main barriers to accessing services (see figure 13). In addition, participants in qualitative interviews also highlighted language barriers and lack of information as key barriers.

Figure 7: % respondents by top 5 services they or the children in their household tried to access in host country, by country and service - average between survey rounds 1 and 2



*In the survey, extra-curricular activities were referred to as “peer activities”. For consistency with the qualitative findings, they will be referred to as “extra-curricular activities” throughout the report.

Figure 8: % respondents by top 5 services they accessed and afforded least in host country, by country and service - average between survey rounds 1 and 2*

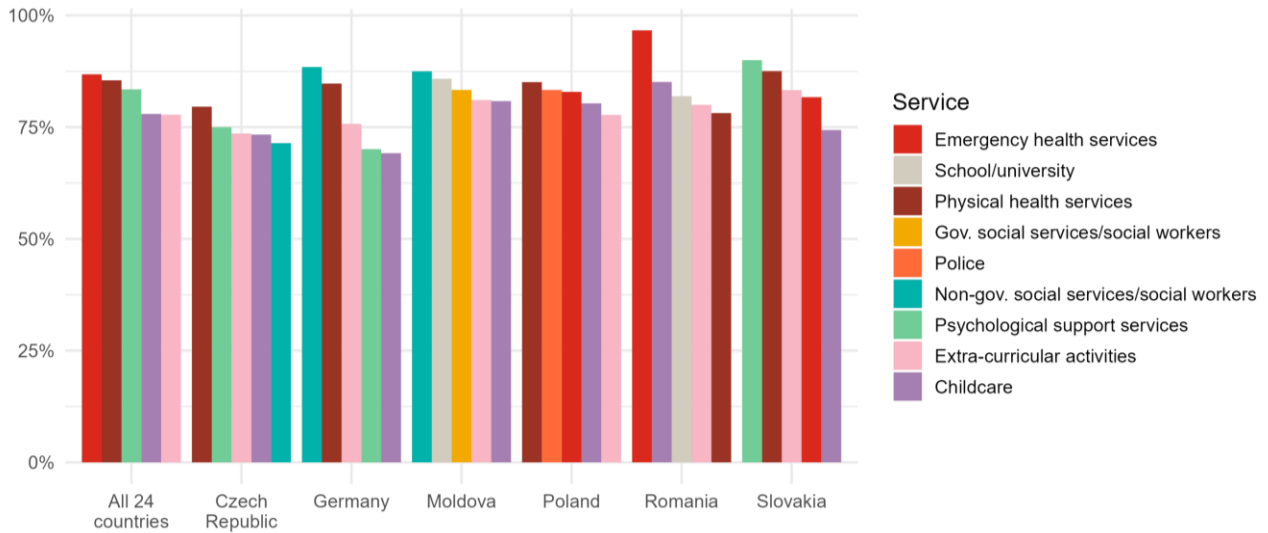
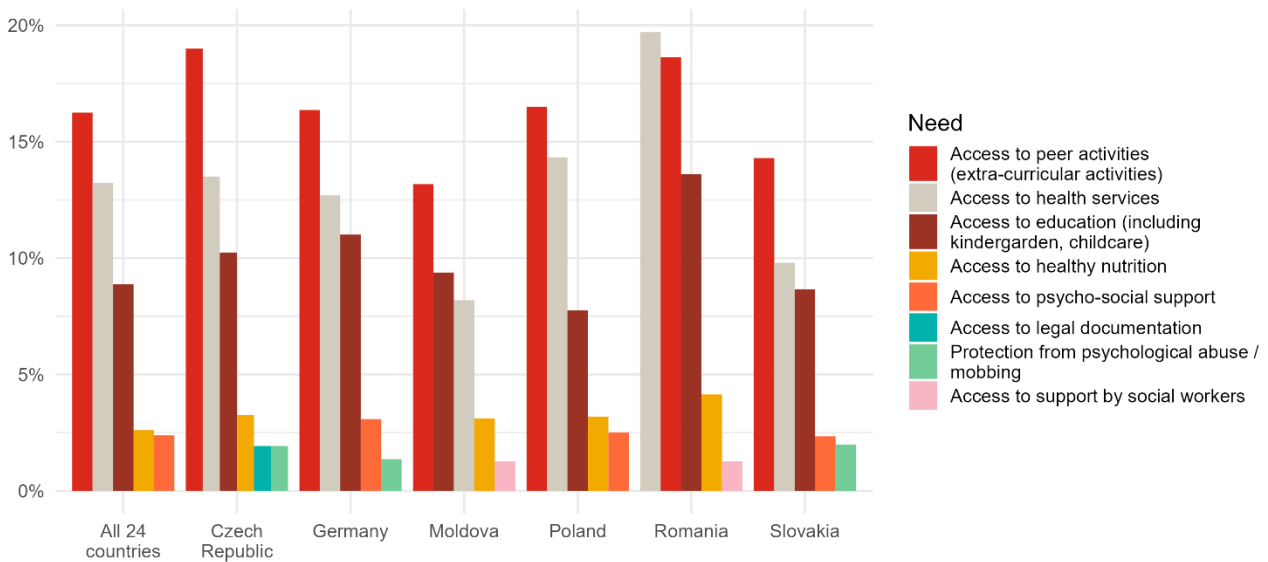


Figure 9: % respondents by top 5 unmet CP needs in their household in host country, by country and service - average between survey rounds 1 and 2

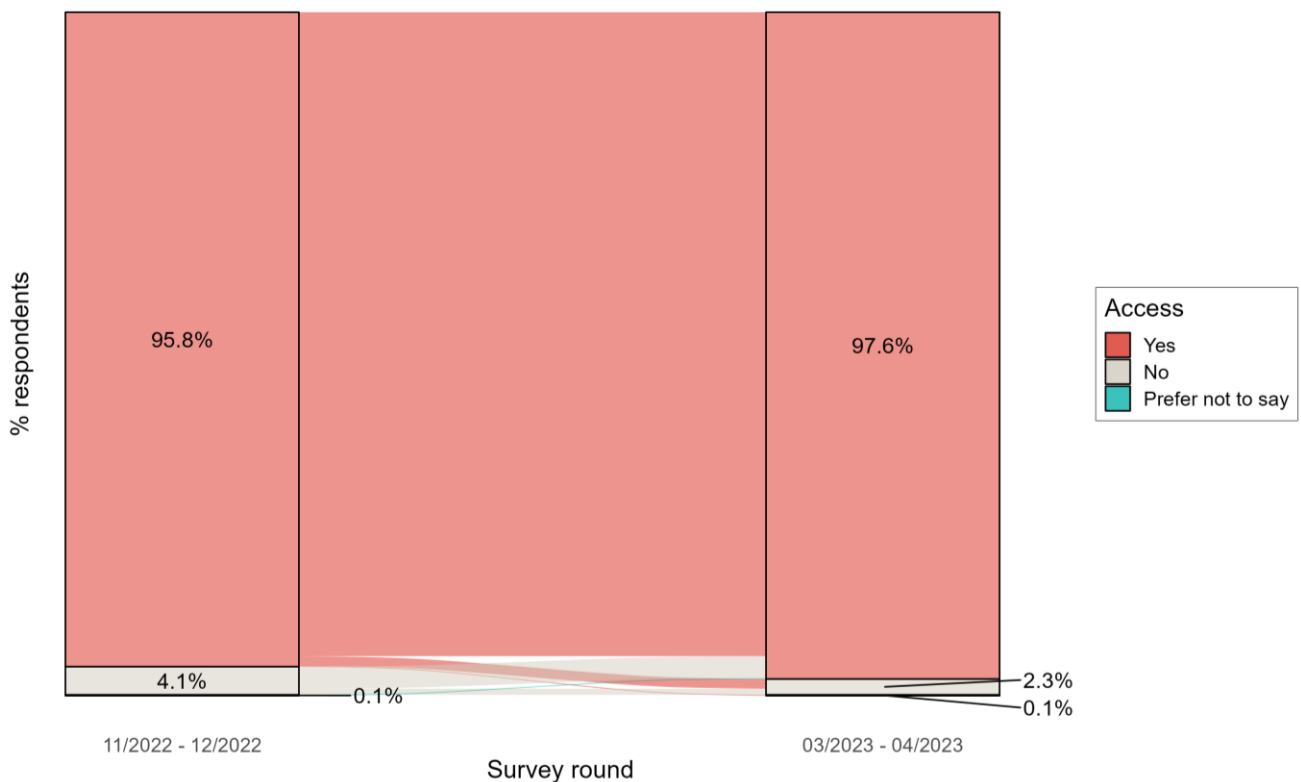


* Among those respondents who had reported that they or the children in their household had tried accessing the respective service.

Education

Education was highlighted as top priority need and one of the most accessed services in both quantitative and qualitative interviews. Across the 24 countries surveyed, respondents reported that education was the service they or the children in their household attempted to access most (64%). The share slightly increased between survey rounds from 63% to 66%. Between the top 6 countries, there are significant differences regarding attempted access – with the share of survey respondents in Czech Republic (75%) and Germany (71%) being twice as high as in Romania (35%). However, the share of respondents indicating they or the children in their care had accessed and afforded education is generally high (over 75%). Previous findings point to low rates of local school attendance among Ukrainian children in Poland (less than 50%),²⁰ and considerably lower in Romania (11%).²¹ The difference in results between the assessments could be explained by the possibility that the reported access to education in the present survey also referred to other types of education, such as online or informal education. Moreover, it is possible that some but not all of the children in each of the surveyed households wanted and managed to access local schools or universities.

Figure 10: % respondents who accessed and afforded education in host country - comparison between survey rounds 1 and 2 (n=777)



When looking at the reported access to education of the same individual respondents over time, across the 24 countries, it can be noticed that more than half of those who did not have access in late 2022, reported

they or their children had gained access by early 2023 (see figure 10). Despite the positive change, access to education remained one of the top 3 needs expressed by survey respondents across the 24 countries surveyed. Within the top 6 countries, the countries where respondents reported the need for education most were Romania (14%) and Germany (11%).

The findings from the children's consultations vary greatly between the two countries as, at the moment of the consultations, all of the children consulted in Poland were attending Ukrainian schools.* There, some of the young children mentioned that they had previously attended Polish schools, or that they had friends who had. There seemed to be differences in the experiences in Polish schools between age groups. While young children often mentioned that they had left Polish schools because of the language barrier or because they were bullied, the few adolescents who said they had attended such schools described positive experiences.

*"I miss school a lot. I am alone here." –
Girl, 12-14, Romania*

In Romania, caregivers, children and service providers mentioned that most refugee children were receiving some form of education. Most children explained they were following Ukrainian online schooling, mirroring findings that 71% of refugee children in Romania attend

Ukrainian online learning, as local school enrolment is very low compared to most other refugee-hosting countries.²² Concurring with the concerns regarding the quality of the online learning expressed by previous studies,²³ some of the children also described that often online classes were not very informative because they had connectivity issues, or that they had trouble keeping up with or understanding the content. Some children also said that studying online made them feel lonely, a concern also highlighted in the same study. Those children that were following both online classes and some form of in-person education often noted that they had no time for rest or time with friends.

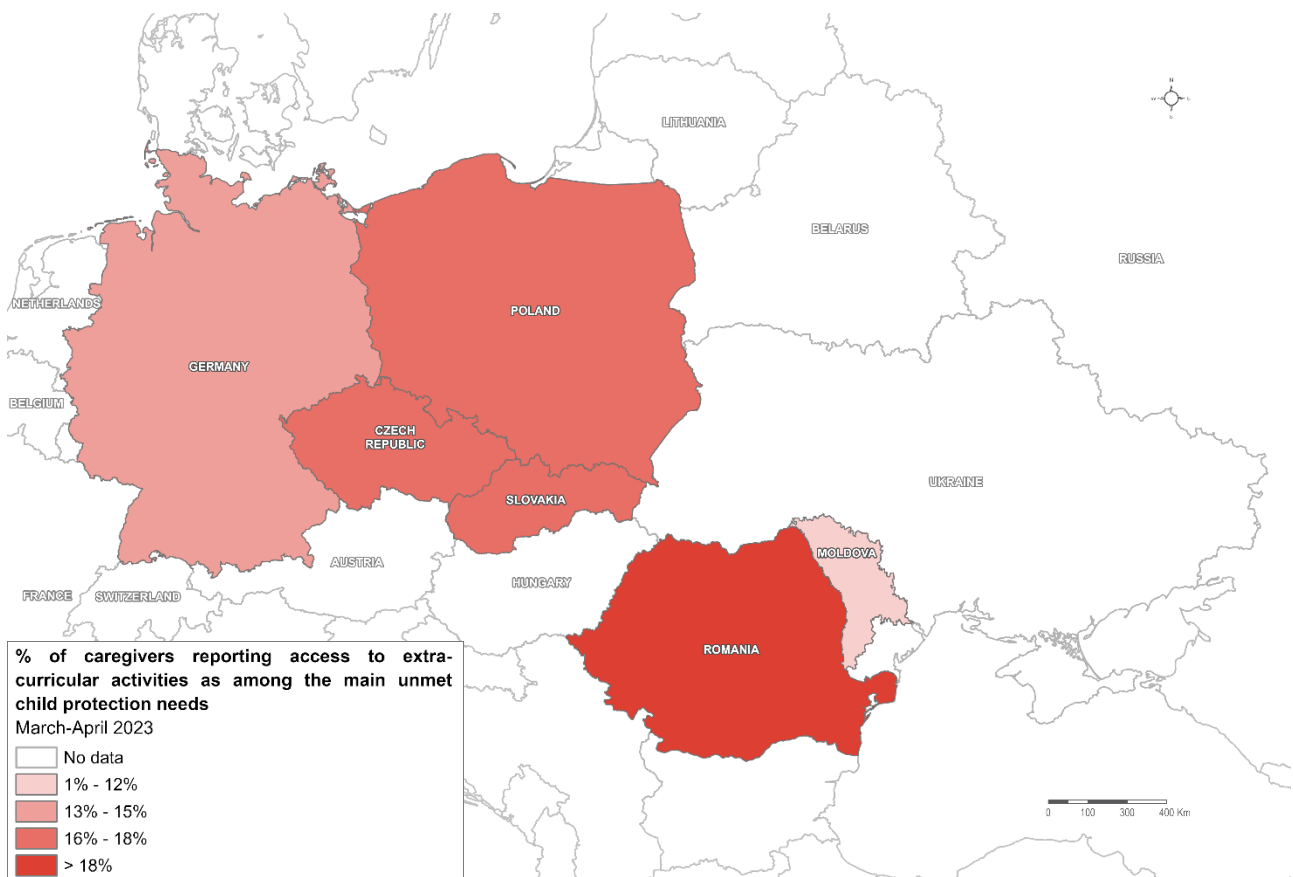
Language was identified as key barrier to local schools both in the present survey and other studies.²⁴ Most of the children in the consultations who said they were studying in local schools, mentioned they were able to speak Romanian. Challenges in the enrolment of refugee children into the Romanian educational system were also highlighted by a study conducted in mid-2022, connecting the slow intake to the lack of recognition of the studies in Romania by the Ukrainian government but also to the language barrier.²⁵ Another study suggested that the high share of children not intending to enrol in local schools may be related to the unclear intentions of refugee households regarding whether to stay in the host location.²⁶

* Ukrainian Schools in Poland are established by Ukrainian organisations and are teaching the Ukrainian curriculum. Children attending such schools do not get any official certification from Poland. All the children's consultations were facilitated at such schools by SCI's partner NGOs in Poland.

Some of the children in Romania (Bucharest and Galati) said they were studying in the informal Ukrainian schools called “hubs”. According to service providers, these often do not offer all the necessary school subjects and that the quality of teaching, as well as the content, differs greatly between hubs. Moreover, while these hubs offer a short-term solution to the language barrier and help with the socialisation of the Ukrainian children among peers, they are not a viable long-term solution for the integration of children in the local educational system, and furthermore also lack the support of the Romanian government.²⁷

Extra-curricular activities

Map 4: % respondents reporting access to extra-curricular activities as the main unmet need in host country - average between survey rounds 1 and 2



Access to extra-curricular activities emerged as a priority need for children across both quantitative and qualitative interviews. Across both survey rounds, survey respondents overall indicated access to extra-curricular activities for the children in their care as the topmost need. Across the 24 countries surveyed, about a third of respondents reported they had tried to access such activities (35%). However, of those that tried, 22% did not access or afford them – which makes extra-curricular activities the least accessible services at regional level. Among the top 6 countries, *attempted* and *successful* access was reported to be

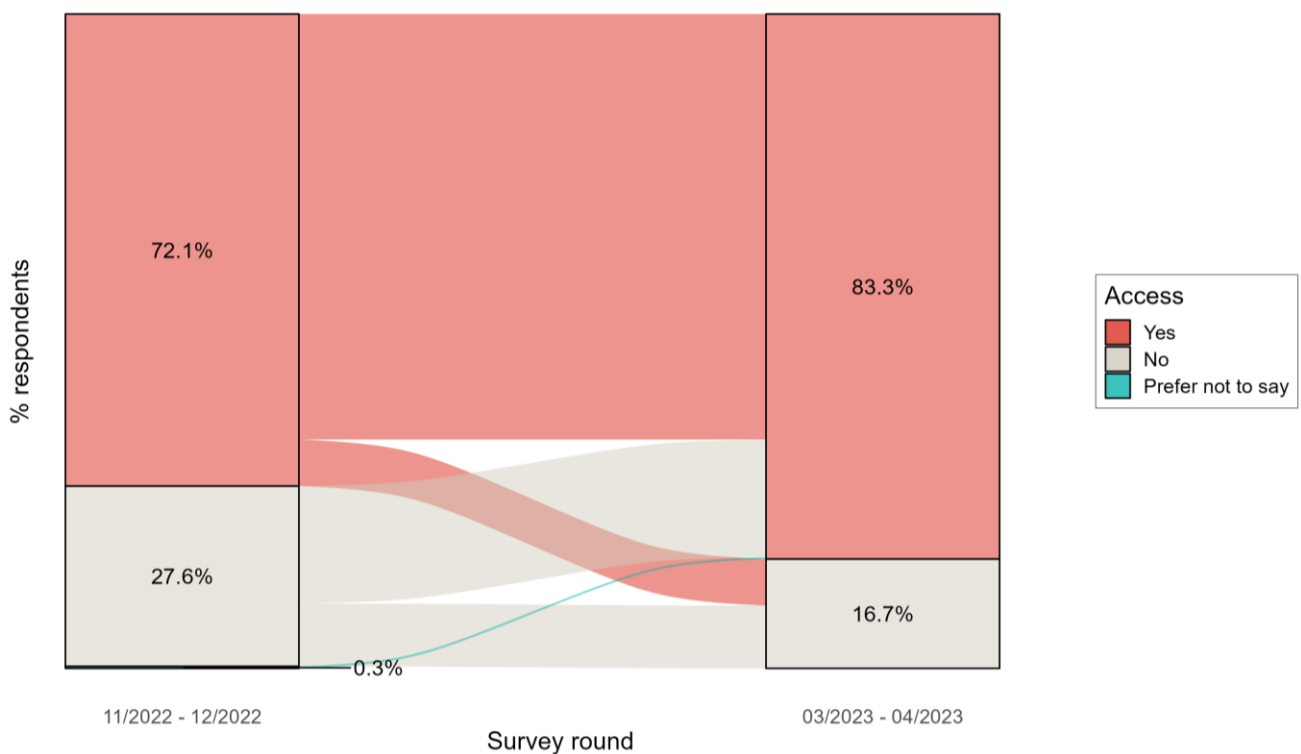
highest in Czech Republic (42% and 74%, respectively), and lowest in Moldova (33% and 81%, respectively) and Poland (33% and 78%, respectively).

“I would like to do dancing, or sports, tennis... I need physical activity.” - Girl, 12-14, Poland

During the consultations, children and caregivers highlighted the need for increased access to more extracurricular activities for children, particularly sports or performing arts. Most often, children

and caregivers explained that the activities the children used to do in Ukraine were not available in their current location or that they couldn't afford the ones that existed. Children in Poland also described additional barriers. Particularly adolescents (12-17) often explained that as they were attending the second shift in school (ending around 6-7 P.M.), the class schedule often overlapped with other extra-curricular activities and thus they were unable to attend. Moreover, some children explained that one of the barriers they faced was the level of the available extracurricular activities, as they used to do sports at a professional level in Ukraine. Service providers in Romania added that adolescents had more difficulties accessing extra-curricular activities because less programs were directed towards them.

Figure 11: % respondents who accessed and afforded peer activities in host country - comparison between survey rounds 1 and 2 (n=323)



Similar to education, access to extra-curricular activities improved for the same respondent households between the survey rounds: More than half of those respondents across the 24 countries who did not have access in late 2022, reported they or their children had gained access by early 2023 (see figure 11). Overall, across the 24 countries surveyed, there was a slight increase in the share of households who reported trying to access extra-curricular activities between survey rounds, from 30% to 39%. The most notable change was in the share of caregivers reporting they or their children attempted accessing extra-curricular activities in Romania – from 18% to 46%.

Healthcare

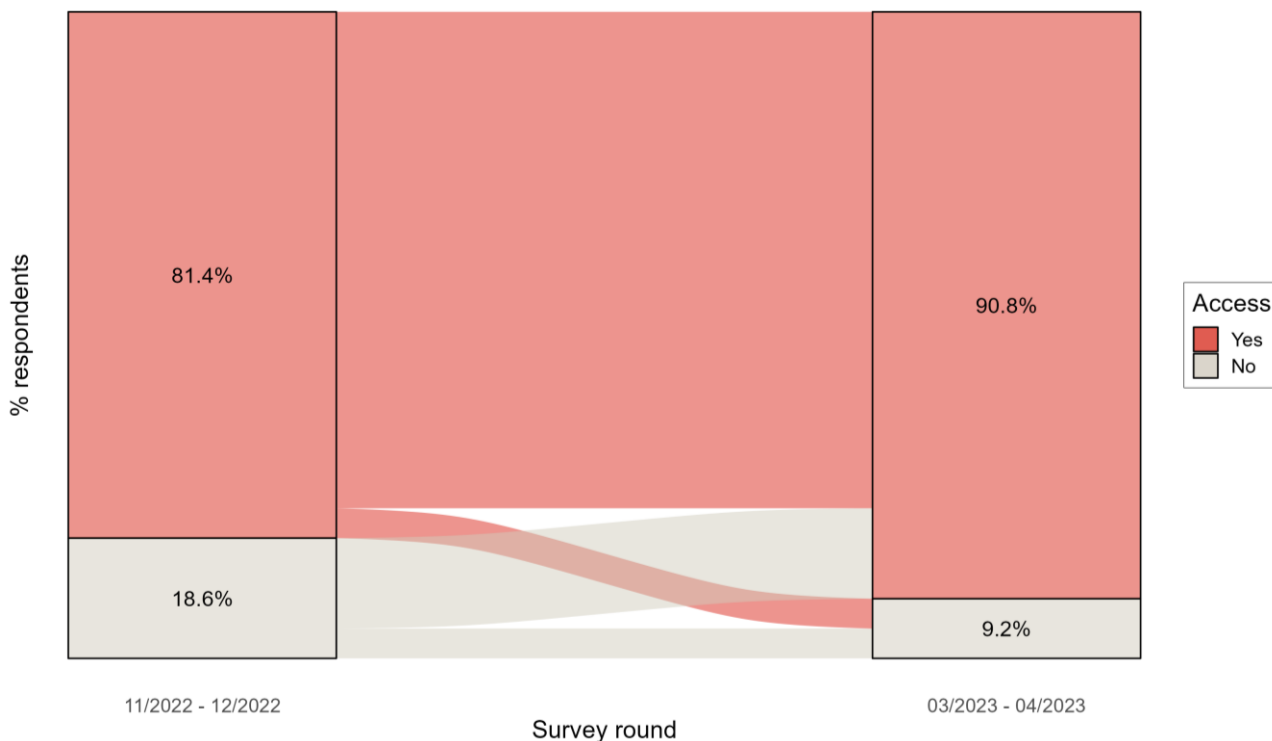
Similar to education, access to healthcare was both reported as one of the services with overall high attempted and successful access, while also being mentioned as a top need. Across the top 6 countries, access to healthcare was reported to be among the top 3 unmet needs (see figure 9). The largest share of survey respondents who indicated this was in Romania (20%), while the lowest were in Moldova (8%) and Slovakia (10%). Between the two CP survey rounds significantly more respondents tried accessing healthcare (increase from 57% to 70%) – and also the share of caregivers indicating successful access slightly increased (from 82% to 89%). The positive change in the success rate in accessing healthcare was also observable at individual level, when looking at the same survey respondents over time (see figure 12).

During qualitative interviews, many of the children and caregivers reported they had access to healthcare services. However, they also described various barriers they faced. One of the most common barriers mentioned in both Poland and Romania was the long waiting time. Additionally, while some caregivers said they could access healthcare for free, other caregivers and many of the children explained that their households could not afford some medical care services, particularly dental care. The cost barrier was especially reported during qualitative interviews in Poland, mirroring previous findings on the main barriers to healthcare encountered by refugees there.²⁸ In Romania, access to General Practitioners (GPs), who function as gatekeepers in the healthcare system, remained one of the main challenges related to healthcare access for refugees.²⁹ Some caregivers in FGDs noted that GPs refused them as patients, referring to lengthy and complicated administrative procedures and to other refugees who had previously signed up but left the country without informing them. They also noted that because they did not have access to a GP, they were unable to access specialized care, or that care was refused by some doctors to adults because they were not employed. This corroborates reports by service providers in the sector who mentioned that healthcare providers themselves were often unaware of the extent of the rights of the

* In early 2023, the government reported that in partnership with them, WHO had identified 24 family medicine clinics as refugee friendly (FONPC, Access to healthcare for Ukrainian refugees, 2023).

refugees regarding service access. Service providers and caregivers in Romania noted that NGOs often facilitated the access to healthcare services.

Figure 12: % respondents who accessed and afforded physical healthcare in host country - comparison between survey rounds 1 and 2 (n=672)



Notably, service providers in both countries highlighted that the refugees had a similar level of access as the host population and that often the barriers they encountered were alike those faced by locals. They explained that apart from the language barrier, many of the other barriers reported by refugees, such as the long waiting time and lack of availability, also relate to them being used to a different healthcare system. This challenge was also noted by another research report.³⁰ In both Poland and Romania, the lack of trust in the medical system of the host country emerged as an important barrier, further highlighted by caregivers and service providers who explained that often the refugee did not understand and did not know how to navigate the local healthcare systems. Some service providers explained this led to some refugees returning to Ukraine to receive prescriptions or the medicine they needed, as also corroborated by several caregivers. Mirroring this, some children in the consultations in Poland also reported that because of these barriers, either they or their family had to go back to Ukraine to receive treatment or to get medication. This was echoed by the survey findings, as about a quarter of the caregivers in Poland who reported wanting to return to Ukraine the following month did so with the intention to access medical treatment (22%). Moreover, children in both countries sometimes mentioned that their families were self-medicating, especially in less severe cases such as flues, but also when they considered the treatment received in the

host country to be ineffective. Therefore, it is not surprising that better access to medical services remained one of the main needs reported by caregivers in the survey (13% across the 24 countries surveyed) and in FGDs, as well as by service providers.

MHPSS

Across the 24 countries, the survey highlighted MHPSS services as among the services with least attempted access and much less urgent need, compared to others, but they were still among the top 5 unmet needs, overall (see figure 9). The results were consistent across survey rounds. The low access and (relatively) low priority of MHPSS among Ukrainian refugees *despite* the previously mentioned high prevalence of psycho-social concerns was mirrored by the findings of a previous study.³¹ Albite on a low level, reported needs for

“My daughter asked my permission to go to a psychologist. She is very precocious, as many children are nowadays. I offered her to talk with me, but she told me that she needed support of a specialist. “You are my mum, you are you, that’s different”. Initially, it was only her who was going to a psychologist. Then all our family started going.” – Female caregiver, Romania

MHPSS were most pronounced in Germany (3%), Poland (2%), and Slovakia (2%) – compared to the other countries where these were often not reported as among the main unmet needs. Similarly, the need for protection from psychological abuse or bullying was also reported as one of the top needs in Czech Republic (2%), Slovakia (2%) and Germany (2%), whilst not being indicated in the others. While a previous study demonstrated that refugees in Czech Republic more often felt discriminated against compared to refugees in other countries,

according to the same study, this was not the case for the other two countries.³² The priority need for more protection from psychological forms of violence in the three countries may be partially explained by the higher enrolment rate in local schools compared to other countries, as the children have more joint activities with local children and adults, compared to those children attending only online schooling or Ukrainian schools in the host country.

Similar to the low importance of MHPSS in the survey compared to healthcare, education and peer activities, both children (except for some adolescent girls) and caregivers did not report access to MHPSS services as priority need during qualitative interviews. This is despite the prominence of psycho-social concerns in both quantitative and qualitative interviews, and despite children and caregivers mentioning cases of re-traumatisation.* Further, there seemed to be a different sense of urgency/prioritisation among service providers compared to the children and caregivers themselves: Most service providers across all

* Some respondents explained that loud noises, such as fireworks, reminded them of air strikes.

sectors emphasized the refugees' need for better access to MHPSS, and some highlighted the need for such services to be available in Ukrainian or translated. However, results of this survey (see figure 8) and previous studies³³ indicate a high level of successful access to MHPSS in Poland among those respondents who tried accessing such services.

Similarly, survey respondents in Romania indicated a high level of success in accessing MHPSS. Moreover, during qualitative interviews, caregivers and service providers in Romania highlighted MHPSS as among one of the most accessible services among health services, mainly through psychologists or art therapy offered by NGOs. However, during the children's consultations, some of the older children (12-17 years old), particularly girls, explained they wanted to talk to a psychologist, but that they did not know how to contact one, or that their parents disapproved. Moreover, there seem to be geographical variations in the availability of MHPSS in Romania, as caregivers in Galati mentioned that there was no child psychologist available in the city. Similar to Poland, however, service providers reported continued access to MHPSS as one of the key needs of refugees.

A few caregivers in Romania described during the FGDs that despite being initially reluctant, their household started accessing psychological support following the request of the children. This corresponds to a similar pattern observed in both Poland and Romania that, compared to caregivers, children were more inclined to talk about their own or their families' mental health issues. Therefore, there seems to be not so much a lack of opportunities for refugees to access MHPSS, but rather a lack of awareness and/or willingness to benefit from it. Some explanations for this low priority of MHPSS among refugees could be low awareness of how to access such services or the stigma related to treating mental health issues.

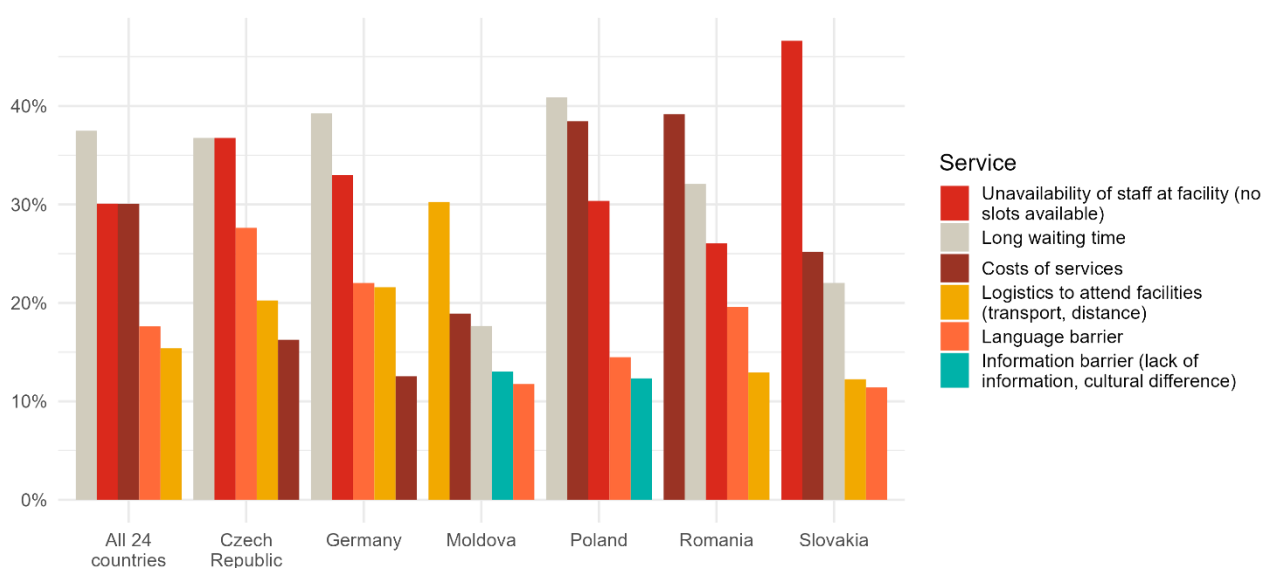
Lack of information and awareness

Most survey respondents (69%), including single caregivers (68%), indicated that they did not need any additional childcare support or services. The share slightly increased, from 67% to 71%, and from 66% to 69%, respectively. Among those who needed additional support, more information on services and how to access them was highlighted in both survey rounds as the most important need (14%). While lack of information was not one of the main reported barriers, this matches findings from other studies indicating that about half of caregivers were not aware of the available services, nor knew how to access them.³⁴ During FGDs, the lack of information was also reported to be as one of the general barriers to services. Additionally, some caregivers also highlighted they lacked information on their rights in Poland and how leaving the country temporarily would affect their status there.*

* As of August 2023, refugees with PESEL may lose this status if they leave the country for over 30 days./20

Different barriers across countries

Figure 13: % respondents by top barriers to services in host country, by country and barrier - average between survey rounds 1 and 2



Across the surveyed countries, respondents generally reported encountering the same main barriers when trying to access services (see figure 13) – though differences regarding their significance at country level can be observed. In Poland and Romania, considerably more respondents said that they could not afford services, compared to other countries. In Slovakia, almost twice as many respondents highlighted the lack of available staff as a barrier, compared to any other barrier indicated. Although the language barrier was previously highlighted in other studies as the most significant barrier to both education³⁵ and accessing healthcare,³⁶ overall, less than a fifth of survey respondents indicated it as a barrier.

Specific vulnerabilities affecting access to services

Service providers in Poland pointed out that some vulnerable groups had more limited access to services. According to them, Roma Ukrainian refugees were sometimes discriminated and had less access to education or other state services. Some service providers in healthcare and education also reported that children with disabilities had less access to services. Overall, service providers described the financial situation of the family as the main factor affecting the extent to which refugees could access accommodation and healthcare, mirroring the cost barrier reported by children and caregivers. Furthermore, across the 24 countries, the survey shows that households including single-caregivers (30%) and persons with disabilities (32%) were slightly more likely to face cost of services as a main barrier than others.

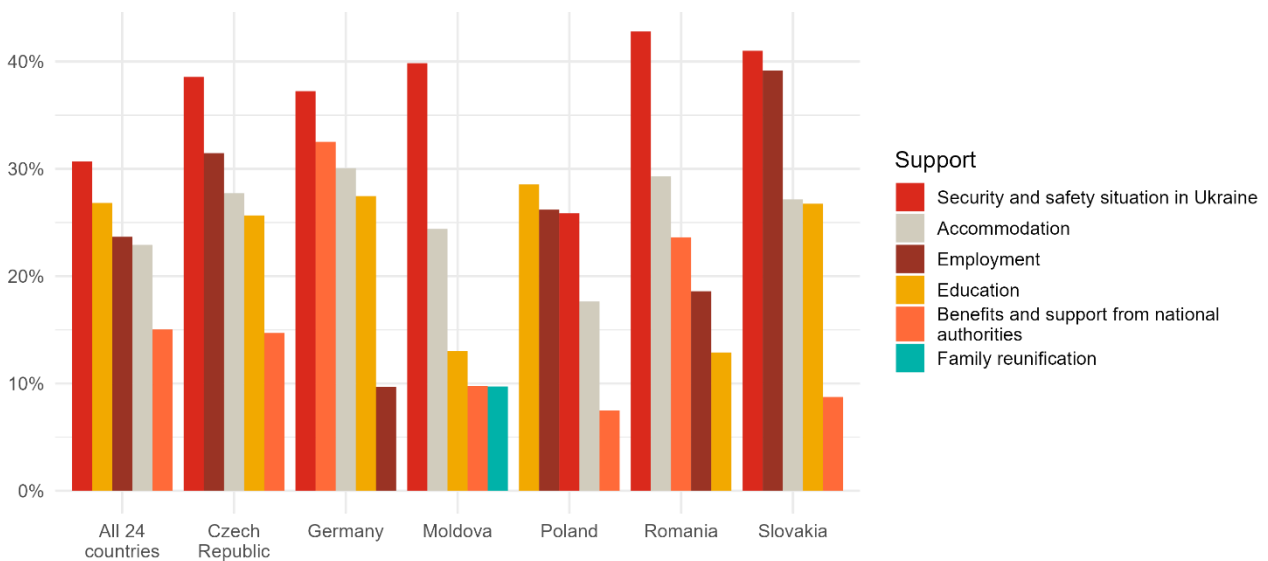
INTEGRATION AND INTENTIONS TO RETURN TO UKRAINE

While children and caregivers miss their families and friends back home and most want to return in the long-term, they also preferred staying in the host location in the immediate future – mainly due to security, education, accommodation, and economic opportunities they found there. These priorities remained stable overall between survey rounds but varied between male and female respondents. Despite the above-mentioned cases of discrimination and violence that some of the children and caregivers reported during qualitative interviews, host communities were overwhelmingly described as supportive, and social cohesion between refugees and hosts and learning of the local language was seen as the most important facilitator of integration. Most caregivers indicated, however, that they were not attending local language classes.

Movement intentions

Caregivers expressed wanting to stay in the host location in the short-term both during quantitative and qualitative interviews, while the opinion of children was more split during the consultations. Most survey respondents across the 24 countries reported that they would remain in their location for the following 3 months after the survey, and this share remained stable between end of 2022 (87%) and early 2023 (86%).

Figure 14: % respondents by top 5 reasons to stay in host country for the following three months, by country and reason - average between survey rounds 1 and 2



“No one knows what will happen next, whether they need to learn the language or not. This is the most difficult thing.” – Boy, 15-17, Poland

In both survey rounds, refugees' main reasons for staying were the security situation in Ukraine (31%), education (27%), employment (24%) and accommodation (23%) (see figure 14 and map 5). Notably, motivations around

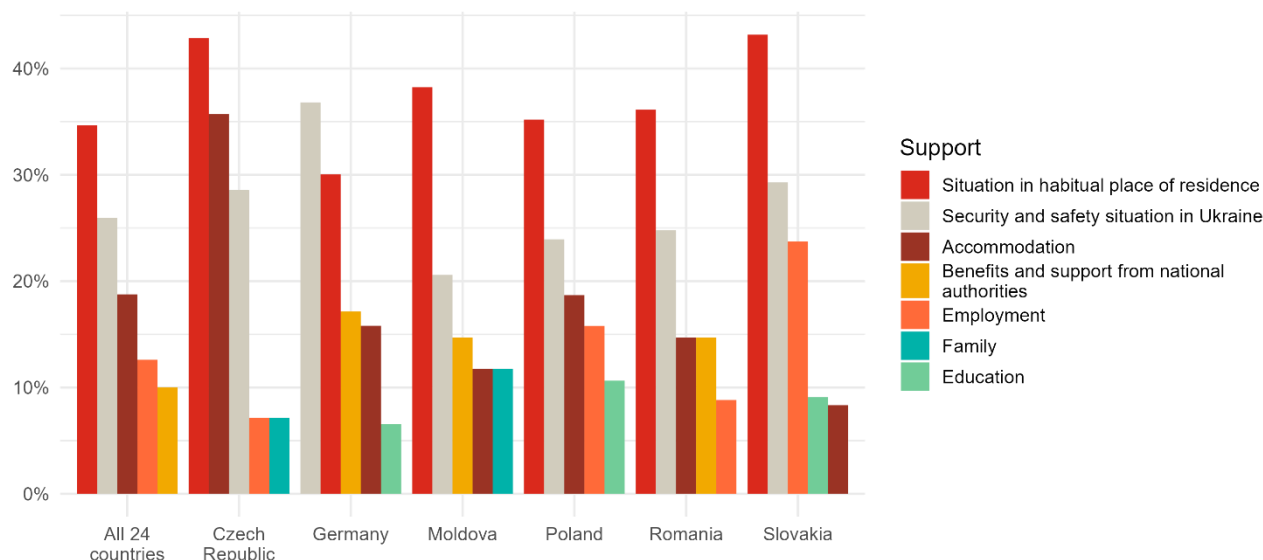
accommodation and benefits and support from host state's authorities increased in their importance from end of 2022 to early 2023, from 20% to 26% and from 13% to 17%, respectively – corresponding to a shift from collective housing to more stable housing solutions abroad like rented accommodation, detected through the longitudinal survey. Moreover, male caregivers (33%) reported employment significantly more often as motivation to stay than female caregivers (23%). The same was true for host government benefits, with a share of 23% and 15% for both genders, respectively. This is despite stagnating employment rates among men (and women) throughout the Cash survey.

Across the 24 surveyed countries, overall, the security situation in Ukraine was also the main rationale reported by those people who said that they were unsure if they wanted to stay (see figure 15). In line with the well-being and safety concerns for refugee children in the host country indicated by caregivers, most survey respondents that wanted to leave the host location said that this was because they missed Ukraine or wanted to reunite with their family, but also because of financial aspects and access to healthcare. Reuniting with families was also the most reported reason for returning to Ukraine in another survey.³⁷

Map 5: % respondents reporting employment as a reason to stay in host country - average between survey rounds 1 and 2



Figure 15: % respondents by top 5 reasons for being unsure whether to stay in host country for the following three months, by country and reason - average between survey rounds 1 and 2



While the large majority of survey respondents in Poland reported wanting to stay in their current location in the short-term (87% across both rounds), caregivers in the FGDs explained they were unsure about their plans to integrate or their desire to return to Ukraine when the situation stabilized. The opinion of children was split between ages: many young children (8-11 years old) expressed that they missed Ukraine and that they would like to return, while some older children (12-17 years old) said they would prefer remaining in Poland, as they felt they had more opportunities and freedom there. Survey respondents in Poland most often indicated that education and employment motivated them to stay in their host country.

In Romania, most caregivers reported during the survey that they wanted to remain in the host location for the three months following the interview, however, the share decreased between late 2022 and early 2023, from 90% to 74%. This decrease might be related to the change in the 50/20 programme*, which was described by caregivers in the FGDs as a pull factor to stay there. This is further corroborated by the increase in the share survey respondents who were unsure about staying in Romania reporting the lack of benefits and aid from national authorities as the main reason for their uncertainty – from 0% in late 2022 to 29% in early 2023. For those who indicated they were planning on staying, apart from the security situation in Ukraine (decrease from 46% to 39%), the main reasons mentioned were accommodation (29% average) and the support received from the Romanian authorities (24%). Mirroring the survey results, most caregivers in Romania reported during FGDs that they wanted to stay in their host location short-term,

*The programme was modified starting 1 May 2023, reducing the aid in two phases. Until the end of 2023, families (not households) larger than one person will be entitled to 2,000 RON monthly for accommodation, while single-person households will receive 750 RON monthly. Food allowance amounting to 600 RON per person per month will be given only for the first consecutive four months.

while explaining they intended to return to Ukraine when the situation allowed. Service providers saw this lack of certainty regarding the duration of their stay and uncertainty regarding their intention to integrate in the host community as a major barrier to the integration of the refugees.

Good relations with host communities

Both quantitative and qualitative interviews point to good relations between Ukrainian refugees and their host communities in Europe. Across the 24 surveyed countries, the large majority of respondents (94%) mentioned they did not feel discriminated against during the month prior to the survey.* The share remained relatively stable across the survey rounds. Furthermore, during qualitative interviews, children, caregivers and host community members in both Poland and Romania described that, overall, the relationship between the respective host community and Ukrainian refugees was good. Mirroring previous

"Polish people are cheerful. I have many friends. They support me and do not let me be by myself" - Girl, 15-17, Poland

findings³⁸, most children and caregivers mentioned that they felt welcomed and supported by most Poles. Similarly, in Romania children and caregivers said they felt welcomed and highlighted connections within the local community as an important factor, describing instances when they were helped to access services, find employment or with food by neighbours and

acquaintances. During FGDs, host community members in both countries also described diverse initiatives in support of refugees, such as supporting arriving refugees with transportation, hosting, volunteering, donating food or creating activities for refugee children.

Learning the local language

Most survey respondents reported they had poor or very poor skills in the local language (61%). The share slightly decreased between end of 2022 to early 2023, from 64% to 57%, indicating an improvement in skills as people stayed longer. The share of respondents indicating poor or very poor host language skills was highest in the countries where the languages spoken are not Slavic: Romania (87%) and Germany (78%). However, in Germany the share decreased significantly – from 85% to 71% - between the two survey

* The figures, which are slightly more positive than those of another study conducted by FRA may be partially explained by the difference in the phrasing of the interview questions. In the present assessment, respondents were asked if, during the previous month, they felt discriminated against in their location. Possible response options were “Yes”, “No” and “Prefer not to say”. In a 2022 survey commissioned by the European Union Agency for Fundamental Rights (FRA), respondents were asked: “In the country you are currently staying, how often did you feel that you were treated unfairly because you came from Ukraine?”, and the possible answers were: “Never”, “Rarely”, “Often”, “Always” and “Do not know or prefer not to say”. The latter thus covered a longer period and asked for the frequency of discrimination.

rounds. Despite language being identified as key facilitator and barrier of integration during qualitative interviews, the majority of respondents across the 24 countries surveyed reported they were not following local language classes (68% in early 2023). The only country where most respondents mentioned they were taking language classes was Germany (60%), while the lowest attendance was in Moldova (5%).

While a few caregivers and host community members explained during the FGDs in Romania that English could greatly improve communication, caregivers, host communities, and service providers agreed that learning the local language was key for integration. Caregivers mentioned Romanian language courses were widely available, but only 19% of the survey respondents in early 2023 reported they took them. This may be explained by the small share of refugees planning on staying long-term in their current host countries.³⁹ Additionally, during qualitative interviews, caregivers and service providers in Romania also described multiple barriers refugees face in accessing such courses, like the inconvenient schedule or unsuitable level. Some caregivers, in particular those with young children or single caregivers, also explained that the lack of childcare prevented them from following language classes or finding employment. Employment itself was another integration facilitator mentioned by hosts, as they explained that it would allow the refugees to be less dependent on aid.

"Children learn languages very quickly when they interact with each other. I noticed it with my two children. When they talk to each other, they use the same Romanian phrases. That's how children learn the language faster, so we're going to enroll at a Romanian school." Female caregiver, Romania

Mirroring results from Romania, during FGDs in Poland, caregivers and host community members noted that the language barrier was the main obstacle to integration, despite that a significant share of survey respondents reported they knew at least a fair amount of Polish (36% fair and 9% good or very good) in early 2023.* This may be explained by the fact that a more

advanced level of Polish may be needed to have better access to employment or services, further facilitating integration. Moreover, the large majority of respondents (79% in early 2023) indicated they were not following Polish classes, mirroring the need to have access to more free language classes expressed by caregivers during qualitative interviews.

Host community members in FGDs were optimistic about the integration of Ukrainian children, as they stated children adapt much more easily to both the language barrier and new environments. In Poland, hosts stressed that enrolment in Polish schools was the most significant integration facilitator for children. Caregivers and host community members in Romania noted that children's language skills improved

* The question was just asked to respondents in early 2023.

through play and other activities with local children, once again highlighting the need for peer activities as well as increased enrolment in local schools.

Reciprocal attitudes and perceptions of hosts and refugees

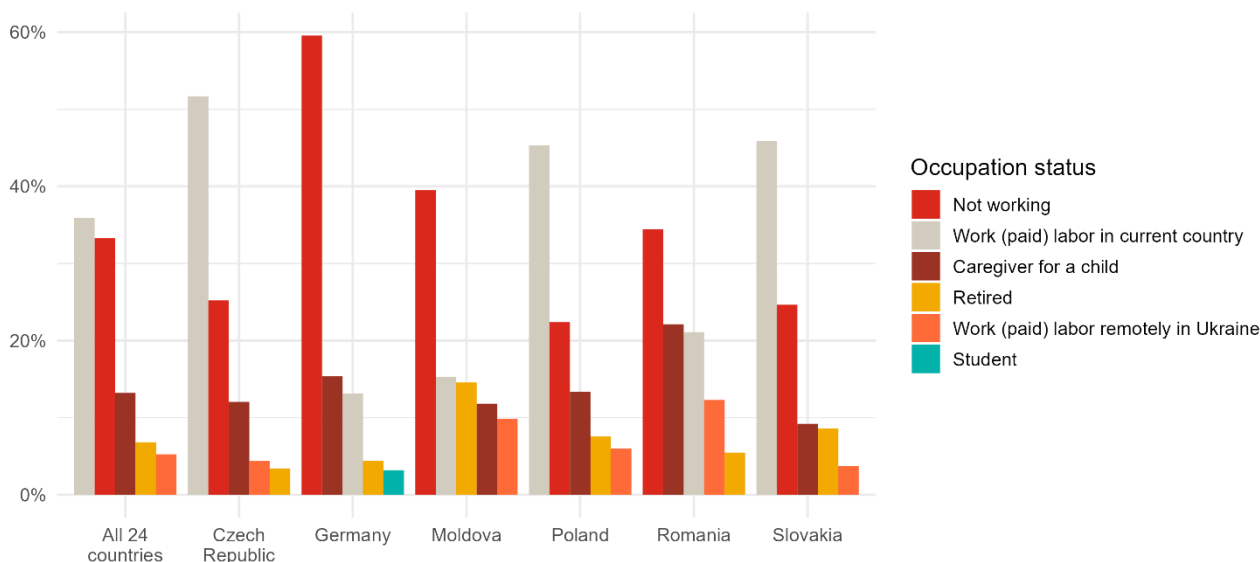
During qualitative interviews in both countries, service providers and host community members described several barriers to integration related to refugees' and hosts' reciprocal perceptions and attitudes. In the view of host community members, caregivers' "distant" attitude toward them hindered the integration of their children as well, and that the caregivers' fear of the new environment and reluctance to ask for help were significant obstacles for the integration of their households. Host community members in Romania also noted that their integration would be facilitated by providing psycho-social support to adult refugees, which allowed them to be able to recover better from their experience of war and displacement. During qualitative interviews, hosts and service providers also described barriers related to the perception of the host community. They explained that some locals were not used to meeting foreigners, or that they were upset about what they perceive as unequal aid being directed at refugees.

INCOME AND EXPENDITURE PATTERNS

The survey found that refugees' household income and expenditures increased across the three survey rounds. At the same time, their employment situation and type of income sources remained relatively stable between end of 2022 and early 2023 but varied significantly between countries. Especially in Germany, refugees reported to be largely dependent on assistance payments from the government. Overall, households with people with disabilities were also more dependent on assistance payments and managed to save less money per month than other households. Refugee households spent most of their income on food and beverages, and in Poland, rent for accommodation also accounted for a significant share of monthly expenses.

Employment

Figure 16: % respondents by country and occupation status (top 5) – average between survey rounds 1, 2 and 3



Around half of Cash survey respondents reported working either in the host country or remotely in Ukraine. Among those 1,802 survey respondents that provided their occupation status across all three survey rounds, 8% of respondents changed their occupation status between December 2022 and February 2023. Around the same share of respondents either gained employment or became unemployed. The overall share of working adults among the respondents remained stable over time but varied significantly across countries (see figure 16): In Czech Republic (58%), Poland (54%), and Slovakia (51%) most refugees were working either in the host country or remotely in Ukraine or other countries, while in Germany, most respondents were without employment and were therefore much more dependent on assistance. Among

the top 6 refugee-hosting countries, Romania is the only one with a significant share (22% average across rounds) of respondents who reported not working but taking care of their children. Romania (13%), followed by Moldova (10%), also has the highest rate of people working remotely in Ukraine.

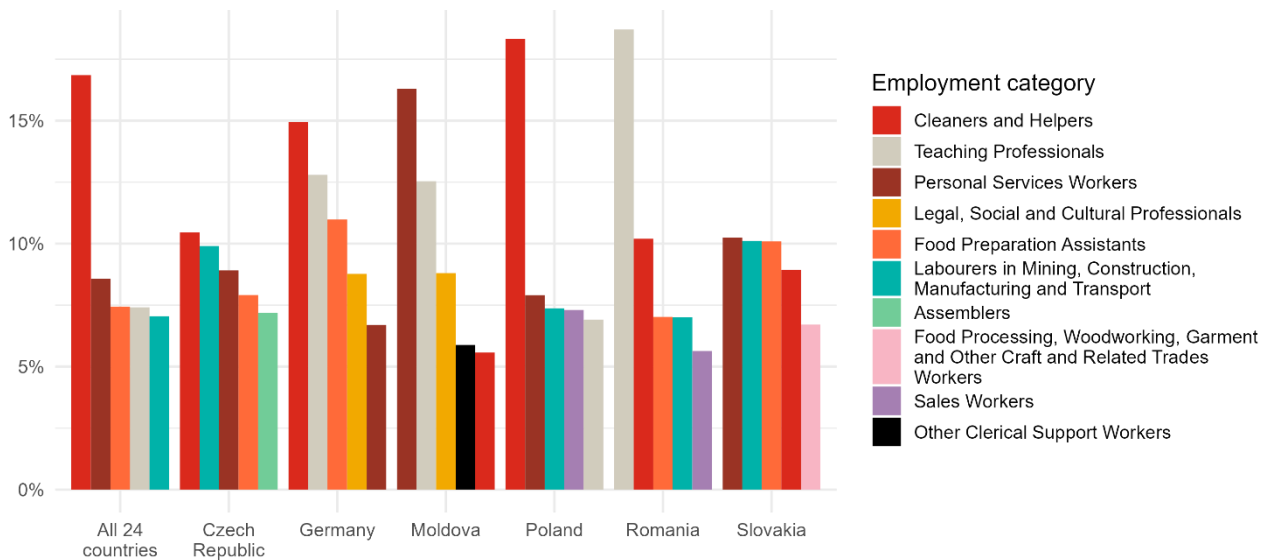
Germany, Moldova, and Romania's low employment rates can be attributed to several factors, such as the small difference between median monthly income from assistance and social security from the host government and the median salary (as will be discussed in the next section), as well as to language barriers. Czech, Polish, and Slovak languages are part of the Slavic language group, which may facilitate better work opportunities for Ukrainians in those countries. Moreover, other studies have explained the low employment rate among Ukrainian refugees in Germany is related to the large share of people attending language courses and therefore not being available for the employment market.⁴⁰

“We really need jobs for half a day or part-time jobs, because everyone has children, and usually everyone here is alone, with no one to help. For example, I am alone here with two children. I can't leave them alone, and there are many people like me here.” Female caregiver, Romania

During FGDs in Poland and Romania, most child caregivers explained that it was possible to find employment, but that especially the language barrier and lack of appropriate childcare options made it difficult for them to work. The latter particularly affected families with small children and single caregivers. During children's consultations in Poland and Romania, children said that they were aware of the difficulties of their caregivers to find employment and they talked about similar employment barriers as the caregivers. Adolescents from both genders and countries also mentioned that they would like to find work themselves to be able to contribute to the family income, although they noted it was difficult to be hired as a minor.

Respondent's occupation status also varied between gender and age groups: while women (42% average across all three rounds) and men (43%) were equally often employed, women (14%) reported more often having to take care of children without working than men (2%). The share of people who said they were retired was also larger among men (15%) compared to women (6%), which can be explained by the higher share of male respondents above 50 years age (33% compared to 19% for women) due to the general mobilization in Ukraine of men of less than 60 years, prohibiting them from leaving the country. In February/March 2023, a fifth of people aged 31 to 40 were child caregivers without occupation; and the majority of respondents aged 50+ were not working. This can be expected, as older persons have more difficulties integrating in the labour market and some already receive retirement funds. Moldova had the highest share (15% average across the three survey rounds) of respondents who said that they were no longer working due to retirement.

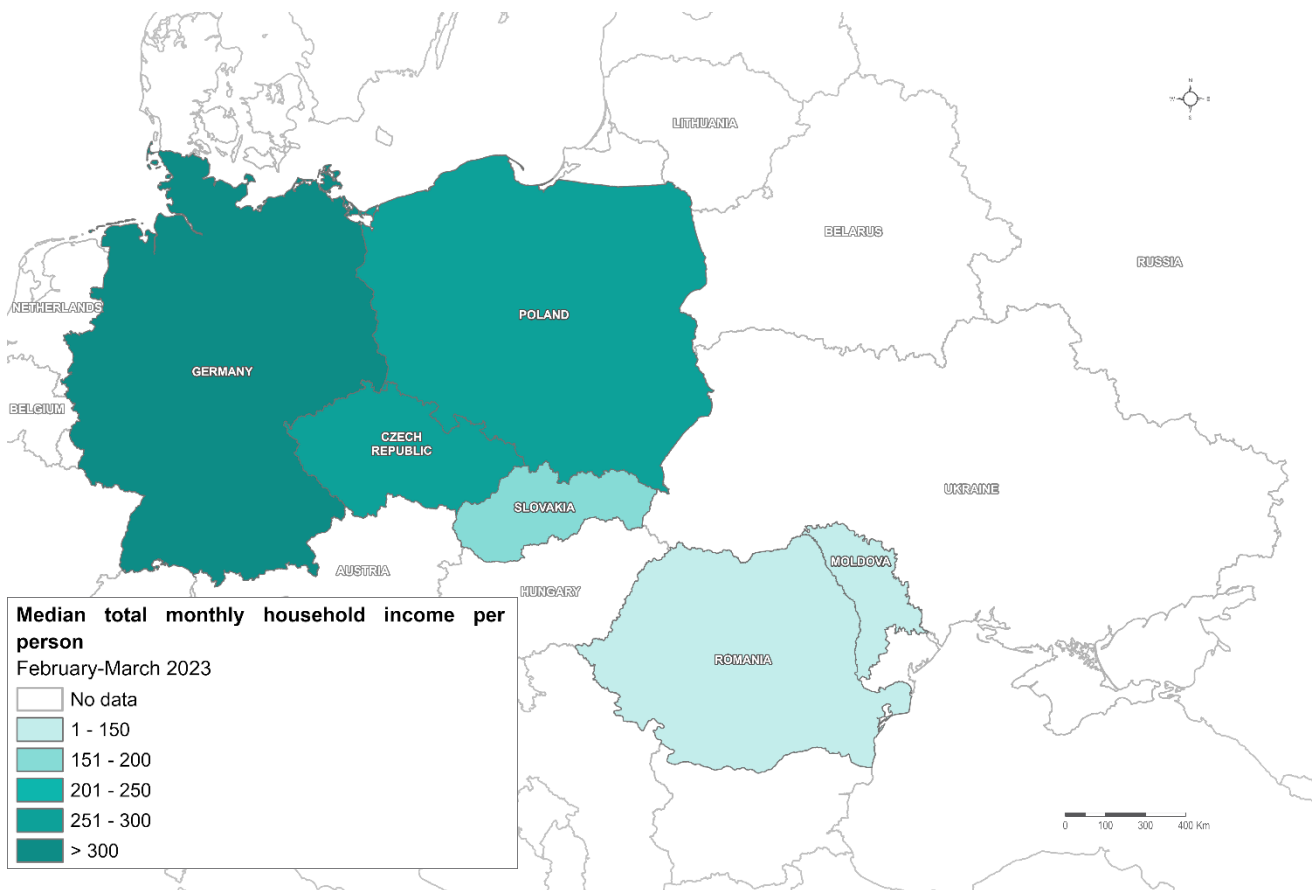
Figure 17: % respondents by country and job category (top 5) – average between survey rounds 1, 2 and 3



Overall, most of the working respondents were engaged in physical work – as cleaners and helpers, and personal service workers (see figure 17). While job types remained stable across survey rounds, they varied significantly between countries: In Poland, Germany and Romania, cleaners and helpers accounted for more than 10% of respondents, and in Romania, Germany, and Moldova, the same was true for teaching professionals. Only in Moldova, there was a sizeable share of refugees (16%) working as personal services workers. Employment types also varied according to gender: Women most commonly reported to work as cleaners and helpers (18%), while men were most often working in mining, construction, manufacturing and transport (12%).

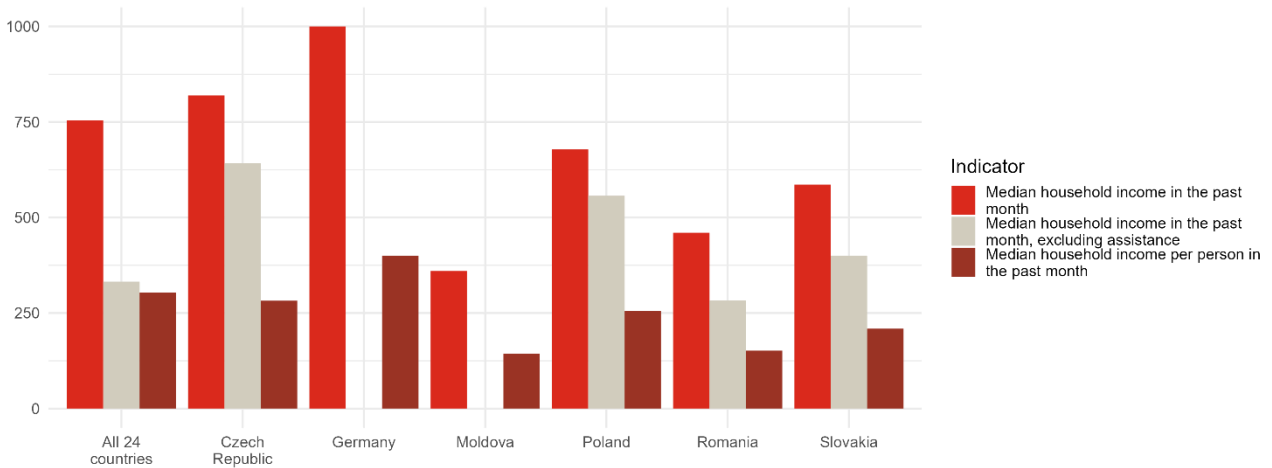
Income

Map 6: Median household income (EUR) per person in the previous month, February-March 2023



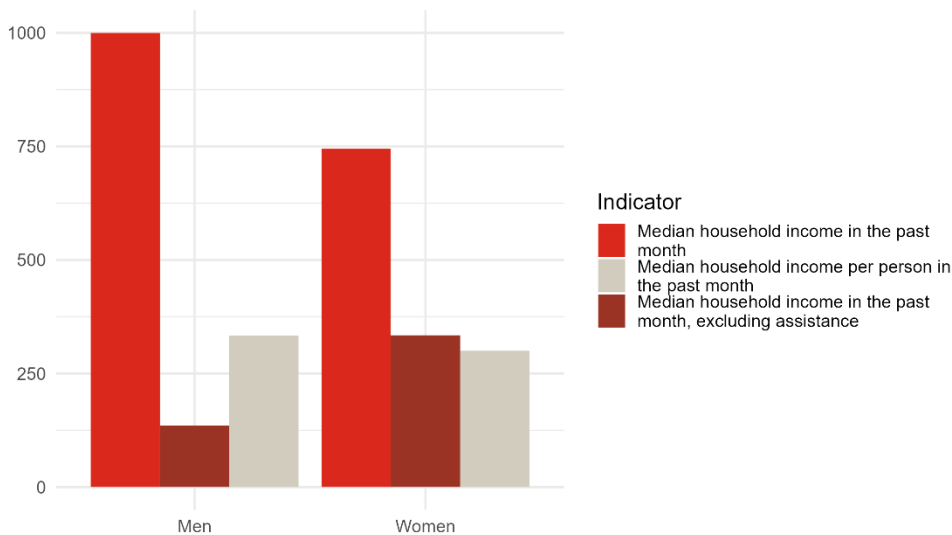
Across the 24 countries, refugees' total household income per person, including assistance payments, slightly increased between the three survey rounds: from 290 to 310 Euro. Among the top 6 refugee-hosting countries, only in Romania and Slovakia reported income per person decreased. Reported household income was highest in Germany and Czech Republic and lowest in Moldova and Romania (see figure 18). This was also true when controlling for household size. When excluding assistance payments, median household income Germany dropped to zero, and Czech Republic and Poland had the highest income levels. This is due to the low level of employment in Germany and less importance of income from work compared to assistance payments (see figures 15 and 20). Refugees in Germany are therefore extremely dependent on assistance payments from the government for affording their life in the host country, which makes them vulnerable to any policy changes.

Figure 18: Median household income (EUR) in the previous month, by country – median between survey rounds 1, 2 and 3



During FGDs in Romania, some child caregivers explained that they were getting lower salaries than locals for the same work. This issue was confirmed by several service providers. Further research should explore if the same pattern can be found in other countries. One other study found that some Ukrainian refugees report having to work very long hours (16%) or being underpaid or not at all paid (10%).⁴¹

Figure 19: Median household income (EUR) in the previous month, by gender – median between survey rounds 1, 2 and 3

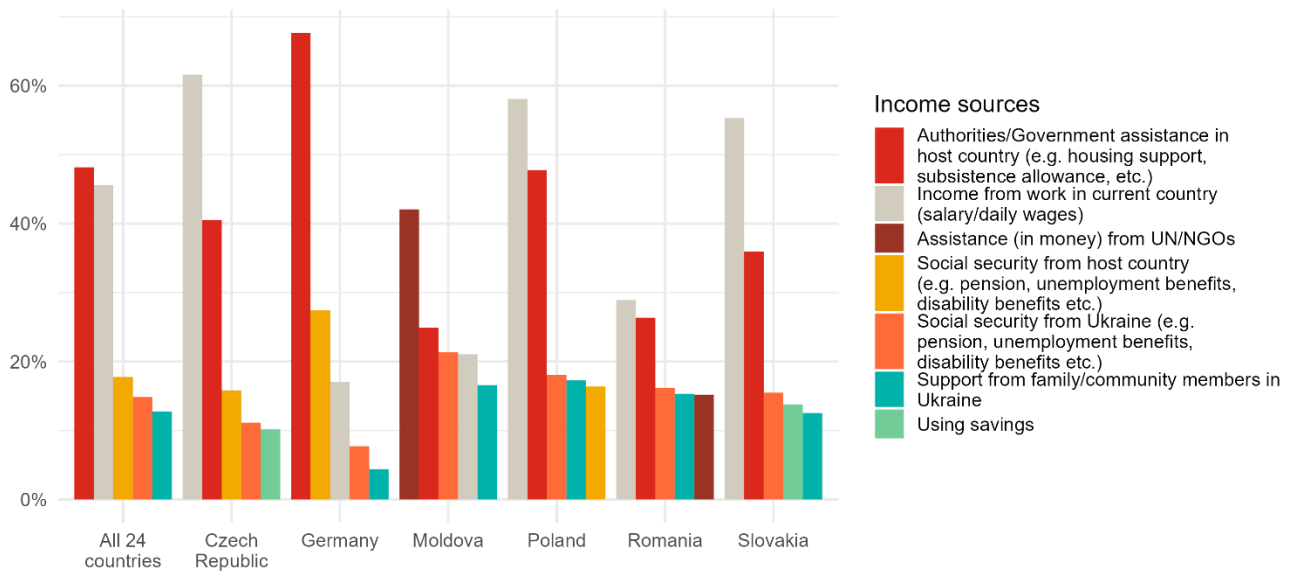


There are notable gender differences in income levels (see figure 19). Men reported around 250 Euro more total household income than women. However, when accounting for household size, household income was almost equal. This can be mostly attributed to the fact that male respondents were part of larger households than female respondents (and were less often single caregivers, as explained above). The other notable

difference shown in figure 19 that can be explained by larger household sizes of male respondents is the lower median household income indicated by men, when excluding assistance and social security payments from governments and UN/NGOs.

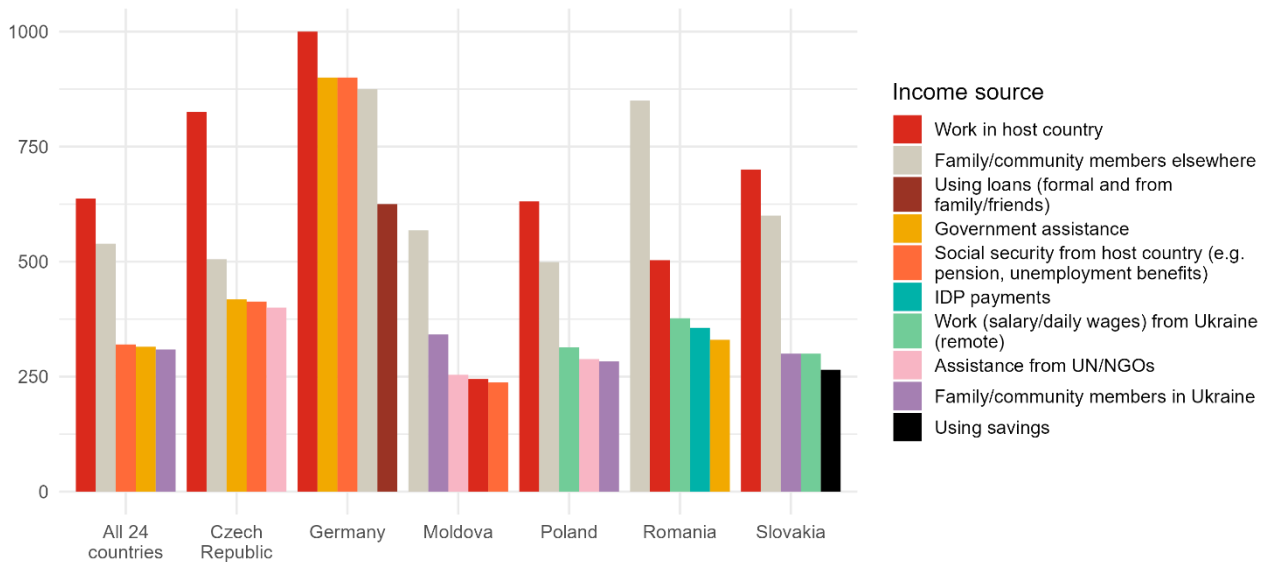
Households that included a person with disability reported similar total income as households without, however, this similarity is because the former have on average more members than the latter. When accounting for household size, households that included a person with disability reported significantly lower income per person (235 Euro) than those without (316 Euro). The difference becomes even more pronounced when excluding assistance payments from the calculation: Reported monthly household income of households with persons with disabilities was 24 Euro per person, compared to 139 Euro per person of those without. The dependency on aid of households with people with a disability indicates a need for better integration of such people in the labour market.

Figure 20: % of respondents by country and income source (top 5) – average between survey rounds 1, 2 and 3*



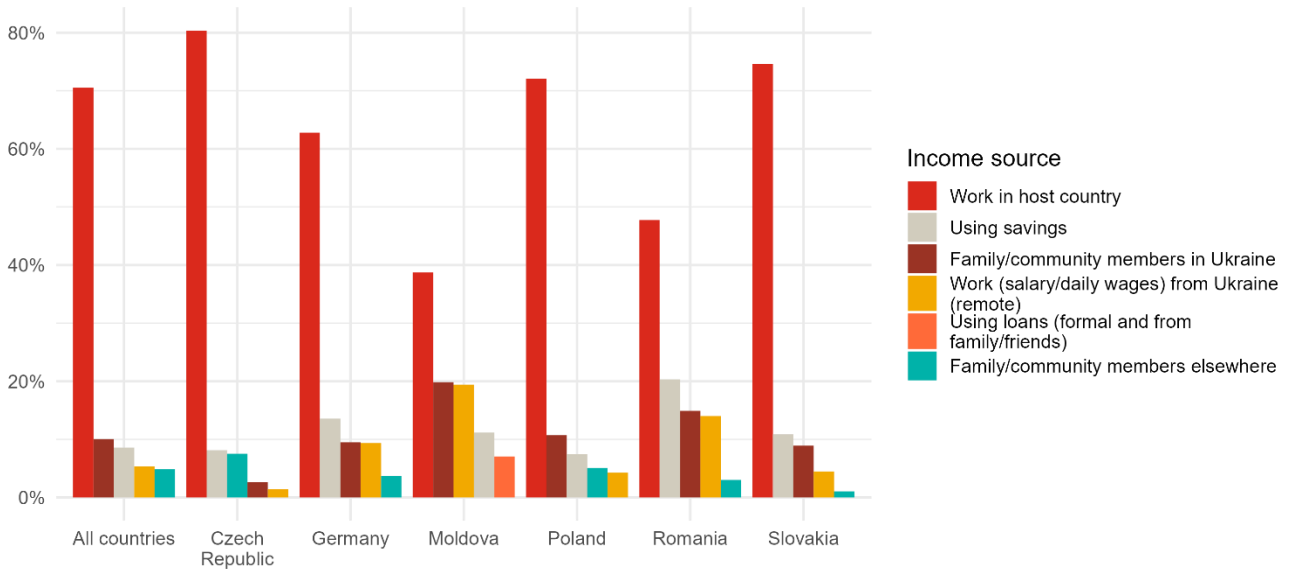
* Multiple income sources could be selected by respondent. Therefore, results do not add up to 100%.

Figure 21: Median household income (EUR) in the previous month, by country and source – median between survey rounds 1, 2 and 3



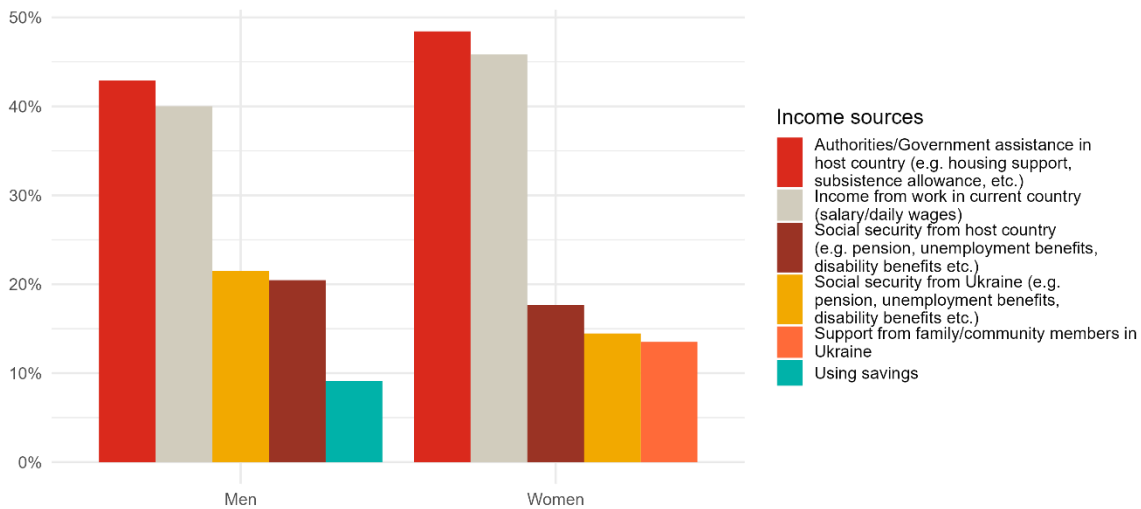
When looking at the types of income sources, overall, refugees most commonly reported to rely on government assistance, which was closely followed by income from work in the host country. However, this overall result is due to the very large share of respondents in Germany who reported income from government assistance. Only in that country, refugees were more reliant on government assistance, and only in Moldova they were more reliant from UN and NGOs than on income from work (see figure 20). The very low share of households in Germany gaining income from work corresponds to the low employment rate among refugees in this country discussed in the previous section. Refugees in Germany have little incentives to work, as the median assistance and social security payments (both 850 Euro) is only slightly lower than the median income from work (1,000 Euro) (see figure 21). After Germany, Poland had the second largest share of respondents indicating that their households received government assistance payments. However, the median amount from host government assistance payments (108 Euros) and social security in the host country (128 Euro) was small compared the median amount gained from work (631 Euro). Therefore, refugees in Poland (and other countries) had more incentive to work than in Germany. In Poland, Moldova, Slovakia and Romania, more than 10% of respondents also reported receiving support payments from family and friends in Ukraine. However, only in Moldova the median income from those payments were higher than from work (see figure 21).

Figure 22: Average share of household income sources by country and source (top 5), excluding assistance – average between survey rounds 1, 2 and 3



When disregarding government and UN/NGO assistance payments and social security, work was by far the most important income source for refugee households. The average share of different household income sources was mostly similar across the top six refugee-hosting countries (see figure 22). Work (in person or remote, inside or outside host country) accounted, on average, for 80% of household income, followed by payments from family and friends in Ukraine (10%) and savings (8%). Only in Moldova and Romania, the average share of income from work was less than 50% and households relied more heavily on savings (Romania), support from family and friends from Ukraine (both countries) and formal and informal loans. This corroborates the findings of the previous section on low employment rates among refugees in Moldova and Romania and points to unsustainable income sources and potential for negative coping mechanisms and increased debt for refugees in these countries. Some indication of negative coping could be found in the children’s consultations, as some children in Poland and Romania mentioned that they had access to less food, and of poorer quality than before their displacement.

Figure 23: % of respondents by gender and income sources (top 5) – average between survey rounds 1, 2 and 3



Corresponding to the findings on income levels mentioned above, there are some notable gender differences in the top 5 income sources (see figure 23). Men more frequently reported that their household received social security payments (both from Ukraine and the host country) and relied on savings. The higher share of social security among men could be due to fact that the share of people aged 50 or more is higher among male respondents (average of 35% across rounds) than among female respondents (20%). Women, on the other hand, more frequently reported transfers from family and friends in Ukraine, working in the host country and receiving assistance from the host government.

Expenditures

Across Europe, refugees' household expenditure per person slightly increased between the three survey rounds: from 246 to 260 Euro. Only in Slovakia, reported amounts decreased from 220 to 183 Euro. Similar to income, monthly expenditures were highest Germany and Czech Republic and lowest in Romania and Moldova (see figure 24 and map 7). This is also true when taking into account household size. The increase in household expenditures can be mostly attributed to an increase in total expenses on food and beverages from 216 to 253 Euro, and an increase of expenses on rent for accommodation from 343 to 360 Euro (both medians for entire household).

Map 7: Median household expenditure (EUR) per person in the previous month, February-March 2023

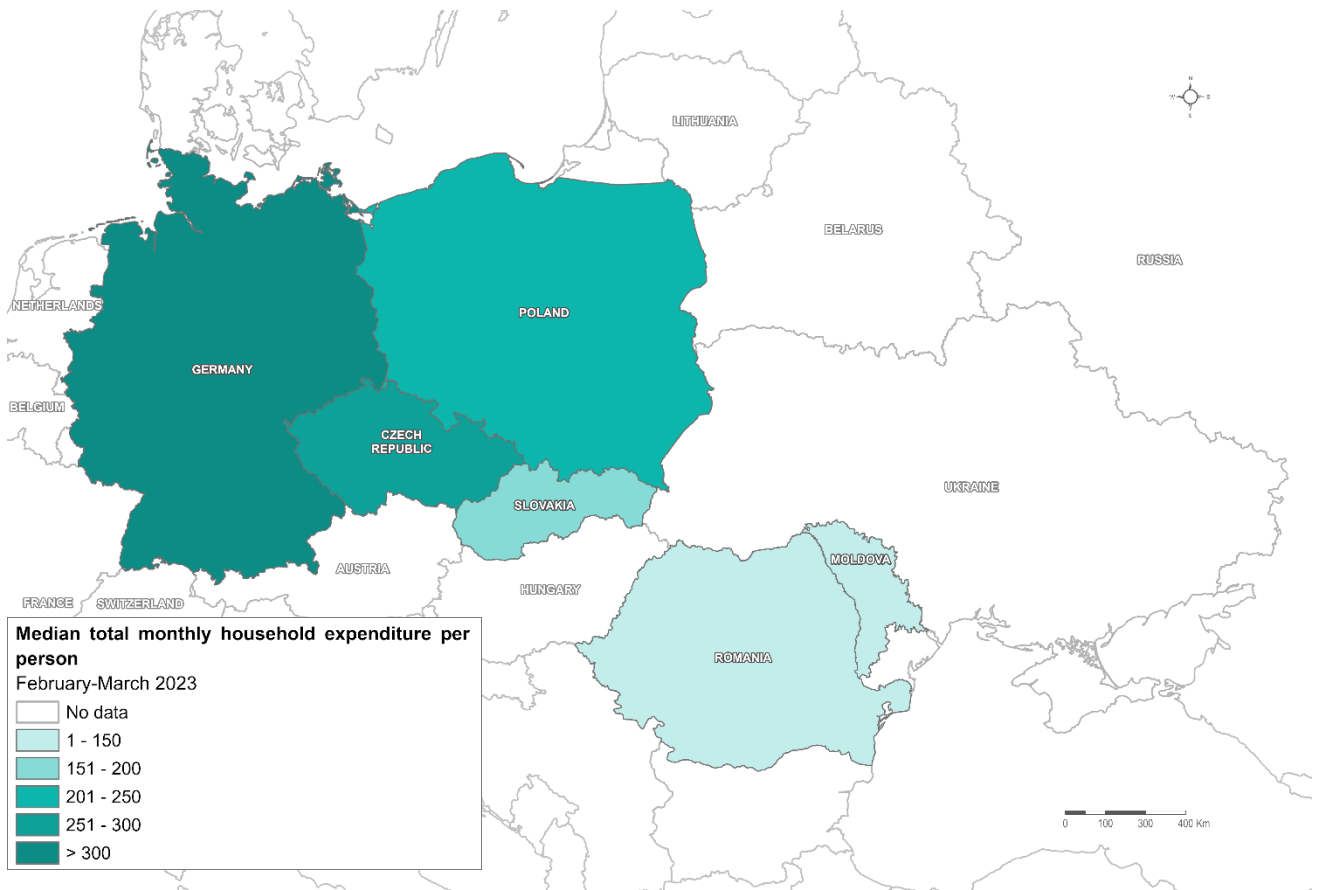


Figure 24: Median household expenditure (EUR) in the previous month by country – median between survey rounds 1, 2 and 3

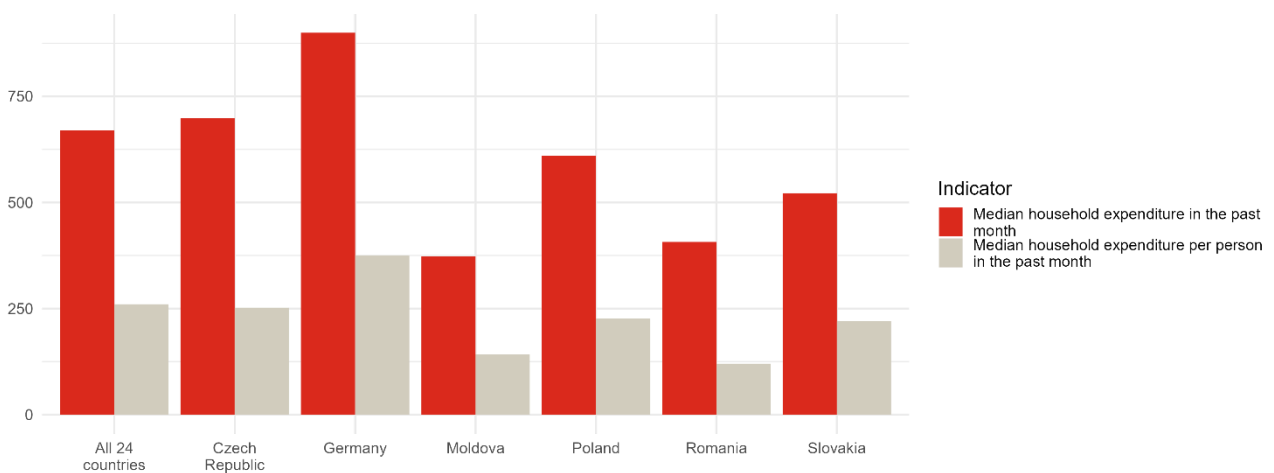
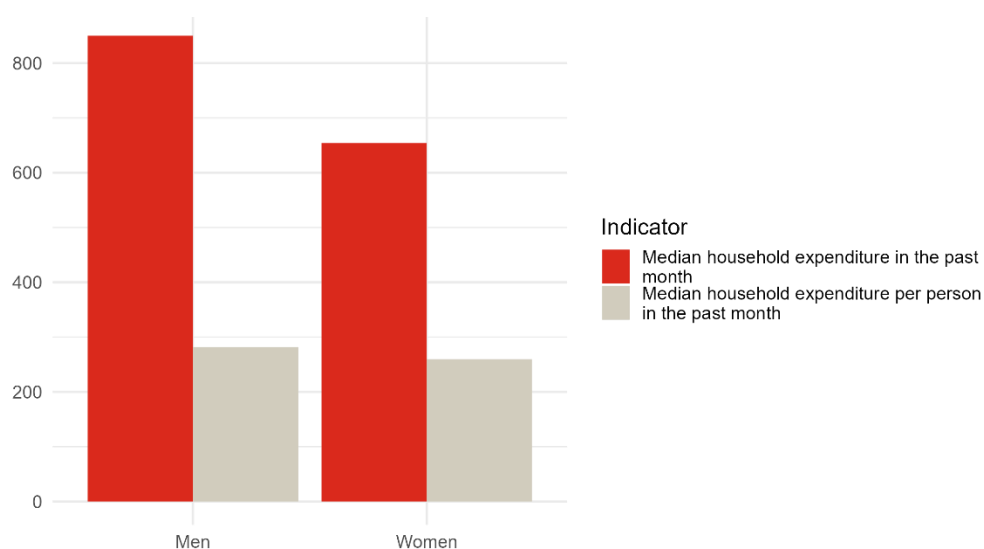


Figure 25: Median household expenditure in the previous month by gender (EUR) – median between survey rounds 1, 2 and 3



At regional level, there was a 200 Euro difference between male and female respondents in terms of total expenditures (see figure 25): Men reported 840 Euro (median across the three survey rounds), while women reported 650 Euro. However, as for income, these differences seem to be due to the larger household sizes of male respondents: When comparing expenditures per person, amounts are almost equal (280 Euro for men and 270 Euro for women).

Households that include a person with disability reported a slightly lower expenditures than households without person with disability, also when accounting for household size: Using the median* across the three survey rounds, total expenditures were 649 Euro compared to 668 Euro and expenditures per person were 210 Euro compared to 265 Euro. This largely because households with persons with disabilities less often (35%, on average) reported to pay for rent for accommodation than those without such members (41%, on average). At the same time, those households with people with disabilities who reported payments for accommodation, reported higher costs (423 Euro) than those without (341 Euro).

* However, using the average/mean, there is no significant difference between total expenditures of households with people with disabilities (669 Euro) compared to others (658 Euro).

Figure 26: % of respondents by country and type of expenditures in the previous month (top 5) – average between survey rounds 1, 2 and 3

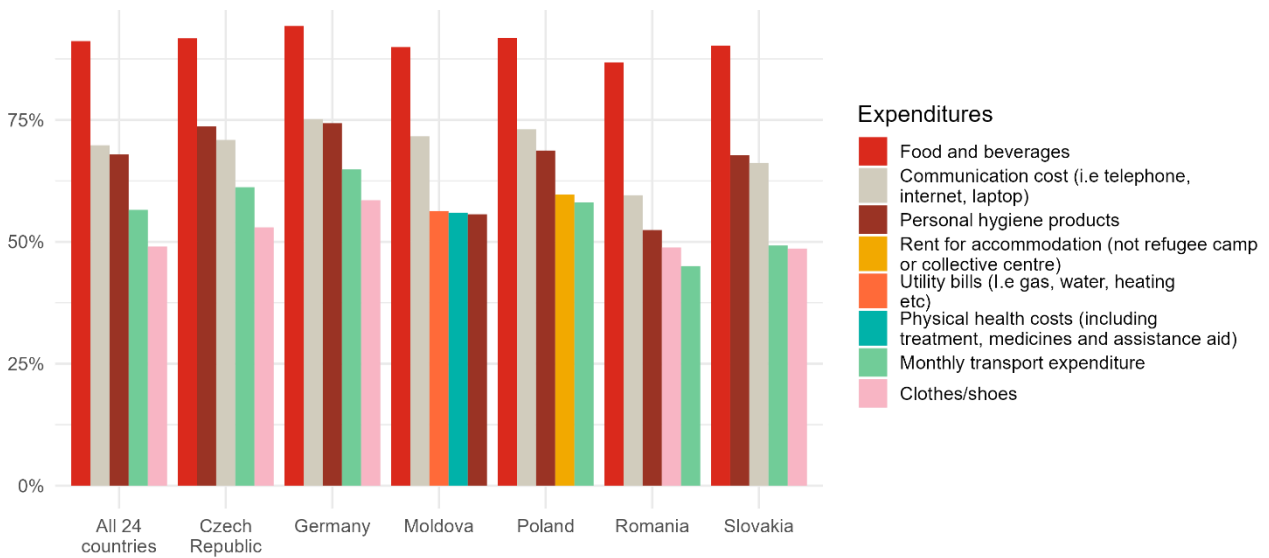


Figure 27: Median total household expenditures in the previous month, by country and type of expenditures (top 5) – median between survey rounds 1, 2 and 3

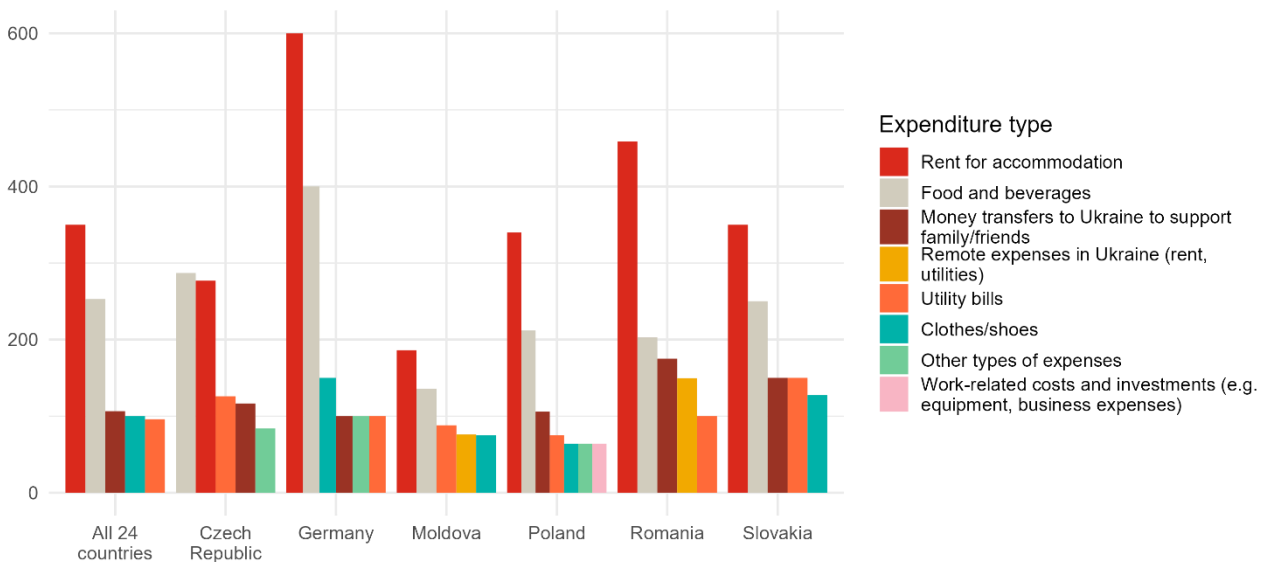
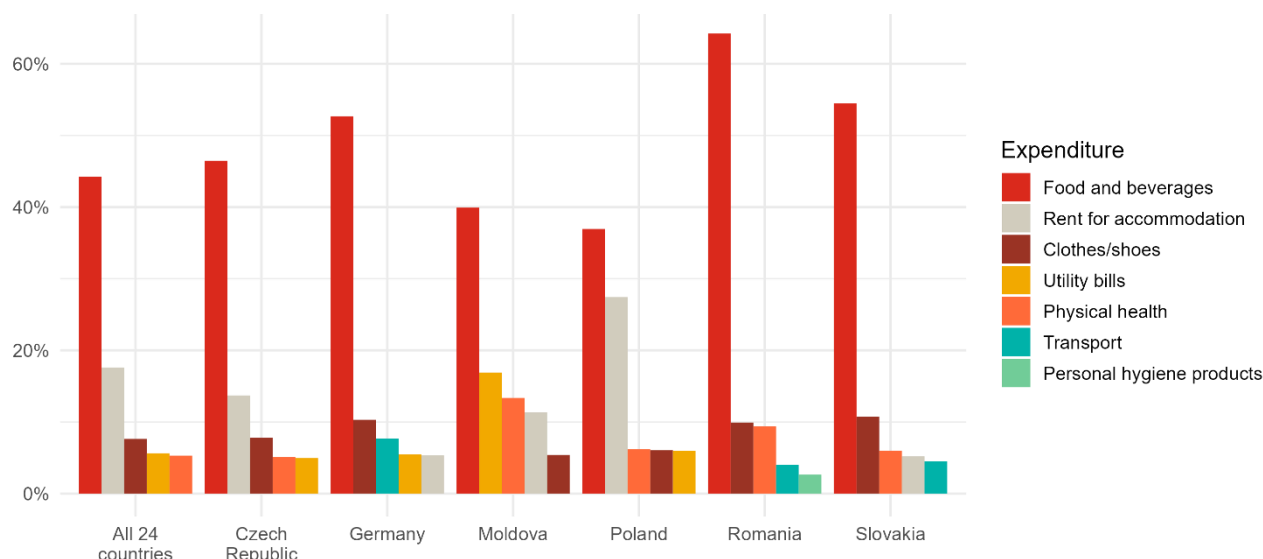


Figure 28: Average share of household expenditures by country and expenditure types (top 5) – average between survey rounds 1, 2 and 3



When looking at types of expenditures that survey respondents reported across Europe, refugees most commonly spent money on foods and beverages,* followed by communication costs and personal hygiene products (see figure 26). Food and beverages also accounted for the largest share of monthly expenditure (45%), followed by for rent for accommodation (18%) and clothes/shoes (18%) (see figure 28). However, there were significant differences between countries: Only in Poland, households spent more than a quarter of their expenses on rent and only in Moldova, utility bills account for a bit less than a fifth of expenditures. The median amounts of reported expenses on foods and beverages and rent were significantly higher in Germany and utility costs were much higher in Moldova than in the other five countries (see figure 27).

While the frequency of different expenditure types was very similar between male and female respondents, there were notable gender differences in the *share* of monthly expenses: Women reported, on average, to spend more on rent (18% compared to 9%, across all rounds) and men reported a larger share for food and beverages (52% compared to 43%). The relatively higher costs for rent are particularly notable considering that female respondents reported smaller household sizes and are more commonly single caregivers than male respondents.

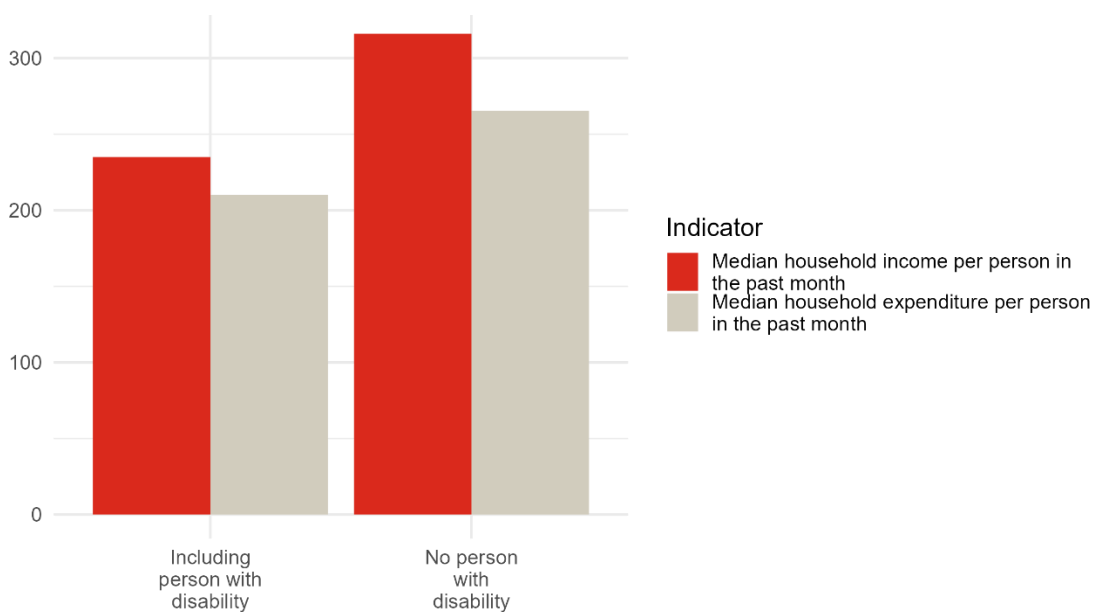
* Almost all respondents who did not report expenses on food and beverages said that they preferred not to respond or that they did not know the answer.

Savings

Across Europe, less than 10% of refugee households indicated that they managed to put money into savings in the previous month. The percentage of households that could save income was highest in Germany (16%) and lowest in Moldova (4%). Between November 2022 and January 2023, the share slightly increased from 10% to 12%. At the same time, the reported total median amount households could put into savings increased significantly, from 107 to 200 Euro.

Looking at the difference between total income and expenditure across the 24 countries and the three survey rounds, households could save 44 Euro per month per person (median). The income-expenditure gap was similar for male (44 Euro) and female (40 Euro) respondents. Households that included people with disabilities only managed to save 25 Euro, in contrast to other households saving 51 Euro (see figure 29). This shows that households where people with disabilities are present not only are more dependent on assistance payments, as we have previously seen, but also have much less financial flexibility than other households.

Figure 29: Median household income and expenditure (EUR) per person in the previous month, by presence of person with disability in the household – median between survey rounds 1, 2 and 3



CONCLUSION AND RECOMMENDATIONS

The assessment shows that refugee children and caregivers from Ukraine feel generally safe in their host countries and benefit from a range of services, yet many continue to face significant challenges as result of their displacement.

Well-being and safety concerns

During the consultations in Poland and Romania, children said that they were most worried about missing their family, friends or pets left behind in Ukraine. They also expressed concerns about not knowing the local language of the host country and about experiencing xenophobic remarks and bullying in their host location. Particularly younger children reported bullying and xenophobic remarks, both by other children and by adults, and instances of physical bullying were mostly mentioned by young boys in Romania. Loneliness seemed to be most prevalent among adolescents in Romania and younger children in Poland.

Similarly, caregivers across the 24 countries reported in the survey that children were most negatively affected by worries about the future (17%), not having enough friends around them (13%), not knowing the local language (13%), and missing friends and family in Ukraine (9%). Some of the children and caregivers also showed signs of distress, and in some cases, children directly asked for psychological support.

Protective factors

Children in Poland and Romania highlighted family, in particular mothers, and friends as their most trusted actors for seeking support. In both countries, some of the younger children stated they had no one they trusted to reach out to or help them in case they had a problem, and some said that they would instead solve problems by themselves. Caregivers reported in the regional survey that they especially trusted host-government institutions, such as police (32%) and state social services (25%), and volunteer/community organisations (24%).

CP needs and access to services

In the consultations in Poland and Romania, children reported that better access to extra-curricular activities, especially sports, and more leisure time were their main needs. In both countries, adolescents often highlighted their independence and that they would reach out to the relevant service providers, such as healthcare practitioners or teachers, for their respective needs. In Poland, children also stressed the

need for better access to Polish language classes, while children in Romania urged for more in-person education. Similarly, caregivers reported in the survey that children most urgently needed access to extra-curricular activities (17%), healthcare services (14%) and education and childcare (9%) – despite an increase in children's access to these services between the survey rounds.

Although psycho-social concerns negatively affected children's and caregivers' wellbeing, the survey and consultations demonstrate that only a few children and caregivers sought out access to MHPSS services. Particularly adolescent girls explained they wanted to talk to a psychologist, but that they did not know how to contact one, or that their parents disapproved.

Language-, cost-, and information barriers, as well as long waiting times and availability of staff were the key obstacles to accessing services, according to caregivers and service providers in survey and qualitative interviews. Adolescents in Poland explained that their school schedule specifically conflicted with extra-curricular activities, and service providers in Romania highlighted that adolescents had more difficulties accessing extra-curricular activities because less programs were directed towards them.

Integration and movement intentions

87% of caregivers in the regional survey reported that they planned to stay in their current location in the short-term, mainly for security reasons (31%) and due to better access to education (27%), employment opportunities (24%) and accommodation (23%). Qualitative interviews with caregivers in Poland and Romania show that most families plan on returning to Ukraine once the security situation allows. **Refugees and host communities in both countries explained during the qualitative interviews that knowing the local language was both the most important facilitator of and barrier to integration.** Despite this, only 32% of caregiver survey respondents across the 24 countries reported attending local language classes. **Enrolment in local schools and joint activities with local children were seen as other important facilitators.** Host community members mentioned the unclear intentions of refugees to return or to stay in the mid- and long term as a barrier to integration.

Financial situation

The assessment found that the share of working adults among the respondents varied significantly across countries. **In Czech Republic (58%), Poland (54%), and Slovakia (51%) most refugees were working either in the host country or remotely in Ukraine, compared to Germany (16%), where households were largely dependent on government assistance.**

During qualitative interviews, caregivers in Poland and Romania explained that a **lack of appropriate childcare options and the language barrier were significant obstacles that would prevent them from finding employment**. The assessment also shows that refugees spent most (44%) of their monthly expenses on food and beverages. **Only in Poland, households spent more than a quarter of their expenses on rent**. The cost burden of paying for accommodation was also highlighted by service providers during the qualitative interviews in Poland.

Inherent value of children's consultations

Beyond the value of the assessment's findings on CP needs and the financial situation of Ukrainian refugees in host countries, the inherent value of direct consultations as a method of assessing children's needs was illustrated by the young participants' urge to express their concerns and work on solutions together with peers and adults.

Recommendations

Given the challenges children from Ukraine and their families face that this report has highlighted, host governments, the EU, civil society and humanitarian organisations can take several steps to improve their lives. Importantly, all those providing care, services or making decisions related to children from Ukraine should give them the space to express their opinions on matters that concern them and take them into account when taking decisions.

To host country governments:

Generally:

- Ensure child participation and consultation in the design, development and implementation of national-level policies related to Ukrainian refugees.
- Include civil society and local authorities in the programming and monitoring of the national response to displacement from Ukraine.
- Make sure that refugees have access to social protection and CP systems and are aware of their rights and entitlements on an equal footing with the national population.
- Make sure that the refugee population has access to information on the available forms of legal protection (asylum or Temporary Protection*) and can access them as well as legal assistance.

* Under the EU's Temporary Protection Directive (TPD).

- Ensure service providers, especially health care services, are aware of relevant procedures, policies, and laws in support of refugees and their rights and entitlements.
- Make sure that services are inclusive of persons with disabilities and children with high support needs.
- Ensure an environment where refugees feel welcome and where social inclusion and cohesion are promoted through campaigns, awareness, messaging, targeted events and initiatives in coordination with civil society organizations and humanitarian actors.

Specifically:

- Subsidize and increase access to a wider range of extra-curricular activities and to specialized healthcare, including Mental Health and Psycho-social Support (MHPSS) services and dental care, for low-income households, so that no child is left behind.
- Increase refugees' awareness about physical healthcare and MHPSS services available, when and how to access them.
- Subsidize and increase access to childcare, especially for single caregivers, to reduce barriers to employment and reduce stress.
- Provide sports, music and other recreational activities for refugee children, integrated with local children. Tailor those activities, so that they are age and gender- appropriate and inclusive and meet the needs and priorities of children.
- Increase access to and awareness of local language courses for refugee children and their caregivers, as well as other preparatory classes for students entering the local education system.
- Enable the integration of Ukrainian children into local schools by expanding school capacity, training teachers, hiring additional support staff, and providing language support for the children.
- In Poland specifically, decrease financial barriers to accommodation for refugees with children.
- Improve labour market access and income from work for people with disabilities.

To the EU:

- Commit to provide protection to all refugees who fled the conflict in Ukraine, without discrimination, for as long as hostilities are ongoing in the country and until it is safe to return by extending the application of the TPD to March 2025, or providing international protection as appropriate. Authorities should start considering how to guarantee access to international protection without delay in case the hostilities will continue beyond the timeframe of application of the TPD, in order to avoid any gaps in enjoying residence permits, access to education, health and other services.

- Ensure that the European Child Guarantee national action plans include children from Ukraine, specifically in the areas of education, housing and mental health support. EU Member States should make adjustments to plans to ensure this, if they have already been submitted.
- Continue to provide financial support to EU Member States for expansion of school capacity, healthcare access and childcare. Moreover, the allocation of EU funding for the Ukraine response should remain conditional on fulfilment of the criterion of distributing 30% of funding to civil society organisations and local authorities for cohesion and AMIF funds.
- Systematically gather country-specific data on reception and support provided to refugees and on the use of related funds.

To civil society organisations and other humanitarian actors:

- Systematize children's participation through the creation of online and offline spaces at all levels for children's meaningful, safe and sustained participation in program design and implementation.
- Strengthen family and communities' ability to respond to the mental health and psychosocial needs of children and increase access and availability of focused, non-specialised MHPSS services.
- Ensure Cash and Voucher Assistance (CVA) programs are tailored to support specific income gaps, such as Cash for Rent, Cash for Protection, Cash for Education etc.
- Ensure the availability of age and gender appropriate recreational activities to support psychosocial wellbeing and community integration of Ukrainian refugees.

ENDNOTES

- ¹ [UNHCR/Government, Operational Data Portal: Ukraine Refugee Situation](#). Accessed in mid-August 2023.
- ² The project was funded by Global Affairs Canada, the Swiss Agency for Development and Cooperation, and SCI.
- ³ The research was approved by an independent ethics review committee. A referral pathway was in place to help provide timely support should serious concerns or unmet urgent needs be disclosed.
- ⁴ [Convention on the Rights of the Child | OHCHR](#)
- ⁵ [Home Page - CHS \(corehumanitarianstandard.org\)](#)
- ⁶ [UNHCR, Regional Intentions Survey Result \(3rd Round\) \(unhcr.org\)](#). Accessed in late June 2023.
- ⁷ [UNHCR, Regional Intentions Survey Result \(3rd Round\) \(unhcr.org\)](#). Accessed in late June 2023.
- ⁸ IAB, Ukrainian refugees in Germany: Escape, arrival and everyday life. Accessed in mid-August 2023.
- ⁹ [UNHCR, Regional Intentions Survey Result \(3rd Round\) \(unhcr.org\)](#). Accessed in late June 2023.
- ¹⁰ [UNHCR, Regional Intentions Survey Result \(3rd Round\) \(unhcr.org\)](#). Accessed in late June 2023.
- ¹¹ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ¹² [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.
- ¹³ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ¹⁴ [UNCHR and REACH, ABA Bucharest](#). January 2023.
- ¹⁵ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ¹⁶ [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.
- ¹⁷ [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.
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- ¹⁹ [Dopomoha, The new 50/20 program](#). Accessed in early July 2023.
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- ²² [Romania's education responses to the influx of Ukrainian refugees | UNESCO](#)
- ²³ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ²⁴ [Romania's education responses to the influx of Ukrainian refugees | UNESCO](#)
- ²⁵ [UNCHR and REACH, ABA Bucharest](#). January 2023. And [UNHCR and REACH, ABA Constanta](#). December 2022.
- ²⁶ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ²⁷ [Cancelaria Primului Ministru, Consilier de Stat Maria Madalina Turza, Romania's Response to the Ukrainian refugee crisis](#). 13 January 2023.
- ²⁸ [UNCHR and REACH, Poland MSNA](#). March 2023
- ²⁹ FONPC, Access to healthcare for Ukrainian refugees in Romania. 2023
- ³⁰ FONPC, Access to healthcare for Ukrainian refugees in Romania. 2023
- ³¹ [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.
- ³² [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.
- ³³ [UNCHR and REACH, Poland MSNA](#). March 2023
- ³⁴ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
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- ³⁷ [UNHCR, Regional Intentions Survey Result \(3rd Round\) \(unhcr.org\)](#). Accessed in late June 2023.
- ³⁸ [NRC, Hidden Hardship: 1 Year Living in Forced Displacement for Refugees from Ukraine](#). February 2023
- ³⁹ [SCI, "This is my life, and I don't want to waste a year of it." The experiences and wellbeing of children fleeing Ukraine](#). November 2022.
- ⁴⁰ [BiB – Pressemitteilungen – Geflüchtete aus der Ukraine: Knapp die Hälfte beabsichtigt längerfristig in Deutschland zu bleiben \(bund.de\)](#), accessed on 14 July 2023.
- ⁴¹ [FRA, Fleeing Ukraine: Displaced people's experiences in the EU](#). February 2023.