

REINTEGRATION AND WELL-BEING OF FAMILIES WITH CHILDREN AMID POST-EVACUATION CHALLENGES

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1. ABOUT THE STUDY

The study was conducted to assess the evacuation experience of families with children from frontline and hazardous areas, to identify problems and unmet needs at different stages of the evacuation route, and to evaluate the situation of children after displacement. The instrument covered the family's entire journey: the situation before evacuation, the departure itself, the stay at a transit centre, resettlement, current living conditions, children's education, health, safety, emotional wellbeing and socialisation, the family's economic situation, access to services, intentions to return and views on a support model.

326	7–24	TI	3
valid questionnaires	September 2026	telephone interviews	key oblasts of evacuation

Fieldwork took place from 7 to 24 September 2026 in the form of telephone interviews. A total of 326 questionnaires were collected. All participants gave informed consent. The target respondents were adult parents or legal guardians who had evacuated together with their child or children and were well informed about their circumstances. Of those surveyed, 89.**6%** were mothers, 7.**4%** fathers, and 2.**1%** grandmothers and other relatives acting as de facto carers; 0.**9%** did not answer this question.

89.6%	7.4%	2.1%
mothers	fathers	grandmothers and other relatives

Geography

52.9%	30.4%	14.1%	...
Dnipropetrovsk	Donetsk	Kharkiv	and others

Geographically, the study primarily covers Dnipropetrovsk (**52.9%** of those who indicated their place of origin), Donetsk (**30.4%**) and Kharkiv (**14.1%**) oblasts. The time frame spans both the most recent departures of 2026 and evacuations that took place more than a year ago.

Percentages in this report are calculated from the number of people who answered each specific question (n is shown next to each infographic). Since respondents were free to skip questions, the base varies from question to question. For multiple-choice questions, the percentages add up to more than **100%**. Open-ended answers were coded into thematic categories; a single answer could contain several themes.

Data Collection Method

The study was conducted using standardised telephone questionnaire interviews. Interviewers surveyed respondents by phone using a single structured questionnaire with a fixed sequence of questions and answer options, while the questionnaire also included open-ended questions to capture respondents' individual experiences. The analytical sample comprised 326 valid questionnaires from adult respondents who had evacuated together with at least one child under 18. Assuming simple random sampling, for a sample of this size, the maximum theoretical statistical error would be approximately ±5.4 percentage points at a **95%** confidence level (for a proportion close to **50%**). However, respondents were in fact selected from an available contact database of evacuated families, and participation depended on whether contact could be established and on the respondent's consent to be interviewed. The sample is therefore not strictly probabilistic, and the stated margin of error should be treated only as a statistical guide rather than a formal limit of representativeness for the entire population of evacuated families with children.

±5.4

p.p. – theoretical margin of error at a 95% confidence level

326

valid questionnaires from adult respondents

<18

at least one child in the family

2.
GENERAL ANALYTICAL OVERVIEW OF THE SITUATION AND RESPONDENTS' FEEDBACK

91.2%
considered it unsafe for children at home

66.6%
evacuated on their own

86.8%
passed through a transit centre

The survey results paint a picture of families for whom evacuation was not a one-off event but a prolonged process of losing their familiar way of life, one that is still ongoing. The vast majority of respondents are women aged 25–44 who left with school-age children; almost one in four families (**23.3%**) is headed by a single parent. The decision to leave was taken under the pressure of immediate danger: **91.2%** of parents considered it unsafe for their children to remain at home before evacuation, and **80.0%** of respondents cited regular shelling as the reason for leaving. At the same time, almost **39%** of families postponed evacuation for some time, and the main reason was not a lack of information but uncertainty about where to go and where to live, as well as a deep attachment to home.

A distinctive feature of the sample is the high share of self-organised evacuation. Two thirds of families (**66.6%**) left on their own, and another **58.7%** named self-evacuation as the way they learned about the possibility of leaving. People have poor recall of the names of organisations involved in the process, so the share of those who associate their evacuation specifically with the RCC is formally low (**5.8%**). This does not mean families went without assistance: **86.8%** passed through a transit centre, where the overwhelming majority received cash assistance, food and hygiene items. However, respondents often repeated that they could not remember everything and that, beyond the listed categories, they had received a wider range of assistance not captured by the questionnaire indicators. This included support from a social worker, registration, clothing, legal advice, psychological services, medical assistance and a children's space.

For some families, the evacuation itself was difficult: almost half (**48.9%**) rated organising their departure as difficult, and **26.6%** felt unsafe during the journey. Yet the experience at transit centres is rated mostly positively: **89.8%** consider the conditions fully or largely suited to children, **94.5%** felt safe there, and **86.1%** say they had everything they needed. People repeatedly mentioned how warmly volunteers treated their children.

78.7%
live in rented housing

32.8%
lack income for basic needs

74.5%
— children's emotional state has improved

After displacement, families largely rebuild their lives on their own. Almost all of them (**95.3%**) found housing independently or through relatives, and **78.7%** of households now live in rented accommodation. It is renting that forms the main line of vulnerability: one in three families (**32.2%**) does not know how long they will be able to stay in their current home, as this depends on the landlord's decision and on whether they can afford it. The most frequently cited unmet needs are stable housing (**43.3%**) and rent payments (**38.9%**), while cash assistance (**80.4%**) and rental support (**52.6%**) top the list of measures that would improve their economic situation.

Economic pressure is perhaps the most pervasive theme of the study. **32.8%** of families reported that their income is mostly or entirely insufficient to cover basic needs, and **62.1%** have had to cut back on something since evacuation, most often on clothing and footwear for children, food and utilities. Among single parents, the share of those whose income falls short of basic needs reaches **47.3%**, compared with **28.4%** among other families; the situation is similar in large families (**46.2%**). During the conversations, people were often reluctant to specify what exactly they economise on and moved on to general complaints about their difficult financial situation.

As for the children, the picture is mixed. Most parents note that their child's safety has improved since evacuation (**78.7%**), which closely mirrors the improvement in emotional wellbeing (**74.5%**), attributed primarily to less shelling. Children are generally adapting: **75.8%** have fully or mostly adapted, and the longer the family has been in its new location, the higher this figure. At the same time, **44.6%** of schoolchildren study remotely at their previous school, a third of children have only partial or insufficient contact with peers, and **22.9%** have no access to any organised activities. Parents see friends and social contact (**57.8%**) and stable housing (**55.1%**) as the key factors of adaptation.

An important finding is that the war remains the defining factor in all of the families' decisions. Even in their new location, **36.3%** of parents have specific concerns about their children's safety, almost all related to shelling; **29.7%** have no accessible shelter nearby. The question of return irritated people: the overwhelming majority are prepared to consider it only after the war or active hostilities end, while **36.1%** could not answer at all. For the next six months, **63.8%** of families plan to stay where they currently live.

Finally, the study records families' low readiness for systematic social support. **72.3%** see no need for the help of a social worker, and **19.1%** do not know what such help involves; **61.3%** do not consider regular contact with a social worker useful. This points not so much to an absence of needs as to the fact that families primarily expect concrete material support, while the concept of social support remains abstract to them. Tellingly, one in six families (**16.1%**) does not know which social benefits they are entitled to.

3. SPECIFICS AND CHALLENGES OF THE FIELDWORK

20+
minutes — average interview length

326
interviews with parents and guardians

18
days of fieldwork

The main challenge of the study remained access to respondents itself. A significant proportion of people either could not or did not wish to take part in a telephone survey. Respondents were often at work and asked to be called back in the evening, at the weekend or in an hour, but then did not answer the follow-up call. Even after agreeing to talk, people frequently asked to keep it short because they were busy. On average, an interview lasted more than 20 minutes, and respondents skipped some questions they did not wish to answer. This is precisely why the response base differs considerably across questions.

During open-ended questions, respondents often provided broader context, sharing their experiences, everyday difficulties and family problems across several areas. Interviewers recorded these responses in the relevant open fields of the questionnaire while maintaining the predefined structure and sequence of the standardised questions. This approach made it possible to complement the quantitative data with additional context on respondents' individual experiences.

The study concerns families who have lived through evacuation, some of whom are still in difficult circumstances. Collecting answers therefore required careful handling of potentially traumatic experiences without probing them in detail. In practice, interviewers combined data collection with supportive and empathetic communication: listening carefully, responding sensitively to respondents' emotional reactions and, at the same time, obtaining the necessary answers. Certain questions, in particular those about safety before evacuation, the reasons for delaying departure and the possibility of return, were triggering for some respondents and required particular sensitivity from interviewers and the ability to steer the conversation back to a warmer tone.

Another specific feature of the data is the limited accuracy of recall. People have poor recall of the names of the organisations through which they evacuated and of the assistance they received at the transit centre, so some indicators should be seen as approximate. Answers to open-ended questions often repeated what had already been said: people stressed that *"there is only one problem – the war"* and grew irritated at follow-up questions; the detailed analysis retains respondents' own words as examples.

BLOCK 0

SCREENING AND PARTICIPATION PROFILE

89.6%
of respondents are mothers

66.6%
evacuated on their own

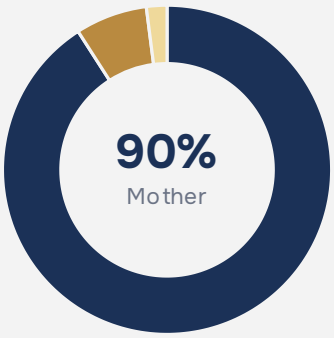
326
questionnaires in the sample

0.1 Relationship to the Child

The respondent profile is highly homogeneous: **89.6%** of those surveyed are mothers and **7.4%** fathers. A further **1.5%** are grandmothers who specified their status under "Other", and **0.6%** are other relatives acting as de facto carers; **0.9%** preferred not to answer. The respondent pool was predominantly female, meaning that the findings primarily reflect mothers' perspectives and experiences of evacuation and post-evacuation life. This is important for interpreting the data that follow, as most answers about children are given from the mother's perspective.

RESPONDENT'S RELATIONSHIP TO THE CHILD / CHILDREN

Distribution of respondents' answers, n = 326



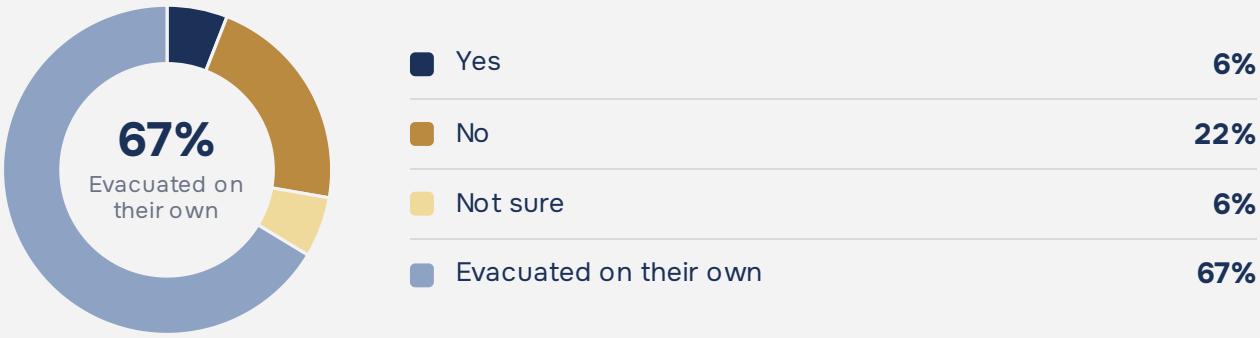
Mother	90%
Father	7%
Other (grandmother)	2%

0.2 RCC Involvement in the Evacuation

Only **5.8%** of respondents confidently associate their evacuation with the RCC, another **5.8%** are unsure, **21.8%** answered no, and two thirds (**66.6%**) said they evacuated on their own. When interpreting these data, it should be borne in mind that people have poor recall of the organisations that accompanied their departure: in the stressful situation of evacuation, attention is focused on the family's safety rather than on who exactly is organising the transport. Tellingly, of the 211 families who described themselves as self-evacuated, 174 nevertheless passed through a transit centre. In other words, ***"self-evacuation"*** often applies only to the stage of leaving the dangerous area, while subsequent support – registration, cash assistance, food – was provided within an organised system.

WERE FAMILIES EVACUATED WITH RCC INVOLVEMENT

Distribution of respondents' answers, n = 326



FOR REFERENCE

Supplementary information · not a survey finding

The Relief Coordination Centre (RCC) has been conducting evacuation operations of varying levels of complexity from frontline areas for more than three years. In Dnipropetrovsk and Donetsk oblasts, **3,897** evacuation missions were conducted between 3 January 2025 and 28 September 2026, resulting in the evacuation of **58,089** people. A total of **85** organisations were involved.

In Donetsk Oblast specifically, between 11 December 2024 and 1 October 2026, **7,603** evacuation requests covering **14,412** people were received. Of these, **6,092** requests were completed, resulting in the evacuation of **11,466** people.

In Dnipropetrovsk Oblast, between 27 February 2025 and 1 October 2026, **1,795** requests covering **4,097** people were received, of which **1,543** requests were completed and **3,636** people were evacuated.

In Kharkiv Oblast, between 1 August 2023 and 25 September 2026, **3,349** evacuation missions were conducted, resulting in the evacuation of **21,586** people. A total of **73** organisations participated in these efforts. According to separate request-level statistics for the period from 13 October 2023 to 1 October 2026, 6,150 evacuation requests covering 8,487 people were received, of which 3,669 requests were completed and 6,491 people were evacuated.

Across all oblasts where it operated, RCC directly evacuated **2,921** people during 2025–2026.

BLOCK 1

RESPONDENT AND FAMILY PROFILE

52.9%
of families are from Dnipropetrovsk Oblast

23.3%
are single mothers or fathers

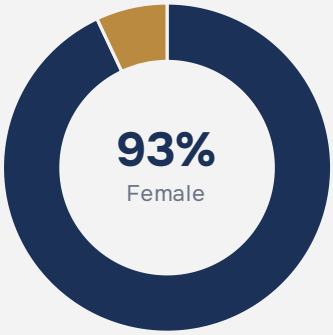
459
children in 310 families

1.1 Gender of Respondents

Women account for **92.8%** of those surveyed and men for **7.2%**. This is consistent with the distribution by relationship to the child and indicates that the findings of this study primarily reflect women's, and particularly mothers', experiences of evacuation and resettlement. That said, there were quite a few cases where a father who was called redirected the interviewer to speak with the mother, which should be taken into account when assessing the gender profile of respondents. For support planning, this means that services should above all be convenient for mothers who combine childcare with job-seeking and managing everyday matters.

GENDER OF RESPONDENTS

Distribution of respondents' answers, n = 318



Female	93%
Male	7%

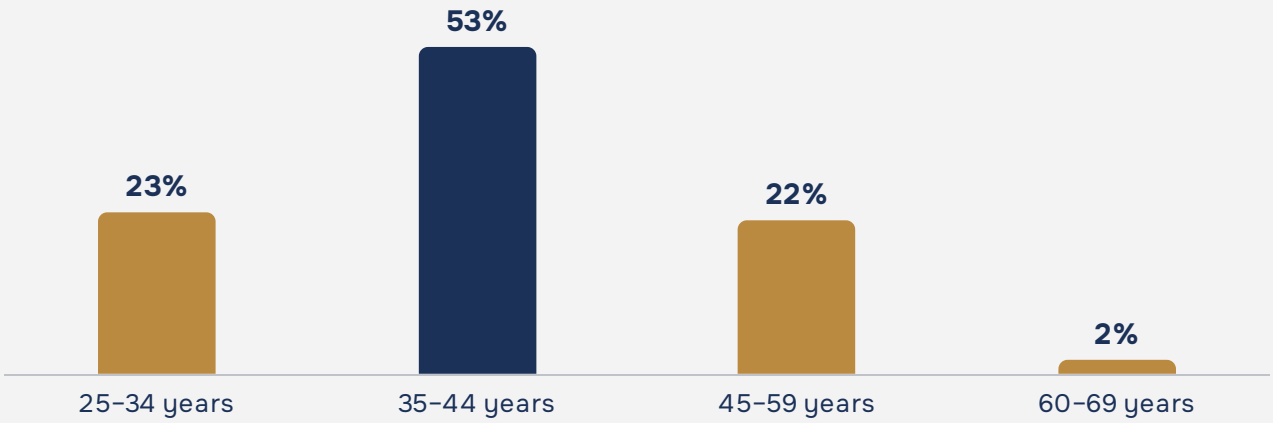
1.2 Age of Respondents

More than half of respondents (53.2%) are aged 35–44, 22–23% fall into each of the 25–34 and 45–59 groups, and only 1.6% are aged 60–69.

We are therefore dealing mainly with parents of working age with school-age children. This group has the greatest potential for economic self-reliance and, at the same time, suffers most from the loss of work and stable income due to displacement.

AGE STRUCTURE OF RESPONDENTS

Distribution of respondents' answers, n = 314



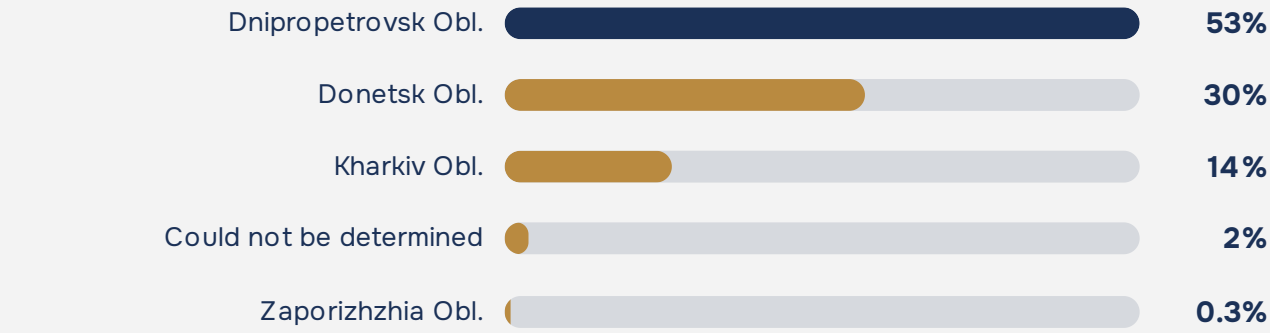
1.3 Geography of Evacuation

The largest number of families evacuated from Dnipropetrovsk Oblast – **52.9%** of those whose place of origin could be identified (including the Pershotravensk, Shakhtarske, Vasylkivka, Petropavlivka and Dubovyky hromadas and Synelnykove Raion). Donetsk Oblast ranks second with **30.4%** (Kramatorsk, Sloviansk, Druzhkivka, Mykolaivka, Myrnohrad, Kostiantynivka). **14.1%** of families left Kharkiv Oblast (the Bohodukhiv and Zolochiv hromadas, Lozova, Izium, Kupiansk). One

family came from Zaporizhzhia, and in **2.2%** of questionnaires the oblast could not be determined unambiguously. This structure reflects the current directions of evacuation in 2025–2026, when the front line moved closer to settlements in Dnipropetrovsk Oblast and the threat to the Kramatorsk–Sloviansk agglomeration increased.

GEOGRAPHY OF EVACUATION: FAMILIES' OBLASTS OF ORIGIN

Distribution of respondents' answers, n = 312

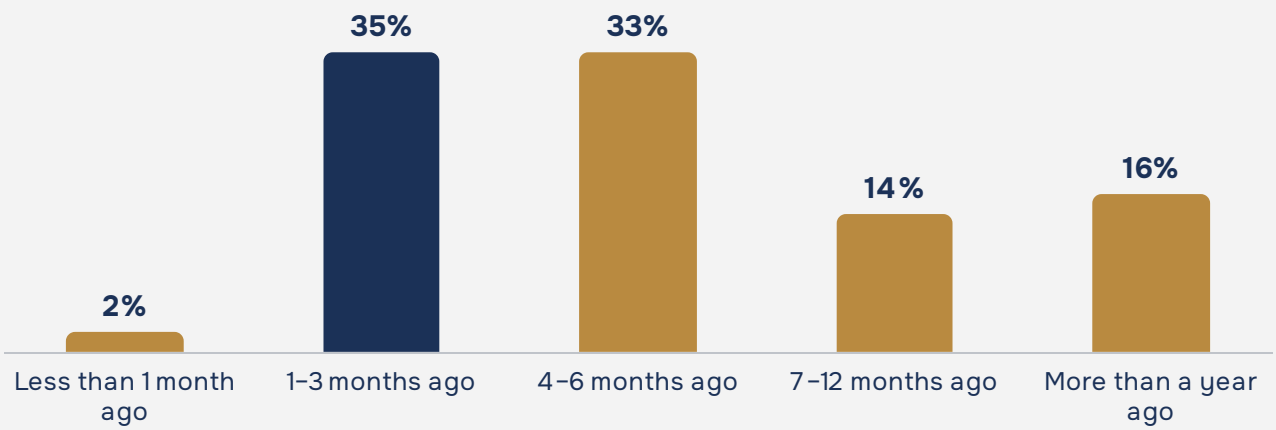


1.4 Timing of Evacuation

Two thirds of families evacuated relatively recently: **34.5%** 1–3 months ago and **32.9%** 4–6 months ago. A further **14.4%** left 7–12 months ago, **16.0%** more than a year ago, and **2.2%** less than a month ago. The study thus captures the experience both of families in the acute stage of adaptation and of those who have already settled to some extent. Comparing these groups shows that children's adaptation deepens over time: among those who left more than a year ago, **50%** of parents consider their children fully adapted, compared with only **28%** among those who left 1–3 months ago.

WHEN FAMILIES WERE EVACUATED

Distribution of respondents' answers, n = 313

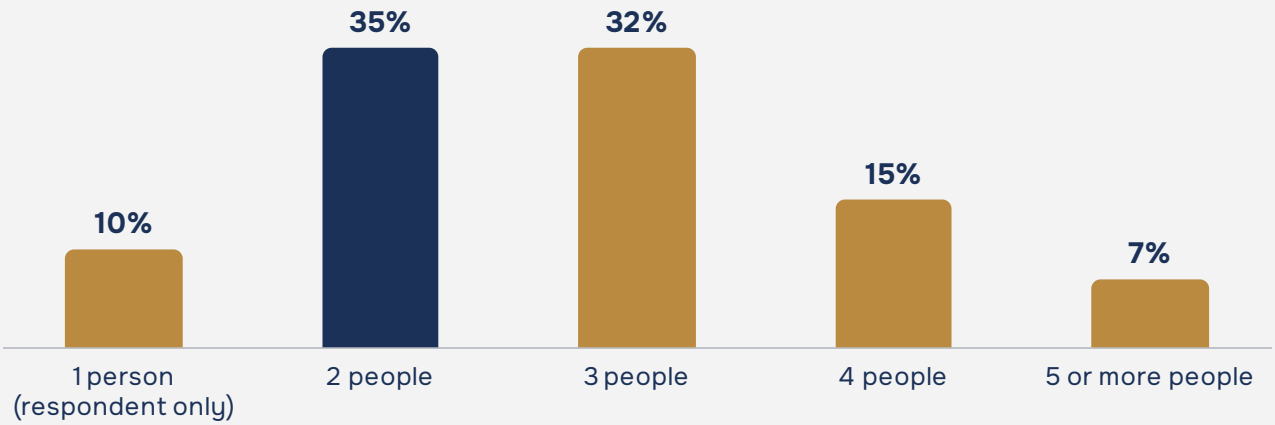


1.5 Number of People Who Evacuated Together

Families most often evacuated in groups of two (**34.9%**) or three (**32.4%**); on average, a group numbered 2.8 people. **15.1%** travelled as four and **7.4%** in groups of five or more. **10.3%** of respondents indicated only one person – most likely cases where the person counted only themselves, not including the children, or where family members evacuated at different times. The predominance of small groups, with an average of 1.5 children, confirms that the typical evacuated family is a mother with one or two children, often without a second adult.

HOW MANY PEOPLE EVACUATED TOGETHER WITH THE RESPONDENT

Distribution by number of people in the evacuation group, n = 312; average: 2.8 people

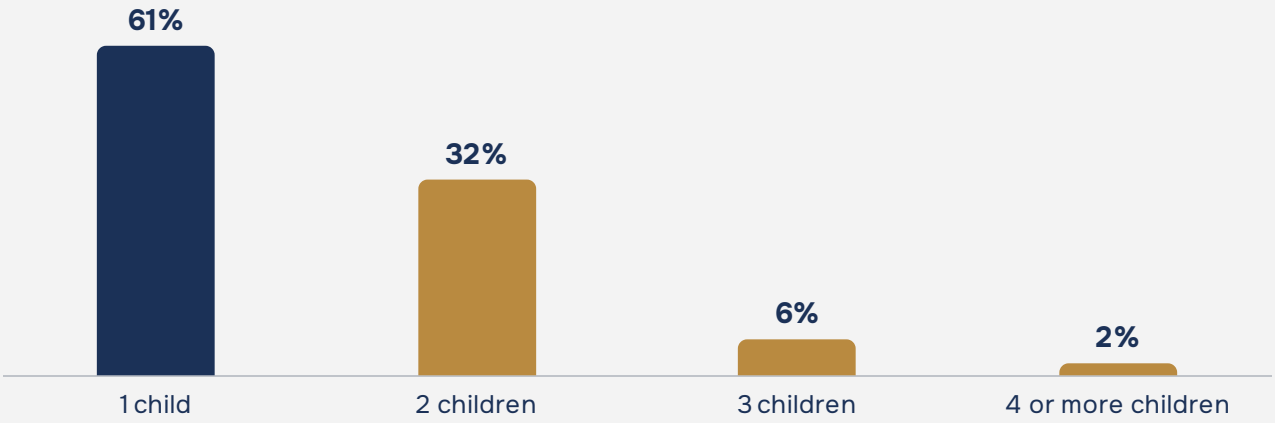


1.6 Number of Children

In **60.7%** of families one child was evacuated, in **31.8%** two children, in **6.0%** three, and in **1.6%** four or more. The average is 1.49 children per family. Although single-child evacuations predominate, one in twelve families left with three or more children, which considerably complicates logistics, the search for housing and financial provision in the new location.

HOW MANY CHILDREN UNDER 18 EVACUATED WITH THE FAMILY

Distribution of families by number of children, n = 318; average: 1.49 children

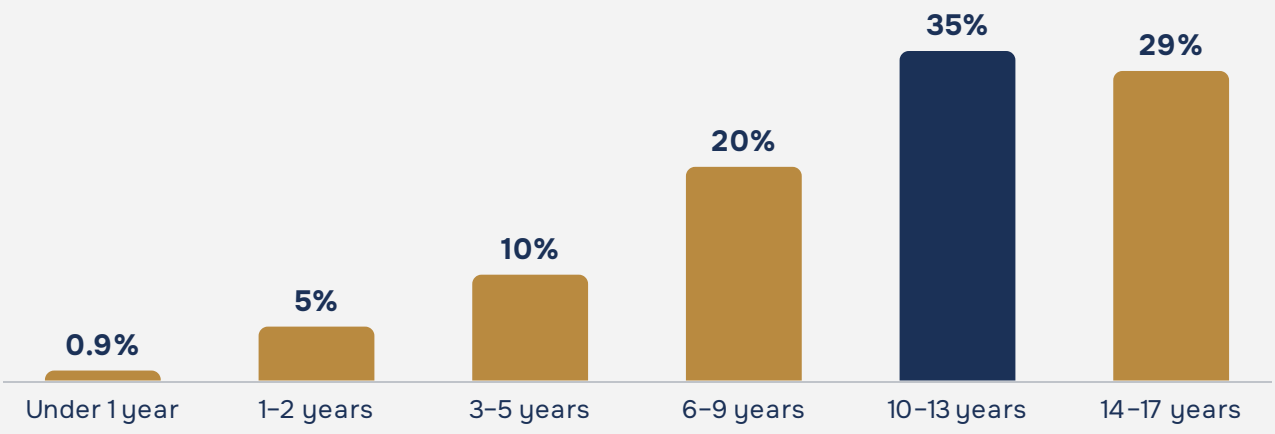


1.7 Age Groups of Children

In total, 459 children were recorded across 310 families. The largest group is children aged 10–13 (**34.9%**), followed by adolescents aged 14–17 (**29.4%**) and children aged 6–9 (**20.3%**). Preschool children account for **15.5%**, including infants under one year (**0.9%**) and children aged 1–2 (**4.8%**). Thus, more than **84%** of evacuated children are of school age, which explains why issues of education, learning format, contact with peers and extracurricular activities matter so much to parents. Adolescence is also a period when the breakdown of social ties is felt particularly acutely.

AGE GROUPS OF EVACUATED CHILDREN

Share of children in each age group among all children listed, n = 459 children in 310 families



1.8 Family Characteristics

As a rule, respondents placed themselves either in the first two categories on the list or under *"none of the above"*. **58.8%** did not assign their family to any of the vulnerable categories. At the same time, **23.3%** are single mothers or fathers, **8.2%** are large families, **4.1%** are raising a child with a disability, and **3.1%** a child under three. **5.7%** preferred not to answer. Under "Other", people mentioned IDP status, low income, widowhood, a husband killed in the war or missing in action. As further analysis shows, it is single parents and large families who face the greatest income difficulties, so they should be regarded as a priority group for targeted support.

BLOCK 2

SITUATION BEFORE EVACUATION

80.0%
left because of regular shelling

91.2%
considered it unsafe for children at home

38.7%
delayed evacuation

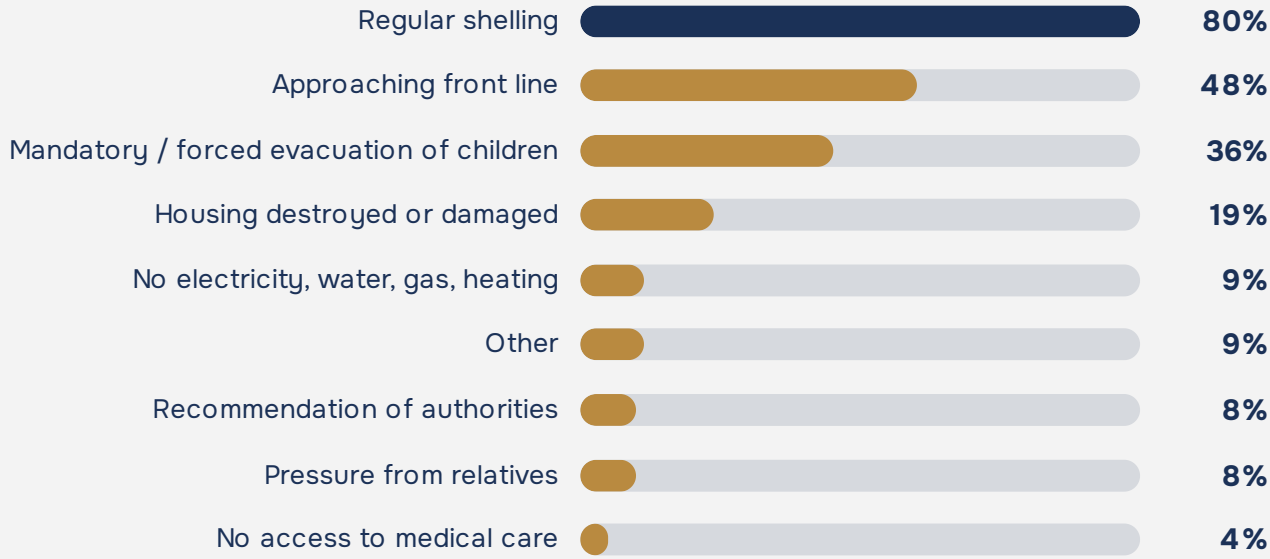
2.1 Reasons for Evacuation

The question about the reasons for evacuation was always prefaced with the acknowledgement that there were *"more than enough"* reasons to leave, yet even this sensitive framing often made people anxious: the conversation took on an emotional tone that the interviewer then had to steer back to a warmer register.

Regular shelling was the main reason for leaving (**80.0%**). Almost half of families (**47.8%**) left because the front line was approaching, and **35.6%** because mandatory evacuation of children had been announced. One in five families (**19.1%**) had lost their home or had it damaged, **9.1%** had been cut off from basic utilities and **4.4%** from medical care. Recommendations from the authorities (**7.8%**) and pressure from relatives (**7.5%**) played a secondary role. Under "Other", people mentioned relatives killed by drones, destroyed vehicles and a child's fear of staying at home. The decision was thus driven not by outside advice but by the direct threat to life that families felt every day.

MAIN REASONS FOR FAMILIES' EVACUATION

Share of respondents who chose each option (multiple answers allowed), n = 320



2.2 Assessment of Children's Safety Before Evacuation

This question proved triggering for a certain group of respondents: it often opened a conversation about life under constant shelling and about destroyed homes that made living there impossible or extremely difficult and ultimately became the main reason for evacuation. **53.9%** of parents rated their children's stay in the settlement before departure as completely unsafe, and a further **37.3%** as rather unsafe – **91.2%** in total. Only **6.0%** considered the situation rather or completely safe, and **2.8%** were unable to assess it. These data indicate that evacuation was predominantly driven by acute security threats rather than ordinary relocation considerations.

ASSESSMENT OF CHILDREN'S SAFETY IMMEDIATELY BEFORE EVACUATION

Distribution of respondents' answers, n = 319

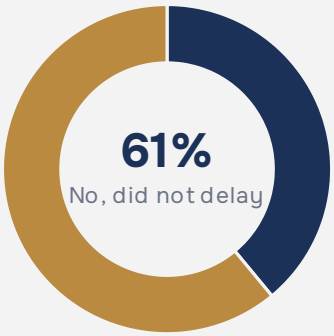


2.3 Delaying Evacuation

38.7% of families delayed evacuation for some time after first considering it, while **61.3%** left without delay. The fact that roughly one in three or four households stayed in a dangerous place longer than they would have liked points to significant deterrents that should be taken into account when planning outreach and evacuation offers.

DID FAMILIES DELAY EVACUATION

Distribution of respondents' answers, n = 318



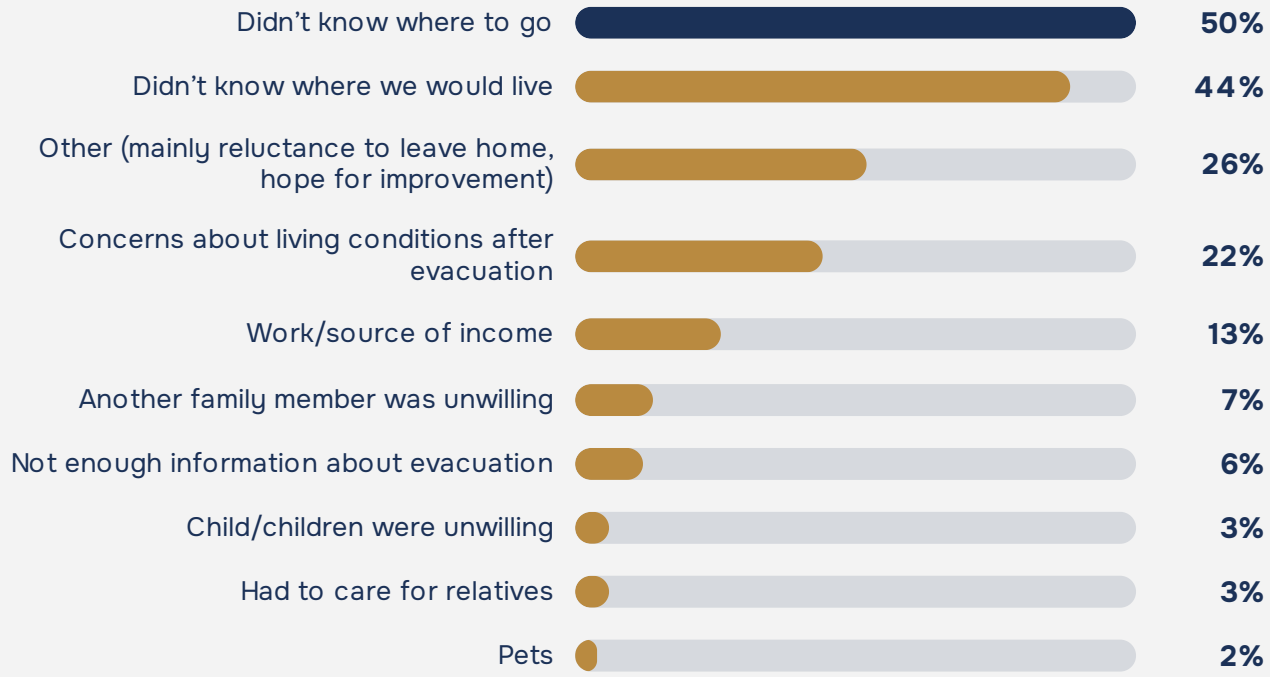
Yes, delayed	**39%**
No, did not delay	**61%**

2.4 Reasons for Delaying Evacuation

Among families who postponed leaving, half (**50.4%**) did not know where to go and **43.8%** where they would live. **22.3%** feared the living conditions after evacuation, and **13.2%** were held back by work or a source of income. Reluctance of another family member (**7.4%**), a lack of information about evacuation (**5.8%**), children's reluctance (**3.3%**), caring for relatives (**3.3%**) and pets (**2.5%**) were much less common. When answering, people often struggled and eventually explained that they simply did not want to leave home despite the destruction, risk and danger, fearing what their new life would look like, whether they would have an income and how their new social environment would receive them. This is also borne out by the "Other" field (**26.4%**): *"we didn't want to leave our home"*, *"we hoped things would get better"*, *"we thought the war would stop"*. The main barrier to timely evacuation is therefore not a lack of information about the process itself but fear of the uncertainty that follows it.

REASONS FOR DELAYING EVACUATION

Share of families who delayed evacuation who chose each option (multiple answers allowed), n = 121

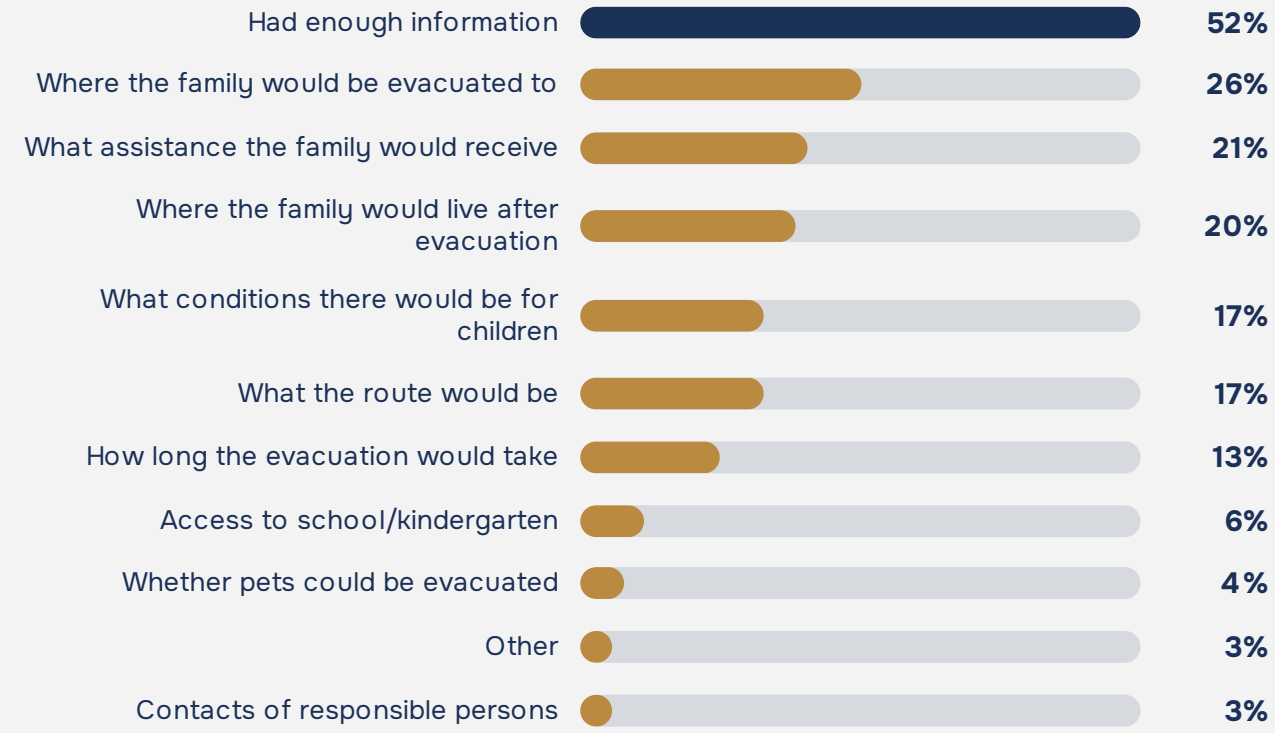


2.5 Missing Information

Half of respondents (**52.0%**) said they had enough information. Among the rest, what was most often lacking was knowledge of where the family would be evacuated to (**25.8%**), what assistance it would receive (**21.0%**) and where it would live after evacuation (**19.6%**). Information was also lacking about conditions for children (**17.3%**), the route (**16.6%**) and the duration of the evacuation (**12.5%**). It should be noted that people often answered this question as early as the first question of the survey and were frequently irritated by the follow-up, asking to skip it. The share of *"had enough information"* may therefore be somewhat overstated. The nature of the information gap is fully consistent with the reasons for delaying evacuation: people need clarity about what awaits them after they leave.

WHAT INFORMATION FAMILIES LACKED

Share of respondents who chose each option (multiple answers allowed), n = 271



BLOCK 3

THE EVACUATION PROCESS

58.7%
evacuated on their own

48.9%
found organising departure difficult

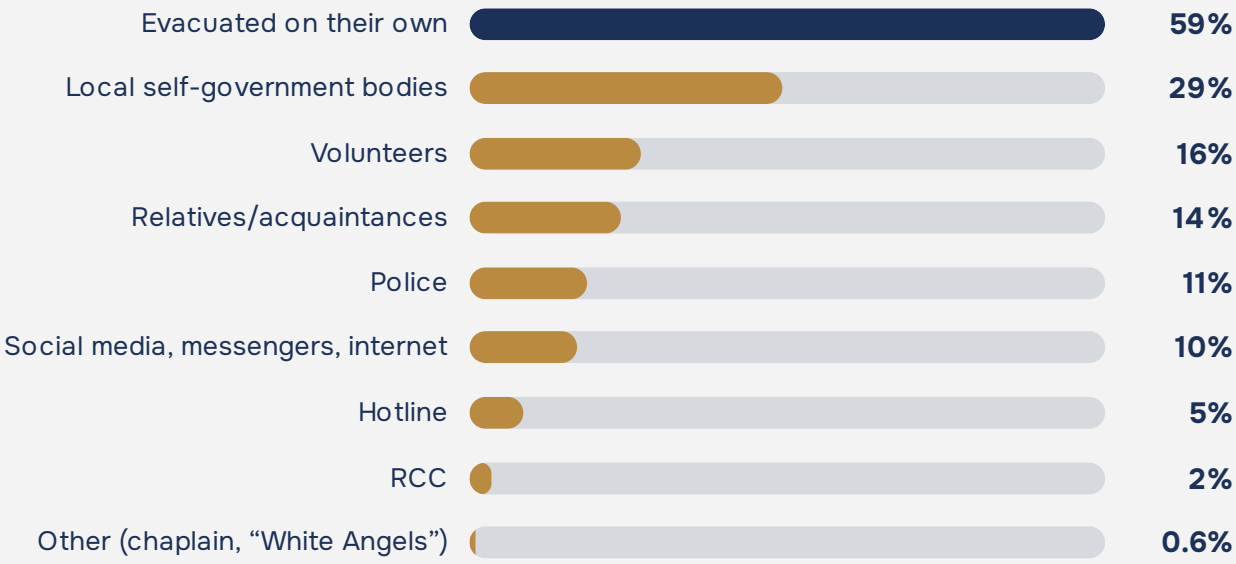
26.6%
felt unsafe on the road

3.1 Sources of Information About Evacuation

The vast majority of people evacuated on their own and have poor recall of the organisations through which they left, which shapes the structure of the answers. **58.7%** of respondents chose the option ***"evacuated on our own"***. Among institutional sources, the most important were local self-government bodies (**28.5%**), volunteers (**16.3%**), relatives and acquaintances (**14.1%**) and the police (**10.9%**). Social media, messengers and the internet were cited by **9.6%**, a hotline by **5.4%**, and the RCC by **1.9%**. Under "Other", a military chaplain and the ***"White Angels"*** police crew were mentioned. These data show that local authorities remain the key channel of official information, while a significant share of decisions is made within the family based on its own assessment of the situation.

HOW FAMILIES LEARNED ABOUT THE POSSIBILITY OF EVACUATION

Share of respondents who chose each option (multiple answers allowed), n = 312

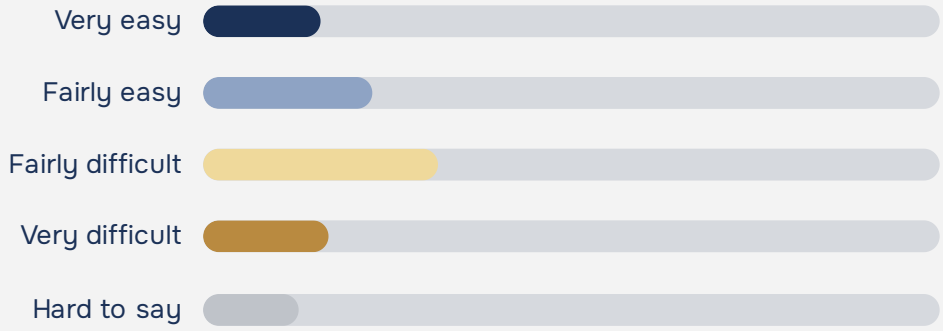


3.2 Difficulty of Organising the Evacuation

Opinions were divided: **38.1%** felt that organising the evacuation was very or fairly easy, while **48.9%** found it fairly or very difficult (**32.4%** and **16.5%** respectively). **13.0%** could not answer. The high share of difficulties may partly be related to the predominance of self- organised departures, as these families often had to find transport, move their belongings, arrange housing and finance the move themselves.

HOW EASY IT WAS TO ORGANISE THE EVACUATION

Distribution of respondents' answers, n = 315



3.3 Awareness of the Evacuation Process

41.9% of respondents answered this question by saying they had evacuated on their own. Of the rest, **19.6%** knew in advance how evacuation works, **29.7%** knew partially, and only **8.8%** did not know at all. Even allowing for self-evacuations, it is clear that frontline communities have a general understanding of the evacuation process, but it is often incomplete and relates to the transport itself rather than to the subsequent steps.

DID FAMILIES KNOW IN ADVANCE HOW EVACUATION WORKS

Distribution of respondents' answers, n = 296



3.4 Sense of Safety During Evacuation

Only **18.8%** felt completely safe during evacuation; the largest share – **45.4%** – felt relatively safe. At the same time, **20.5%** felt unsafe and **6.1%** very unsafe, meaning that one in four families left under a tangible threat; **9.2%** could not assess how they felt. Open comments to other questions mentioned drones over the road, *"guided bombs everywhere"* and damaged vehicles. For some families, the journey itself was a continuation of the danger they were fleeing.

SENSE OF SAFETY DURING EVACUATION

Distribution of respondents' answers, n = 293



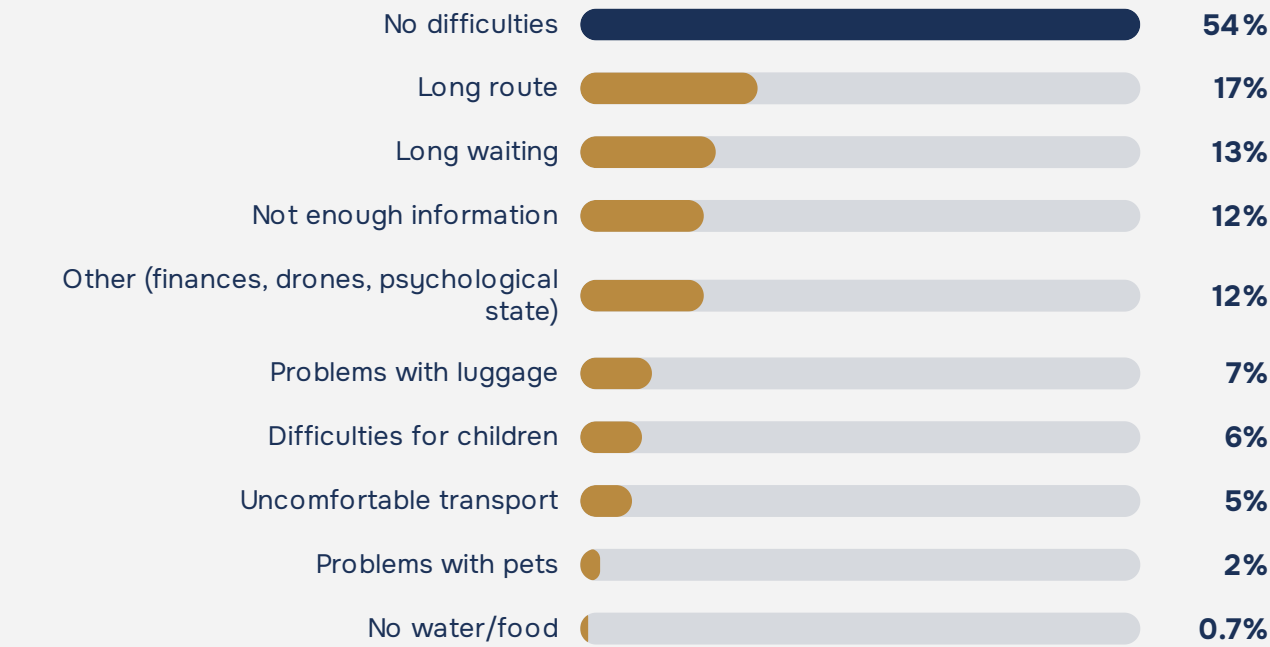
Completely safe	19%	Relatively safe	45%	Unsafe	20%
Very unsafe	6%	Hard to say	9%		

3.5 Difficulties During Evacuation

More than half of families (**53.9%**) say they had no difficulties during evacuation. Those who did face problems most often mentioned a long route (**17.3%**), long waits (**12.7%**) and a lack of information (**12.3%**). **7.0%** had problems with luggage, **5.6%** faced difficulties for children, and **5.3%** had uncomfortable transport. The "Other" field (**12.3%**) reveals a broader picture: it most often cites financial hardship, psychological state, drones and danger on the road, organisations refusing to carry large amounts of luggage, problems for people with limited mobility and the search for housing. Importantly, not a single family complained of inappropriate treatment by the evacuation team.

DIFFICULTIES DURING THE EVACUATION PROCESS

Share of respondents who chose each option (multiple answers allowed), n = 284



BLOCK 4

THE CHILD'S EXPERIENCE OF EVACUATION

24.9%
of children found evacuation hard

15.3%
of children had sleep problems

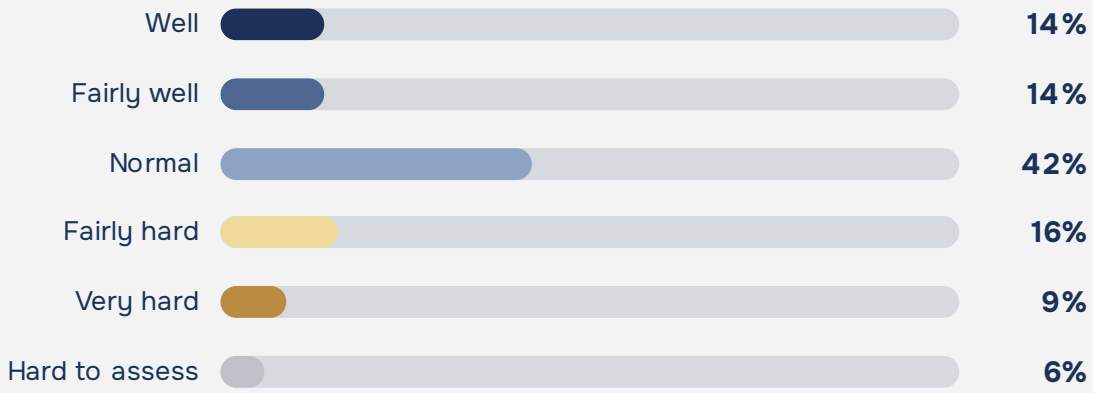
35.5%
named parents as a source of calm

4.1 How Children Coped with Evacuation

Parents most often described how their child coped with evacuation as *"normal"* (**41.6%**). A further **27.8%** believe their children coped well or fairly well. At the same time, for a quarter of children (**24.9%**) evacuation was fairly hard (**16.4%**) or very hard (**8.5%**); **5.7%** of parents could not assess it. The fact that one child in four went through evacuation with difficulty is a strong argument for strengthening the psychosocial component of evacuation routes and transit centres.

HOW CHILDREN COPED WITH EVACUATION

Distribution of respondents' answers, n = 317

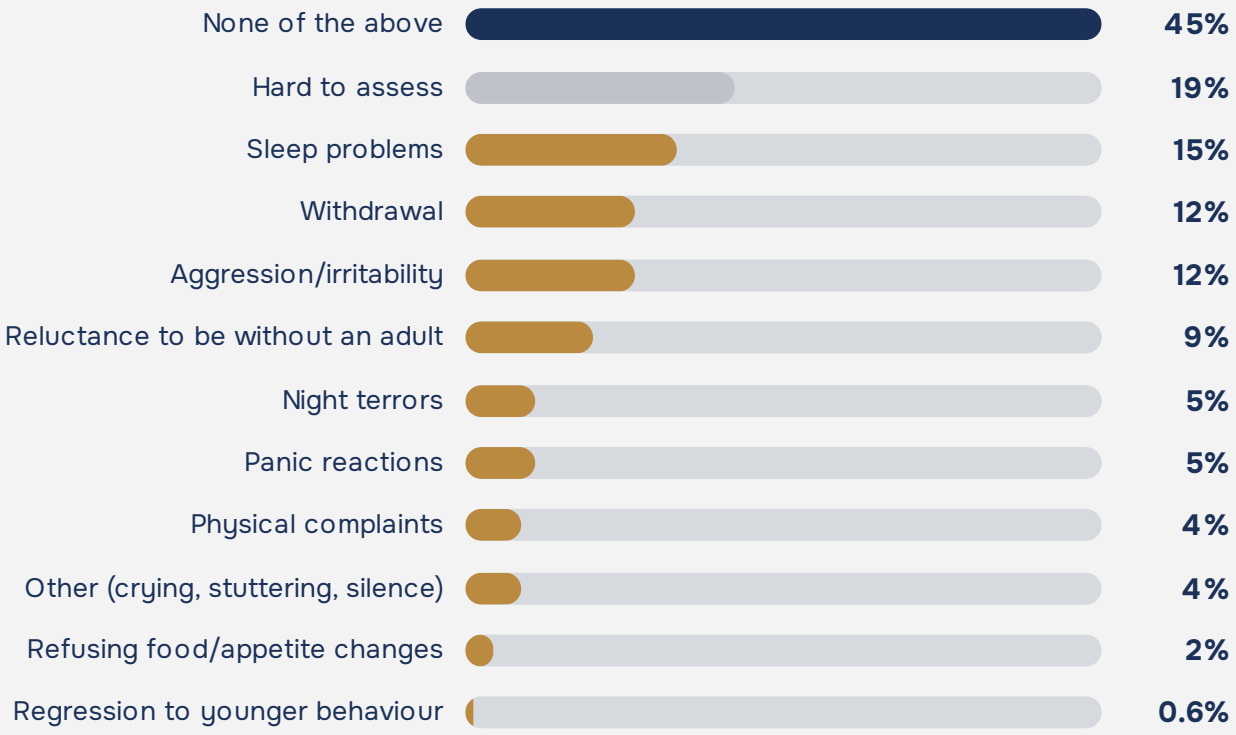


4.2 Changes in the Child's Behaviour and Condition

44.7% of parents did not notice any of the listed changes in their children, and a further **19.1%** could not assess this. Among signs of stress, the most common were sleep problems (**15.3%**), withdrawal (**12.2%**) and aggression or irritability (**11.6%**). **9.1%** of children did not want to be left without an adult, **5.3%** had night terrors, **5.0%** panic reactions, and **4.1%** complained of physical discomfort. Under "Other", parents described crying and tearfulness, resentment and sadness, a stutter that appeared after leaving, and in one case an older child who did not speak for two weeks. One child was mentioned separately who had been seriously injured and was in a coma. These isolated but very severe cases require individual support.

CHANGES IN THE CHILD'S BEHAVIOUR AND CONDITION DURING OR RIGHT AFTER EVACUATION

Share of respondents who chose each option (multiple answers allowed), n = 320

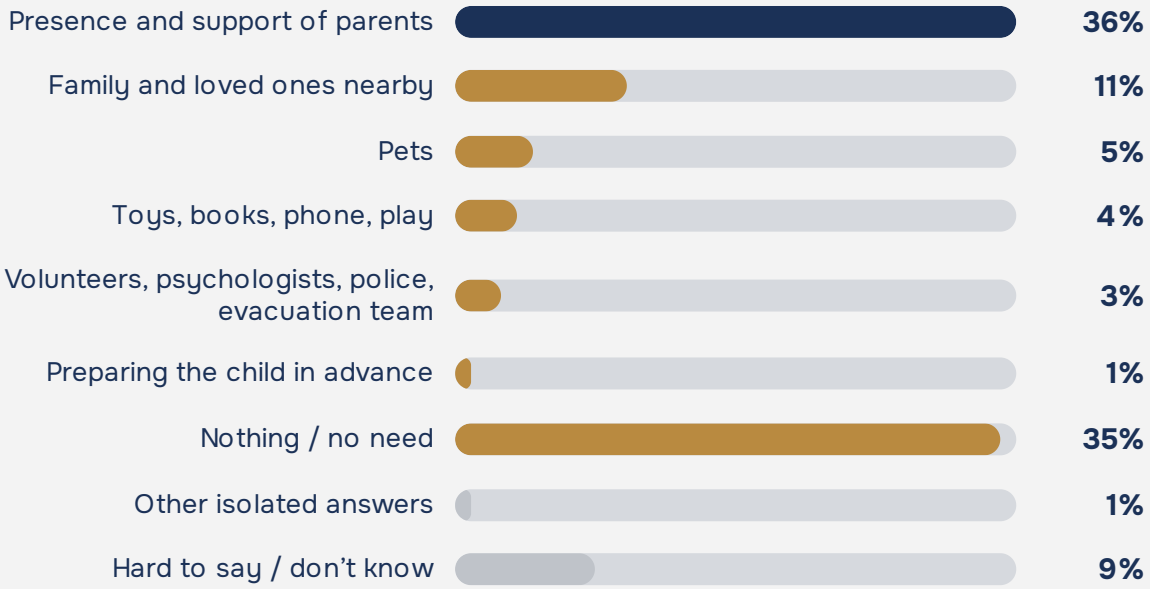


4.3 What Helped the Child Feel Calmer

Responses to this open-ended question show that the presence of close adults was the most frequently mentioned source of support for the child. Of 200 substantive answers, 35.**5%** directly referred to the presence and support of mum or dad, while a further 10.**5%** mentioned having family and loved ones nearby. Children calmed down in the company of pets (**5.0%**), with favourite toys, books or a phone, or when the move was presented as a game (**4.0%**). **3.0%** mentioned volunteers, psychologists, police officers or the evacuation team, including gifts and treats at the transit centre. Another third (**34.5%**) said there was nothing in particular or no need for it, often explaining that the child was already grown up and understood everything. These responses highlight the importance of maintaining family unity and elements of the child's familiar environment during evacuation.

WHAT HELPED THE CHILD FEEL CALMER DURING EVACUATION

Coded open answers: share of 200 substantive answers (an answer could cover several themes)

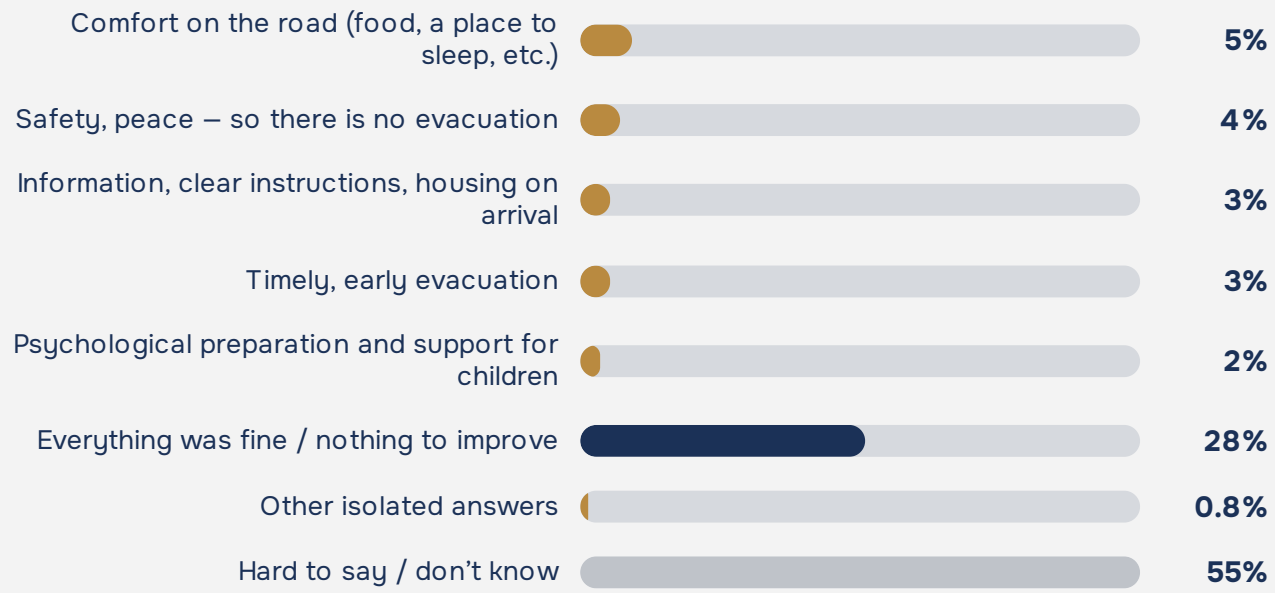


4.4 What to Improve in Evacuation to Meet Children's Needs

The open question about possible improvements proved difficult for respondents: **55.1%** of 127 substantive answers were *"hard to say"* or *"I don't know"*, and another **27.6%** felt everything was fine or said they had evacuated on their own. Specific suggestions included comfort on the road (food during transport, a place where children can sleep, car seats and baby items, provision of transport) – **4.7%**; clear information and instructions, especially on where people will be housed and where they can live – **3.1%**; early evacuation – **3.1%**; and psychological preparation of the child – **2.4%**. Several people expressed their deepest wish: that children should never know what evacuation is at all. The small number of specific suggestions is also explained by the fact that most people left on their own and had no experience of organised evacuation for comparison.

WHAT TO IMPROVE IN EVACUATION TO MEET CHILDREN'S NEEDS

Coded open answers: share of 127 substantive answers (an answer could cover several themes)



BLOCK 5

TRANSIT CENTRE

86.8%
passed through a transit centre

90.2%
received cash assistance

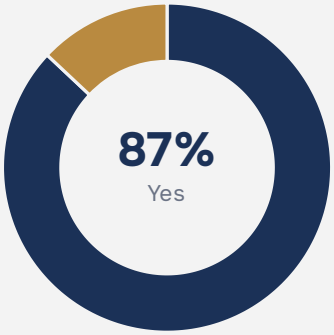
86.1%
said they had everything they needed

5.1 Stay at a Transit Centre

86.8% of families passed through a transit centre, and only **13.2%** bypassed it. This is the highest level of coverage among all stages of the route and shows that the transit centre is the family's main point of contact with the assistance system, even when the evacuation itself was self-organised.

DID FAMILIES STAY AT A TRANSIT CENTRE

Distribution of respondents' answers, n = 318



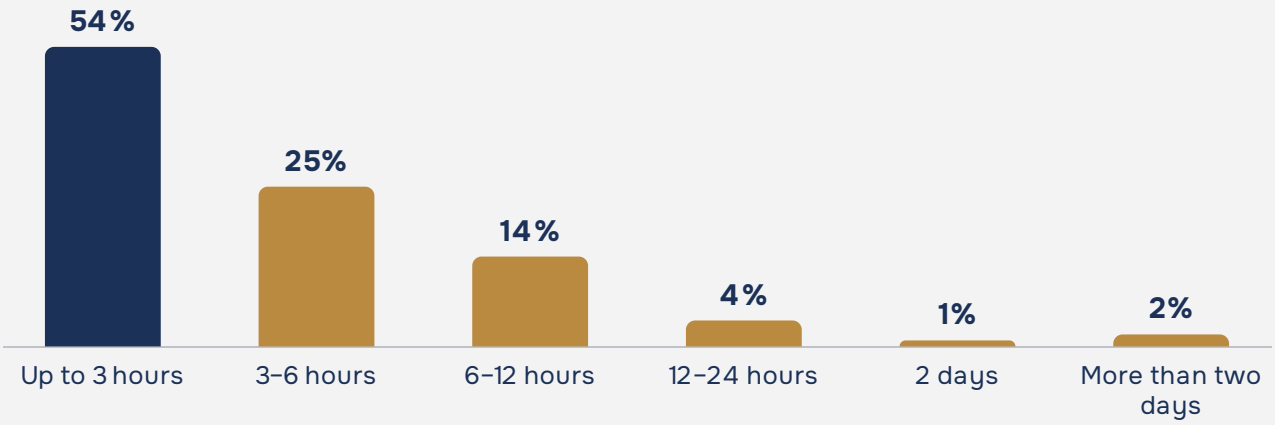
Yes	87%
No	13%

5.2 Length of Stay

Stays were mostly short: **54.0%** of families spent up to 3 hours at the centre, **25.4%** 3–6 hours and **13.8%** 6–12 hours. Only **6.9%** stayed longer than 12 hours, including **1.8%** who stayed more than two days. The short duration matters when interpreting the ratings that follow: a large share of people did not have time to fully assess how well the centre was suited to children's needs.

LENGTH OF STAY AT A TRANSIT CENTRE

Distribution of answers of families who stayed at a TC, n = 276

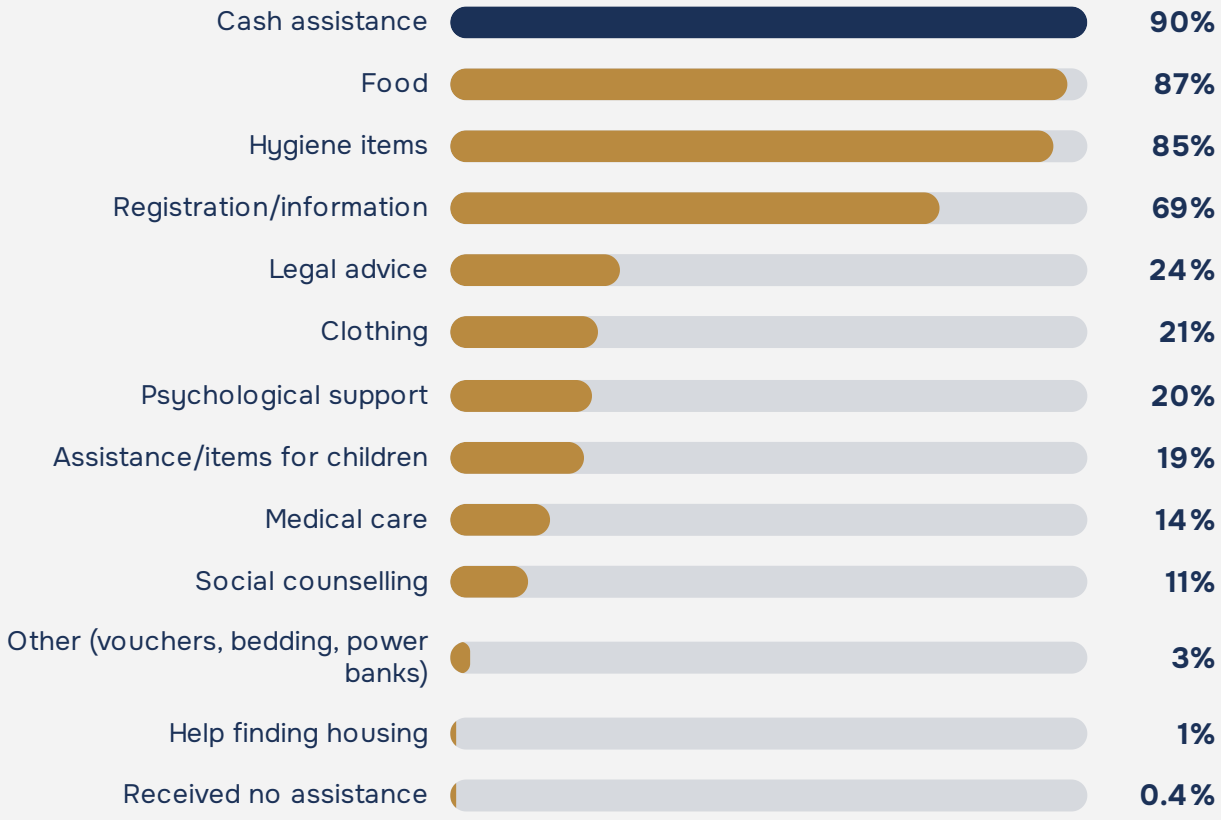


5.3 Assistance Received at the Transit Centre

The most common types of assistance were cash assistance (**90.2%**), food (**87.0%**) and hygiene items (**85.1%**); **69.2%** were registered and received information. **23.6%** received legal advice, **21.0%** clothing, **20.3%** psychological support, **19.2%** children's items, **13.8%** medical care and **11.2%** social counselling. Only **1.4%** received help with finding housing. Under "Other", supermarket vouchers, bed linen, power banks, raincoats, crutches and ticket purchases were mentioned. These data should be regarded as rather formal: people often say they cannot remember exactly, name only part of the assistance they received, and their answers frequently do not match the transit centre's records. The actual volume of assistance is therefore most likely higher. At the same time, the very low share of housing assistance confirms a gap that later proves to be key.

WHAT ASSISTANCE FAMILIES RECEIVED AT A TRANSIT CENTRE

Share of families who stayed at a TC who chose each option (multiple answers allowed), n = 276



5.4 What Was Lacking at the Transit Centre

86.1% of families say they had everything they needed at the transit centre. Isolated gaps concerned information (**3.3%**), food (**2.9%**), a place to rest and hygiene items (**2.0%** each), help with resettlement (**1.6%**) and a children's space (**1.2%**). Under "Other", nappies, cereals for children, clothing, tableware, bed linen and a transfer to the train were named. It should be borne in mind that many people spent less than three hours at the centre and said they did not have time to fully assess what exactly was lacking for children. At the same time, respondents often mentioned that volunteers were wonderful with the children, played with them and cheered them up.

WHAT FAMILIES LACKED AT THE TRANSIT CENTRE

Share of respondents who chose each option (multiple answers allowed), n = 245

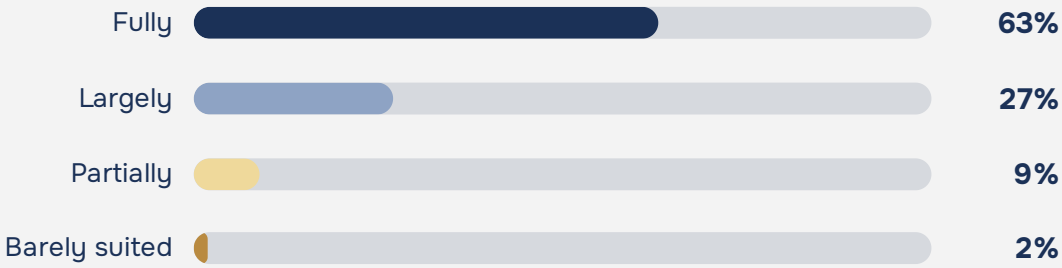


5.5 Suitability of Conditions for Children

63.0% consider the transit centre's conditions fully suited to children, and **26.8%** largely suited. **8.5%** described them as partially suited, and only **1.6%** as barely suited. Not a single family chose the option ***"not suited at all"***. Overall, the rating is very high and reflects a positive experience of interacting with staff and volunteers.

HOW WELL TC CONDITIONS WERE SUITED TO CHILDREN

Distribution of respondents' answers, n = 246

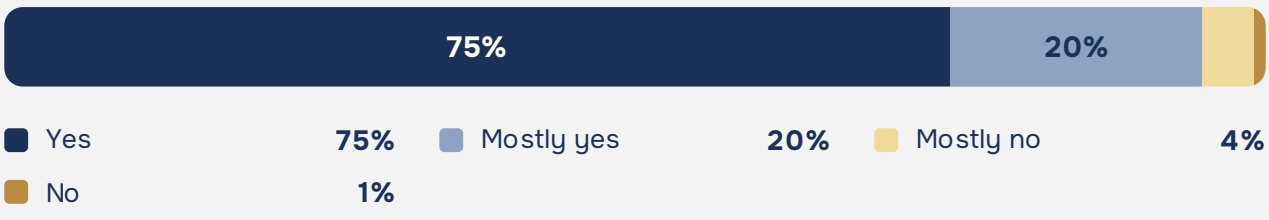


5.6 Safety at the Transit Centre

Three quarters of families (**74.9%**) felt safe at the transit centre, and a further **19.6%** mostly safe. **5.5%** of respondents felt mostly unsafe or unsafe – probably due to the location of some centres in cities under shelling and to the anxiety people brought with them.

DID PARENTS AND CHILDREN FEEL SAFE AT THE TRANSIT CENTRE

Distribution of respondents' answers, n = 275

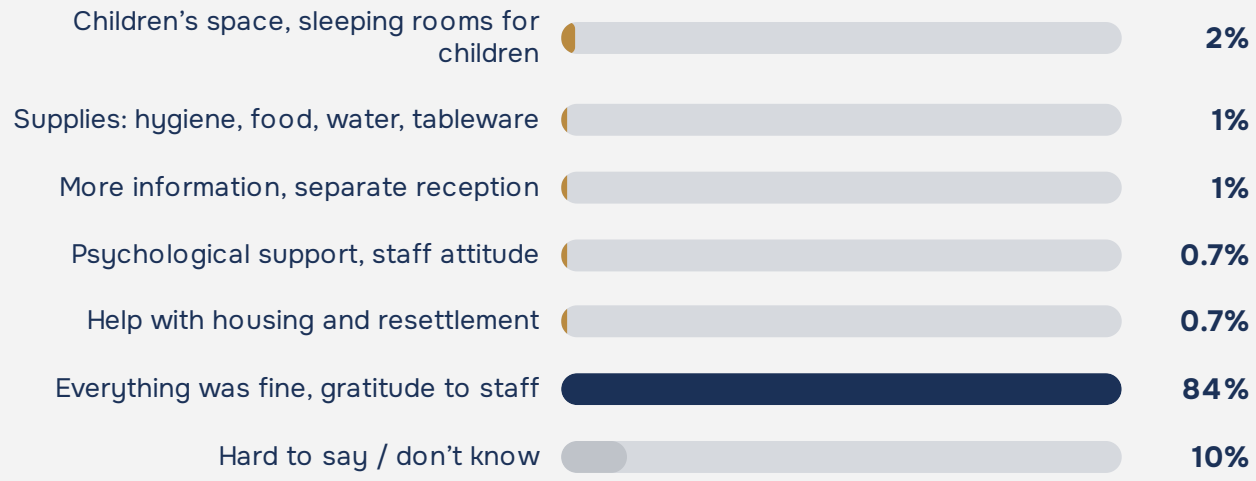


5.7 What to Improve in the Work of Transit Centres

Transit centres are the most positively rated link in the evacuation route. **83.7%** of 135 substantive answers are positive assessments of the centres' work and words of gratitude: *"everything is fine"*, *"a wonderful centre"*, *"thank you to the girls"*, *"wonderful people work there, there was plenty of everything"*. Specific requests were isolated: a children's corner and sleeping rooms for children (**2.2%**; one family, by contrast, specifically praised the children's room), provision of hygiene kits, food, disposable tableware and water (**1.5%**), more information and a separate reception (**1.5%**), and help with resettlement (**0.7%**). One person noted the absence of a psychologist and the negative influence of a staff member who *"set a negative tone"*. A case was also mentioned when hygiene items and food kits ran out.

WHAT TO IMPROVE IN THE WORK OF TRANSIT CENTRES FOR FAMILIES WITH CHILDREN

Coded open answers: share of 135 substantive answers (an answer could cover several themes)



BLOCK 6

RESETTLEMENT AFTER EVACUATION

62.2%
found housing on their own

33.1%
– through relatives and acquaintances

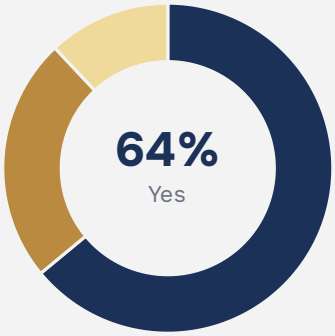
1.9%
– with the help of the RCC

6.1 Awareness of Accommodation After the Transit Centre

63.9% of families knew in advance where they would live after the transit centre, **24.5%** knew partially and **11.6%** did not know. The high level of awareness is explained by the fact that most people arranged housing themselves or through relatives before leaving, rather than receiving it through organised resettlement.

DID FAMILIES KNOW IN ADVANCE WHERE THEY WOULD LIVE AFTER THE TRANSIT CENTRE

Distribution of respondents' answers, n = 319



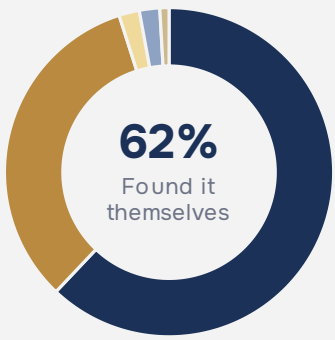
Yes	64%
Partially	24%
No	12%

6.2 Who Helped Find Housing

62.2% of families found housing on their own and **33.1%** with the help of relatives and acquaintances. All institutions combined account for less than **5%**: the RCC – **1.9%**, other organisations and volunteers – **1.9%**, authorities and social services – **0.9%**. This is one of the study's most important findings: families with children solve their housing problem largely by themselves, relying on personal networks, while systematic resettlement assistance is virtually absent.

WHO HELPED FIND ACCOMMODATION

Distribution of respondents' answers, n = 320



Found it themselves	62%
Relatives/acquaintances	33%
Other organisations / volunteers	2%
RCC	2%
Authorities / social services	0.9%

FOR REFERENCE

Supplementary information · not a survey finding

As part of the evacuation response, PORUCH, a digital platform providing end-to-end post-evacuation support for internally displaced persons (IDPs), enables people planning to evacuate to explore and select accommodation options before the evacuation takes place. The platform was developed by the Relief Coordination Centre (RCC) in cooperation with international and government partners to simplify the accommodation process for IDPs and provide access to up-to-date information on available housing options.

The project connects people in need of accommodation with available places in temporary accommodation centres and helps make the housing search process clearer, more accessible, and better structured.

The platform provides for the centralised collection and updating of information on available accommodation, enabling a faster response to the needs of evacuees and IDPs while improving coordination among humanitarian organisations, government institutions, and service providers.

At the same time, PORUCH promotes greater autonomy among beneficiaries by providing them with a tool to identify suitable accommodation options and make informed decisions independently.

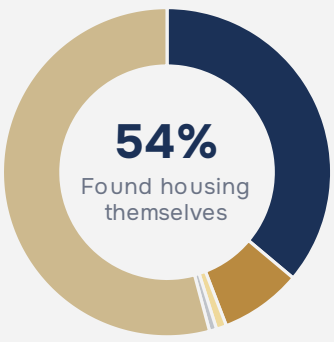
By combining digital solutions, up-to-date data, and cross-sectoral coordination, the project creates a shared information environment designed to make accommodation easier to access and humanitarian assistance more targeted and effective.

6.3 Consideration of Children's Needs When Choosing Housing

Answers to questions 6.3–6.5 should be read bearing in mind that most families looked for housing on their own; where an answer was not recorded separately, it coincides with this option. **53.7%** found housing on their own, so the question of whether children's needs were taken into account concerned them only indirectly. Of the rest, **36.0%** believe children's needs were fully considered, **8.1%** partially, **1.4%** not at all, and **0.7%** do not know. Thus, in the rare cases where housing was chosen by others, children's needs were mostly taken into account.

WERE CHILDREN'S NEEDS CONSIDERED WHEN CHOOSING HOUSING

Distribution of respondents' answers, n = 283



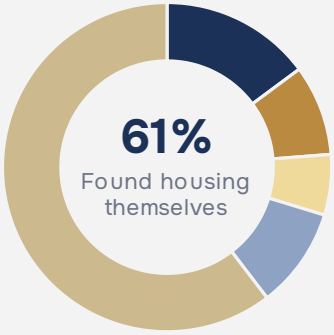
Yes, fully	36%
Partially	8%
No	1%
Don't know	0.7%
Found housing themselves	54%

6.4 Option to Decline the Housing Offered

60.6% of families looked for housing on their own. Among those who were offered housing, **15.2%** could decline it and choose something else, **8.5%** could do so partially, **6.0%** had no such option, and for **9.6%** there were simply no other options. In other words, more than a third of families who received a housing offer (44 of 111) effectively had no choice, which limits the possibility of finding conditions suitable for children.

COULD FAMILIES DECLINE THE HOUSING OFFERED

Distribution of respondents' answers, n = 282



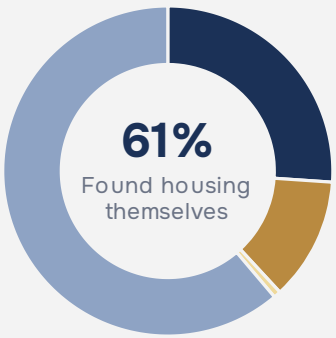
Yes	15%
Partially	9%
No	6%
There were no other options	10%
Found housing themselves	61%

6.5 Information on Living Conditions Before Resettlement

Once again, **60.6%** said they found housing on their own. Of the rest, **26.2%** received enough information about living conditions before moving in, **12.4%** received partial information, and only **0.7%** did not. Overall, information on housing conditions for those who relied on outside help was therefore satisfactory.

DID FAMILIES RECEIVE ENOUGH INFORMATION ON LIVING CONDITIONS BEFORE MOVING IN

Distribution of respondents' answers, n = 282



Yes	26%
Partially	12%
No	0.7%
Found housing themselves	61%

BLOCK 7

THE CHILD'S CURRENT LIVING CONDITIONS

78.7%
live in rented housing

32.2%
do not know how long they can stay

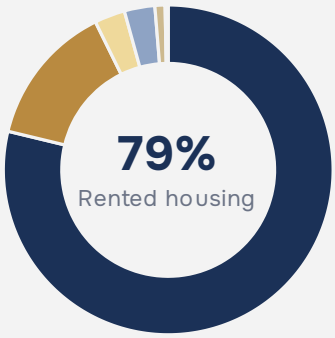
19.8%
have already moved again

7.1 Where Families Live Now

The vast majority – **78.7%** – live in rented accommodation. **13.8%** live with relatives or acquaintances, **3.4%** in collective sites, **1.3%** in social or municipal housing and **0.3%** in free private housing. Under "Other" (**2.5%**), respondents mentioned their own or purchased housing, a modular house, living abroad, and two cases of returning to the place from which the family had been evacuated – in one of them, the main reason was that they could not live together with their pets. The predominance of renting means that families' housing stability depends directly on their ability to pay and on the goodwill of landlords.

WHERE FAMILIES WITH CHILDREN LIVE NOW

Distribution of respondents' answers, n = 319



Rented housing	79%
With relatives/acquaintances	14%
Collective site	3%
Other (own/purchased housing, returned, abroad)	3%
Social/municipal housing	1%
Free private housing	0.3%

FOR REFERENCE

Supplementary information · not a survey finding

With regard to temporary accommodation, the Relief Coordination Centre (RCC) currently supports **66** temporary accommodation centres hosting **8,421** internally displaced persons. During the implementation period, renovation works have been carried out to improve living conditions. Renovation and refurbishment activities were completed in **3** temporary accommodation centres, improving living conditions for **295** IDPs.

Key areas of work include the renovation and refurbishment of residential and sanitary facilities; improving the accessibility of buildings for persons with disabilities and other people with reduced mobility; providing temporary accommodation centres with furniture, household appliances, and essential equipment; and implementing measures to improve overall accessibility and reduce physical barriers.

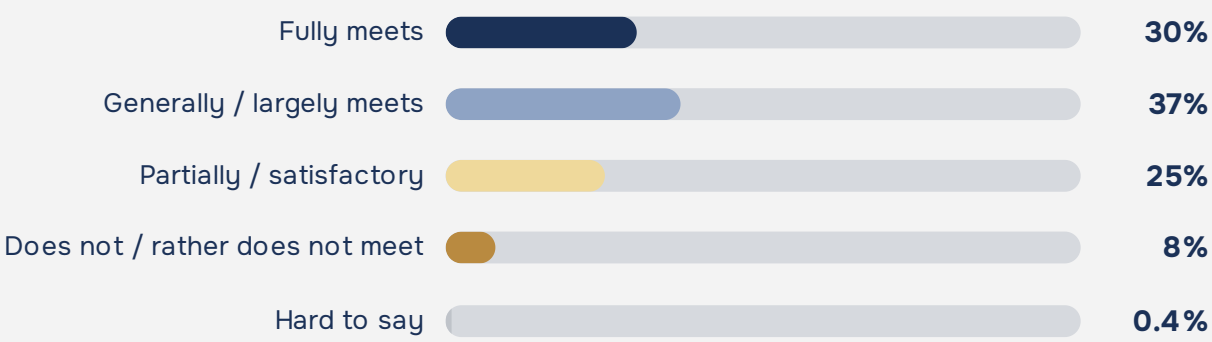
Particular attention is given to responding to the needs of temporary accommodation centres through the processing of requests and coordination of the necessary assistance. People with reduced mobility are also supported in relocating to more accessible and appropriately adapted premises. Activities for displaced children are organised as well, including visits to cultural and recreational venues and other activities. Since the beginning of 2026, RCC's IDP team has supported the placement of **179** beneficiaries in temporary accommodation centres.

7.2 How Well Housing Meets the Family's Needs

Coding of open answers and ratings on a five-point scale shows that **30.5%** consider their housing fully suited to their needs and **36.6%** generally or largely suited. For **24.7%**, the housing is only partially suitable or merely satisfactory, and for **7.9%** it is unsuitable. Even positive answers often came with caveats: ***"it's suitable, but the rent is expensive"***, ***"it's fine, but it's not home"***, ***"there's a bit less space than we had at home"***, ***"it's rented housing; what meets the family's needs is a home of our own"***. Negative ratings included an old house unfit for winter, six people in one room and windows blown out after a strike. Even satisfactory housing is thus perceived as temporary and ***"not ours"***.

HOW WELL HOUSING MEETS THE FAMILY'S NEEDS

Coded open answers and ratings on a scale of 1–5, n = 279

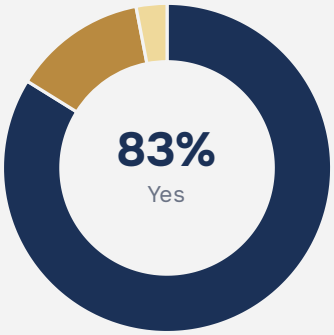


7.3 Space for the Child

83.2% of parents believe their child has enough space for sleeping, studying, resting, storing belongings and age- appropriate privacy. **13.3%** gave a partially positive answer and **3.5%** a negative one. Although the overall figure is high, one child in six lives with limited personal space, which is felt particularly by adolescents and by children who study remotely.

DOES THE CHILD HAVE ENOUGH SPACE FOR SLEEP, STUDY, REST AND PRIVACY

Distribution of respondents' answers, n = 316



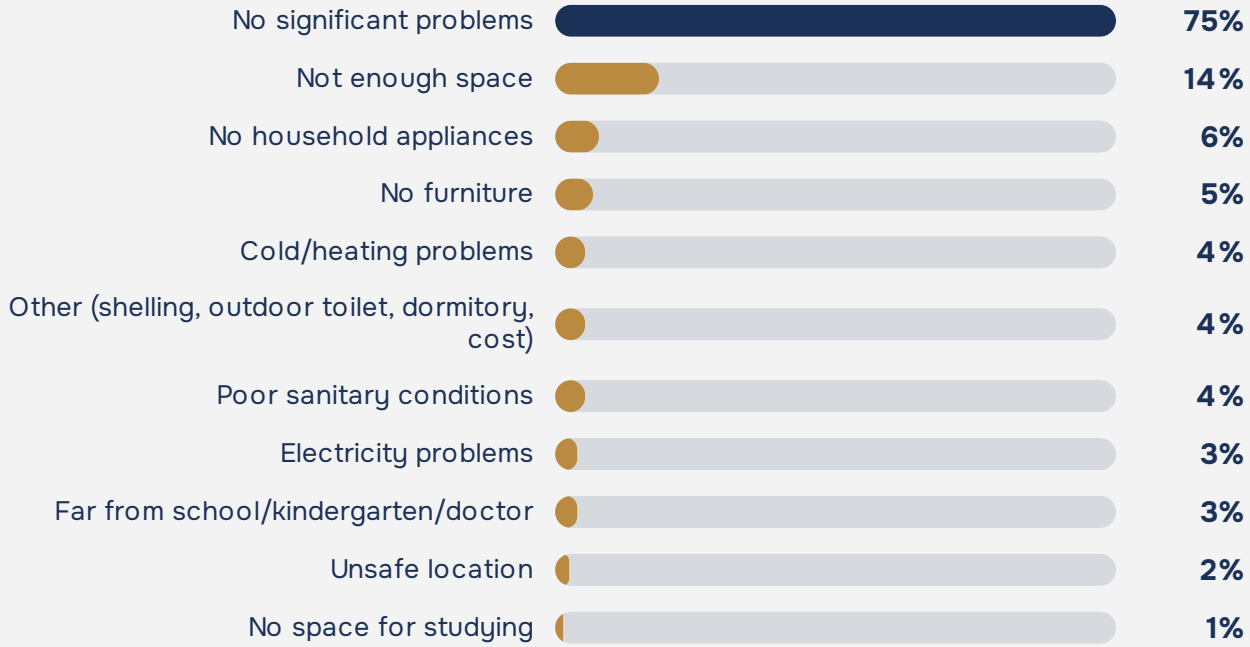
Yes	83%
Partially	13%
No	3%

7.4 Housing Problems Affecting the Child

Three quarters of families (**75.2%**) have no significant housing problems affecting the child. Among the rest, the most common is lack of space (**13.8%**), followed by a lack of household appliances (**6.0%**) and furniture (**5.3%**), cold and heating problems (**4.4%**), poor sanitary conditions (**3.8%**) and electricity problems (**3.4%**). Distance from school, kindergarten or a doctor was noted by **2.5%**, and an unsafe location by **1.6%**. Under "Other", respondents mentioned regular shelling, an outdoor toilet, windows covered with plastic sheeting, a dormitory, no mobile internet and high rent. As winter approaches, heating and basic household arrangements may become more acute than they are now.

HOUSING PROBLEMS THAT MOST AFFECT THE CHILD

Share of respondents who chose each option (multiple answers allowed), n = 319



7.5 Housing Stability

Half of families (**50.2%**) believe they can stay in their current housing for as long as they need, and **14.5%** for at least the next six months. At the same time, **32.2%** do not know how long they will be able to live there, **1.9%** only for a few months, and **1.3%** may lose their housing in the near future. The vast majority live in rented accommodation, and people explained that they do not know how long they will stay even when there are no direct grounds to expect losing their home: everything depends on what the landlords decide and whether they can afford it. Among tenants, the share of those who do not know how long they can stay is **31.0%**, and among residents of collective sites it is **54.5%**. Housing uncertainty is a constant background stress for families and a significant risk of repeated displacement.

HOW STABLE IS CURRENT HOUSING FOR FAMILIES WITH CHILDREN

Distribution of respondents' answers, n = 317



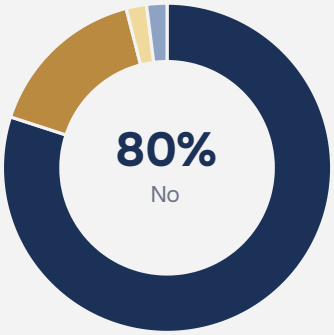
- Can stay as long as needed **50%**
- At least for the next 6 months **15%**
- Only for the next few months **2%**
- May lose housing soon **1%**
- Don't know how long they can stay **32%**

7.6 Change of Residence After Evacuation

80.2% of families have not changed their place of residence since evacuation. **15.7%** have moved once, **1.9%** twice and **2.2%** three or more times. One household in five has thus already been through at least one repeated displacement, which for children means yet another change of surroundings and often of school.

HAVE FAMILIES CHANGED RESIDENCE SINCE EVACUATION

Distribution of respondents' answers, n = 318



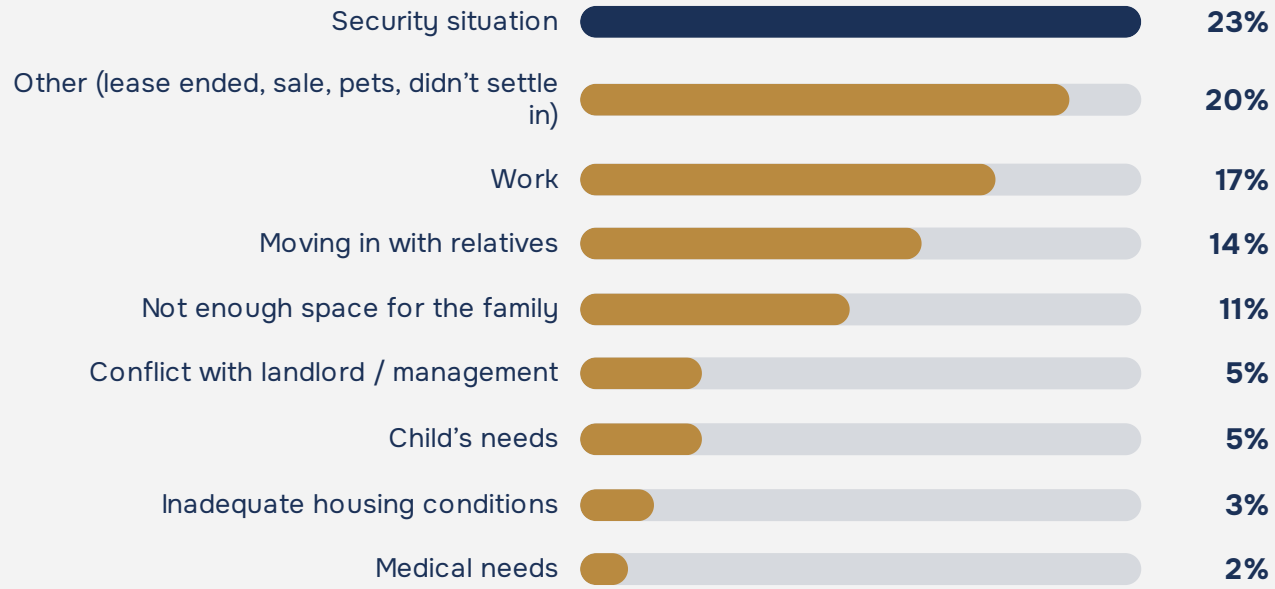
No	80%
Yes, once	16%
Yes, twice	2%
Yes, three or more times	2%

7.7 Reasons for the Last Change of Residence

Among the 64 families who changed housing, the most common reason was the security situation (**23.4%**), meaning the shelling caught up with the family in their new location too. This was followed by work (**17.2%**), moving in with relatives (**14.1%**), lack of space for the family (**10.9%**), conflict with the landlord or management (**4.7%**), the child's needs (**4.7%**), inadequate housing conditions (**3.1%**) and medical needs (**1.6%**). Under "Other" (**20.3%**), people named the end of a lease, the landlord selling the property, not being able to live with pets, moving to better conditions, needing more space, a long commute, moving from relatives or acquaintances into a rented house, plans to go abroad and having nowhere to live. One family described how they *"didn't settle in, it's not our town"* and went back because *"the children are scared"* and there is no one nearby. These answers illustrate how precarious the housing situation is, dependent as it is on the rental market and security.

MAIN REASON FOR THE LAST CHANGE OF RESIDENCE

Distribution of answers of families who changed housing, n = 64



BLOCK 8

EDUCATION AND CHILDCARE

85.5%
of families — all children in education

44.6%
study remotely at their previous school

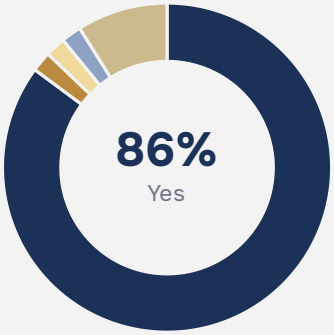
27.5%
attend a new school in person

8.1 Are School-Age Children in Education?

In **85.5%** of families, all school-age children are in education; in **1.9%** only some of the children are, and in **2.2%** the children are not in education. **8.8%** of households have no school-age children. A separate group of **1.6%** consists of families whose children already attend college, a technical school or a higher education institution. Despite overall coverage, 13 families (**4.1%**) have children who are fully or partially out of education, and it is these cases that require individual attention from children's services and educational institutions.

ARE ALL SCHOOL-AGE CHILDREN IN EDUCATION NOW

Distribution of respondents' answers, n = 318



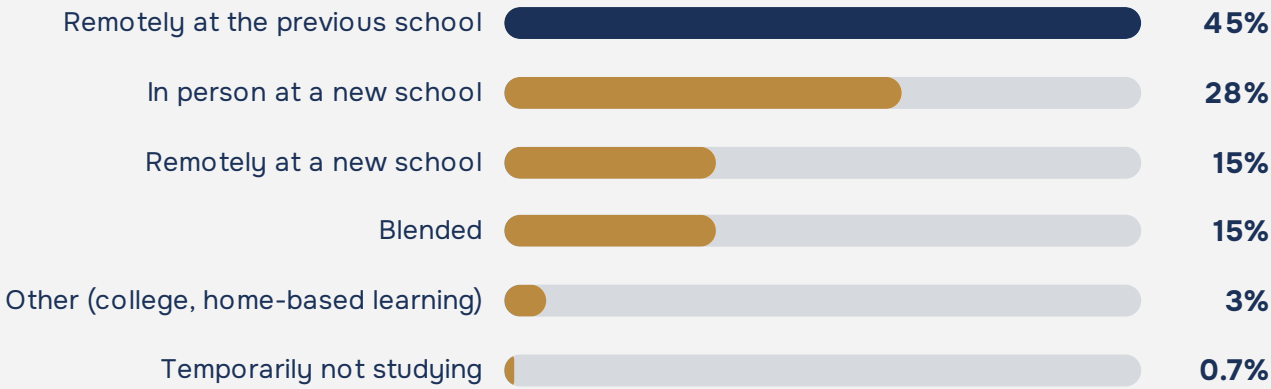
Yes	86%
Some of the children	2%
No	2%
Attend college, technical school, university	2%
No school-age children	9%

8.2 Learning Format

The most common format is remote learning at the school in the previous place of residence – **44.6%** of families with schoolchildren. Children in **27.5%** of families attend school in person in their new location, **15.3%** study remotely at a new school and **14.6%** in a blended format. Only **0.7%** are temporarily not studying. Under "Other", colleges and technical schools, home-based education and children with disabilities who are currently unable to study were mentioned. Keeping ties with the "old" school gives children a sense of continuity and connection with classmates, but at the same time slows their integration into the new community. That is why parents name in-person schooling as one of the key factors of adaptation.

LEARNING FORMAT OF CHILDREN AFTER EVACUATION

Share of families with schoolchildren who chose each option (multiple answers allowed), n = 287

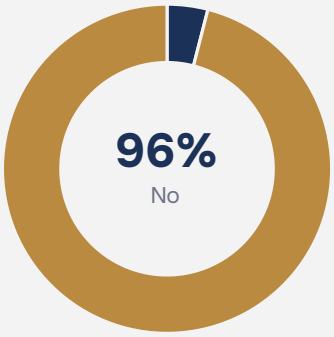


8.3 Educational Difficulties

95.7% of respondents said no educational difficulties had arisen since evacuation, and only **4.3%** (11 families) reported problems. This optimistic result is partly explained by the fact that remote learning allowed children to continue their studies without transferring to new schools. That said, a positive answer was often preceded by a sigh and a reluctance to go into detail, as if to say, ***"he's in no state for school, so let's just put 'no difficulties'"***. In other questions, however, parents mention a lack of devices and internet access, so actual educational barriers are probably somewhat wider than people are willing to admit in a direct answer.

HAVE THERE BEEN EDUCATIONAL DIFFICULTIES SINCE EVACUATION

Distribution of respondents' answers, n = 256



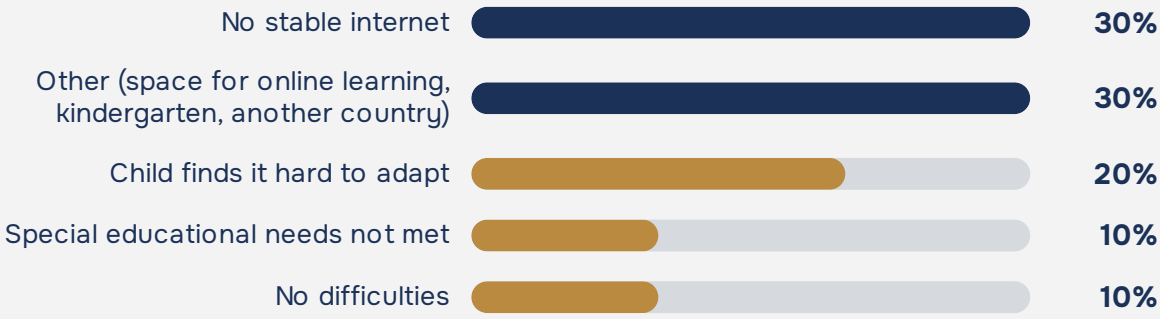
Yes	4%
No	96%

8.4 Types of Educational Difficulties

Of the 10 families who described difficulties, three named unstable internet, two the child's difficulty adapting, and one unmet special educational needs. Under "Other": no separate space for online learning at home, being unable to attend kindergarten and studying in another country. The number of cases is small, but they are very telling: the problem lies not in access to school as such but in the conditions for quality learning at home and in inclusiveness.

WHAT EDUCATIONAL DIFFICULTIES AROSE AFTER EVACUATION

Share of families with difficulties who chose each option (multiple answers allowed), n = 10

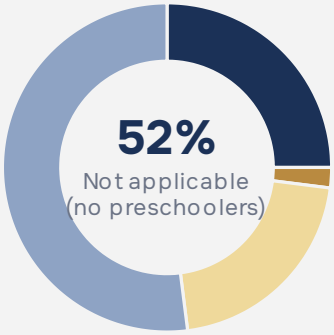


8.5 Access to Preschool Education

For **52.2%** of families, the question does not apply as they have no preschool children. **24.8%** have access to a kindergarten or another form of childcare, **21.2%** do not use it and do not need it, and **1.8%** (five families) have no access although they need it. Although this share is small, lack of access to preschool childcare may limit adults' ability to work and increase the family's economic burden.

ACCESS OF PRESCHOOL CHILDREN TO KINDERGARTEN OR OTHER CHILDCARE

Distribution of respondents' answers, n = 278



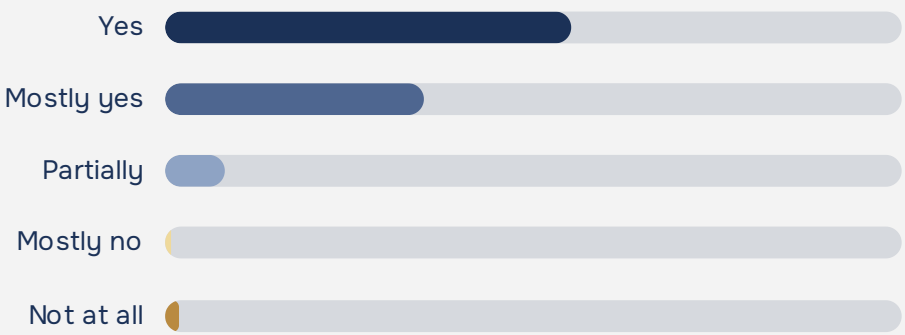
Yes	25%
No, but we need it	2%
No, we don't need it	21%
Not applicable (no preschoolers)	52%

8.6 Whether Educational Needs Are Met

54.7% of parents consider their children's educational needs fully met and **34.9%** largely met. **8.3%** rated them as partially met and **2.2%** as largely or entirely unmet. Roughly one family in ten therefore experiences noticeable gaps in their children's education, which is consistent with the answers about a lack of devices and internet in other blocks.

ARE CHILDREN'S EDUCATIONAL NEEDS MET

Distribution of respondents' answers, n = 278



BLOCK 9

CHILD HEALTH

71.8%
receive medical care without difficulty

16.8%
of children have no family doctor

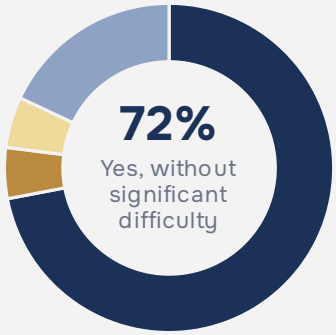
6.2%
need rehabilitation

9.1 Access to Medical Care

71.8% of families receive the medical care their children need without significant difficulty, **5.0%** with difficulty, and **4.7%** do not receive it. **18.2%** have not needed medical care in their new location. Thus, around **10%** of families have problems with their children's healthcare, which is fewer than in the areas of housing and income, but for individual children with chronic conditions these problems are critical.

DO CHILDREN RECEIVE MEDICAL CARE IN THEIR NEW LOCATION

Distribution of respondents' answers, n = 319



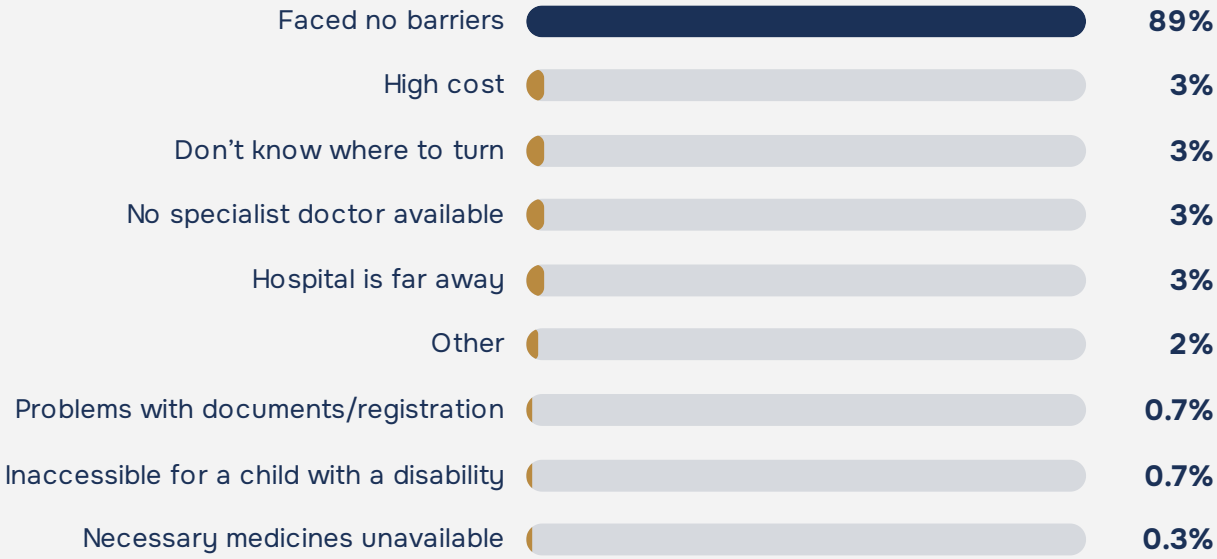
Yes, without significant difficulty	72%
Yes, but with difficulty	5%
No	5%
Did not need medical care	18%

9.2 Barriers to Healthcare

88.8% have faced no barriers. Among the rest, the most common were high cost (**3.4%**), not knowing where to turn (**3.1%**), the lack of the right doctor and the distance to hospital (**2.7%** each). Isolated cases concerned documents or registration with a doctor (**0.7%**), inaccessibility for a child with a disability (**0.7%**) and a lack of medicines (**0.3%**). Open answers to other questions mentioned the absence of a dentist in the community, the need for blood glucose test strips, specialist consultations for a teenager with a hormonal disorder, and eye treatment after an injury. It is precisely such specific medical needs that become harder to meet after displacement.

BARRIERS TO PROVIDING HEALTHCARE FOR THE CHILD

Share of respondents who chose each option (multiple answers allowed), n = 295

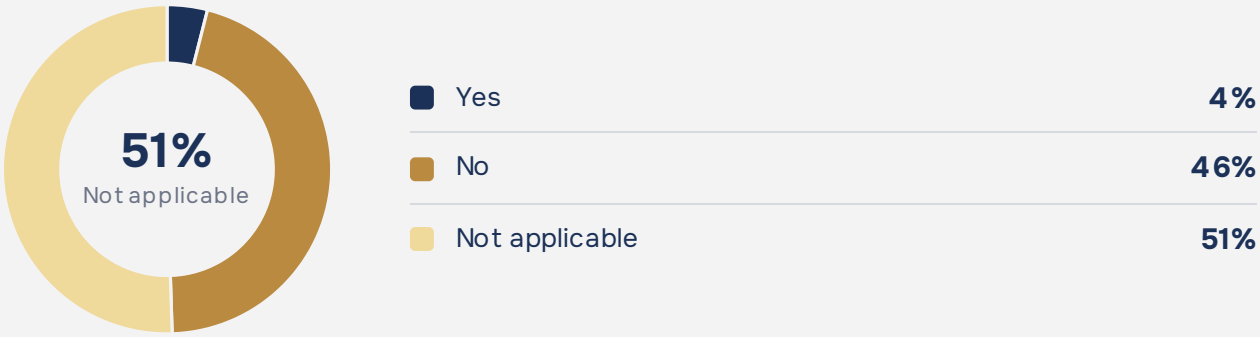


9.3 Interrupted Treatment

For **50.7%** of families the question does not apply; in **45.7%** treatment or monitoring was not interrupted, while in **3.6%** (10 families) evacuation interrupted the child's treatment, rehabilitation or regular medical monitoring. Although the share is small, these children are among the most vulnerable.

WAS TREATMENT OR MEDICAL MONITORING INTERRUPTED BY EVACUATION

Distribution of respondents' answers, n = 278

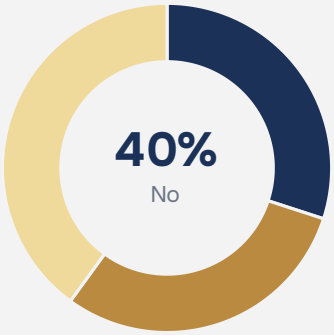


9.4 Resumption of Treatment

Of the 10 families whose treatment was interrupted, only three were able to resume it fully, three partially, and four not at all. For most children whose treatment was interrupted, the problem therefore remains unresolved, and they should be a priority for medical and social support.

COULD THE INTERRUPTED TREATMENT BE RESUMED

Distribution of answers of families whose treatment was interrupted, n = 10



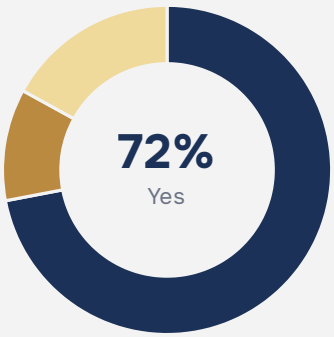
Yes	30%
Partially	30%
No	40%

9.5 Family Doctor or Paediatrician

71.7% of children have a family doctor or paediatrician in their new place of residence, **11.4%** are in the process of registering, and **16.8%** have no regular contact with a healthcare facility. One child in six without a registered doctor is an important warning sign, since it is the family doctor who provides vaccinations, check-ups and referrals to specialists.

DOES THE CHILD HAVE A FAMILY DOCTOR OR PAEDIATRICIAN IN THE NEW LOCATION

Distribution of respondents' answers, n = 315



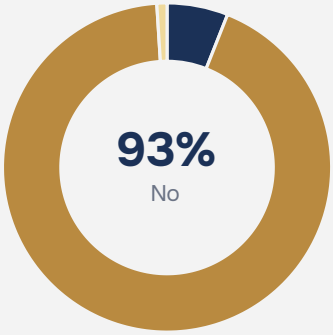
Yes	72%
Registration in progress	11%
No	17%

9.6 Unmet Need for Rehabilitation

6.2% of parents reported that their child needs rehabilitation that they are not receiving or not receiving in full; **92.7%** have no such need. Under "Other", some respondents also mentioned a need for psychological rehabilitation.

IS THERE AN UNMET NEED FOR THE CHILD'S REHABILITATION

Distribution of respondents' answers, n = 273



Yes	6%
No	93%
Other	1%

BLOCK 10

CHILD SAFETY AND PROTECTION

3.61
average safety score (out of 5)

36.3%
have safety concerns

29.7%
have no shelter nearby

10.1 Assessment of Safety in the Current Place of Residence

The average safety rating of the new place of residence is 3.61 out of 5. **44.8%** of parents consider the place rather safe, **15.5%** completely safe and **26.5%** partially safe. At the same time, **13.3%** rate it as rather or completely unsafe. The figures vary noticeably by oblast of origin: **65%** of families from Dnipropetrovsk and Donetsk oblasts rate their place of residence as safe (4–5 points), compared with only **36%** of those from Kharkiv Oblast, probably because many of them moved within the oblast, which continues to come under shelling.

HOW SAFE IS THE CURRENT PLACE OF RESIDENCE FOR CHILDREN

Rating on a scale of 1–5, n = 317; mean score: 3.61



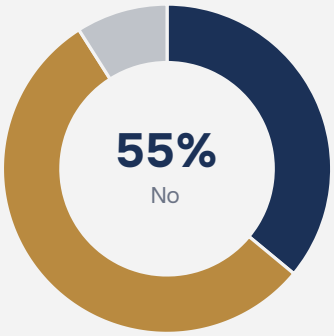
5 – completely safe	15%	4 – rather safe	45%
3 – partially safe	26%	2 – rather unsafe	11%
1 – completely unsafe	2%		

10.2 Specific Safety Concerns

36.3% of parents have specific concerns about their children's safety in the new location, **55.0%** have none, and **8.6%** preferred not to answer. The relatively high share of refusals indicates how sensitive the topic is for some families.

DO PARENTS HAVE SPECIFIC CONCERNS ABOUT THEIR CHILDREN'S SAFETY

Distribution of respondents' answers, n = 278



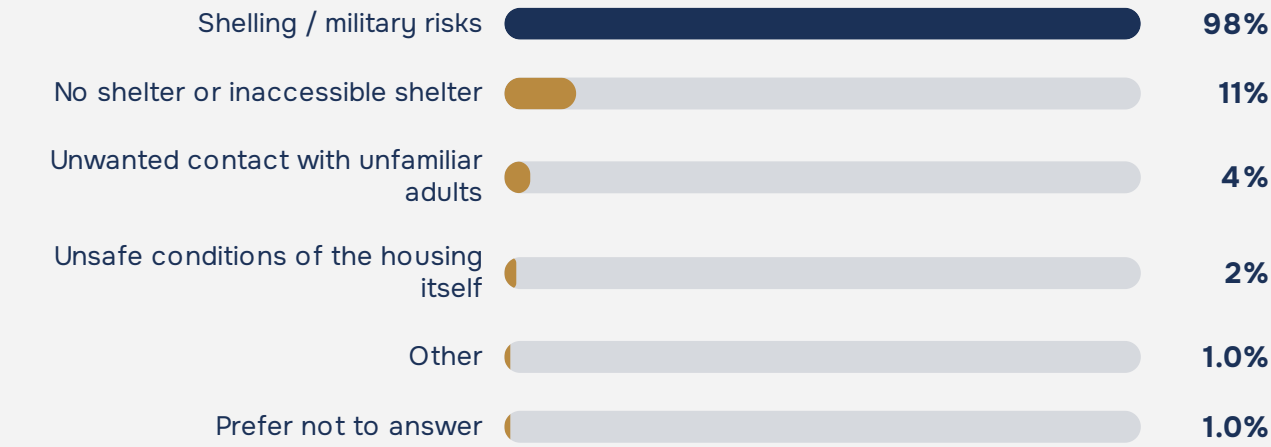
Yes	36%
No	55%
Prefer not to answer	9%

10.3 Reasons for Concern

Among parents with concerns, **98.0%** relate them to shelling and military risks. **10.9%** are worried about the absence or inaccessibility of a shelter, **4.0%** about unwanted contact with unfamiliar adults and **2.0%** about unsafe conditions in the housing itself. Not a single family mentioned bullying, the risk of violence or a lack of supervision. Parents thus see the threat to their children as coming from the war, not from the social environment of the new community.

WHAT THE CONCERNS ABOUT CHILDREN'S SAFETY RELATE TO

Share of parents with concerns who chose each option (multiple answers allowed), n = 101

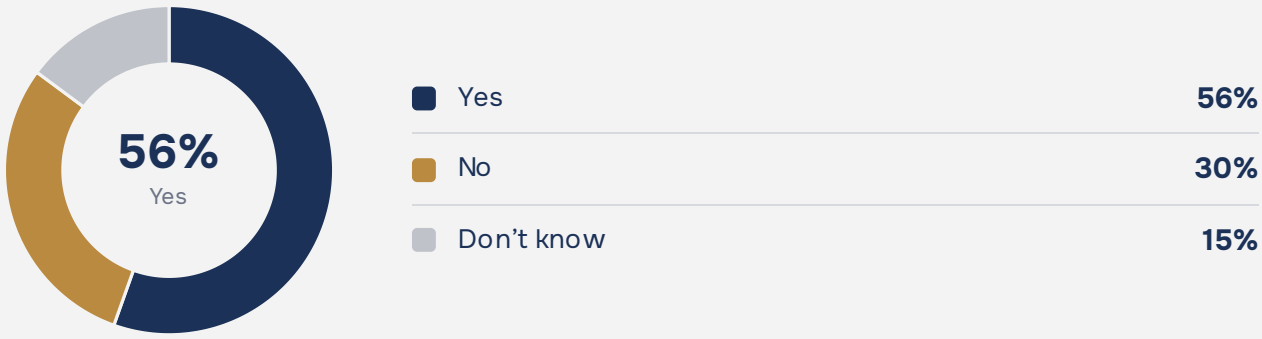


10.4 Availability of Shelter

55.5% of families have an accessible shelter nearby, **29.7%** do not, and **14.8%** do not know whether there is one. Overall, almost **45%** of households either have no shelter or do not know about one. The latter figure is particularly important: not knowing where the nearest shelter is can be remedied through simple information campaigns in host communities.

IS THERE AN ACCESSIBLE SHELTER NEARBY

Distribution of respondents' answers, n = 317

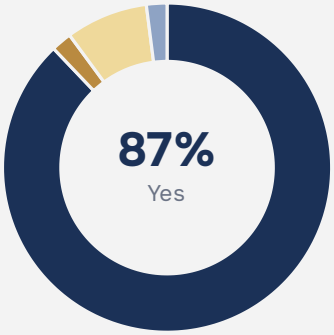


10.5 A Separate Safe Place to Sleep

87.3% of families said that each child has a separate safe place to sleep, **2.5%** that not all children do and **8.5%** that they do not. A further **1.8%** gave an emotional answer under "Other": ***"there is no safe place under shelling"***, ***"and where is it safe? Tell us, and we'll go"***. These words capture precisely the sense of all-pervasive danger that people live with regardless of where they are.

DOES EACH CHILD HAVE A SEPARATE SAFE PLACE TO SLEEP

Distribution of respondents' answers, n = 284



Yes	87%
Not all children	2%
No	8%
Other ("there is no safe place under shelling")	2%

10.6 Protection from Unwanted Contact

58.2% of parents believe their child is protected from dangerous or unwanted contact with unfamiliar adults, and **24.7%** that the child is largely protected. **7.5%** consider the child largely or entirely unprotected, and **9.5%** cannot assess this. Overall, the social environment in the new location is perceived as safe for children.

IS THE CHILD PROTECTED FROM UNWANTED CONTACT WITH UNFAMILIAR ADULTS

Distribution of respondents' answers, n = 316



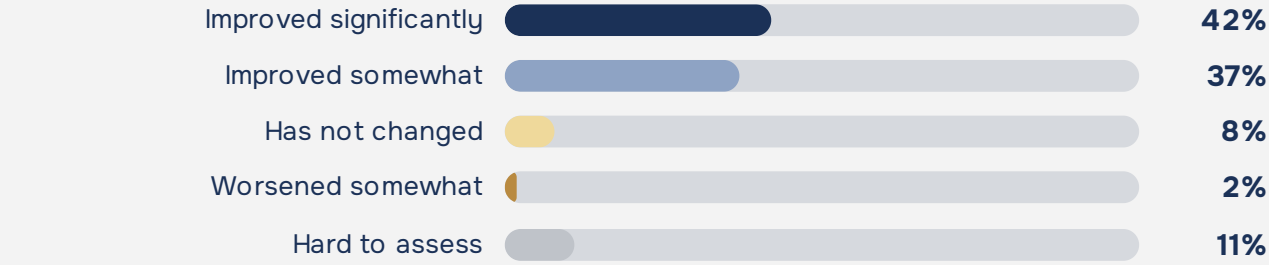
Yes	58%	Mostly yes	25%	Mostly no	5%
No	3%	Hard to assess	9%		

10.7 Change in the Child's Safety After Evacuation

79% of parents report an improvement in their child's safety since evacuation: **41.6%** believe it has improved significantly and **37.1%** that it has improved somewhat. **7.9%** see no change, **2.2%** noted a deterioration and **11.1%** could not assess it. Thus, for most families surveyed, evacuation was accompanied by a substantial improvement in the perceived safety of the child.

HOW THE CHILD'S SAFETY HAS CHANGED SINCE EVACUATION

Distribution of respondents' answers, n = 315



10.8 What Is Needed to Feel at Ease About the Child's Safety

Among 147 substantive answers, one theme dominates: an end to the war, peace, a halt to shelling and hostilities (**29.3%**). Another **5.4%** spoke of improving the security situation in the country as a whole. Practical needs were mentioned less often: financial support for clothing and food (**5.4%**), stable housing or a move to a safer region (**4.1%**), returning home (**3.4%**), psychological support and adaptation (**2.7%**), heating, home repairs and hygiene (**2.7%**), a shelter nearby (**2.0%**), and the presence of a father who is serving or stayed at home (**1.4%**). **36.1%** could not answer, and **10.2%** feel they have everything they need. People stressed that this question has no local solution: *"change the war"*, *"stop the fire"*.

WHAT PARENTS LACK MOST TO FEEL AT EASE ABOUT CHILDREN'S SAFETY

Coded open answers: share of 147 substantive answers (an answer could cover several themes)



BLOCK 11

THE CHILD'S PSYCHOLOGICAL AND EMOTIONAL STATE

74.5%
— the child's emotional state has improved

9.7%
of children show anxiety

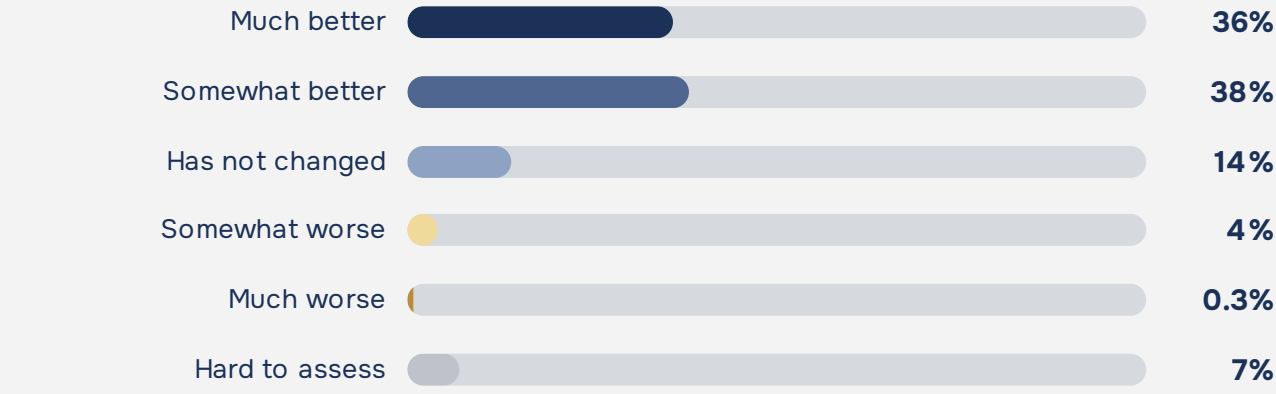
6.4%
need but do not receive support

11.1 The Child's Emotional State Compared with Before Evacuation

74.5% of parents believe their child's emotional state is now better than before evacuation: **36.2%** say much better and **38.4%** somewhat better. **14.2%** see no change, **4.4%** note a deterioration and **6.9%** cannot assess it. The comparison is made with the period of life under shelling immediately before departure, so the improvement primarily reflects relief from acute stress rather than a full recovery of psychological wellbeing.

THE CHILD'S EMOTIONAL STATE NOW COMPARED WITH BEFORE EVACUATION

Distribution of respondents' answers, n = 318

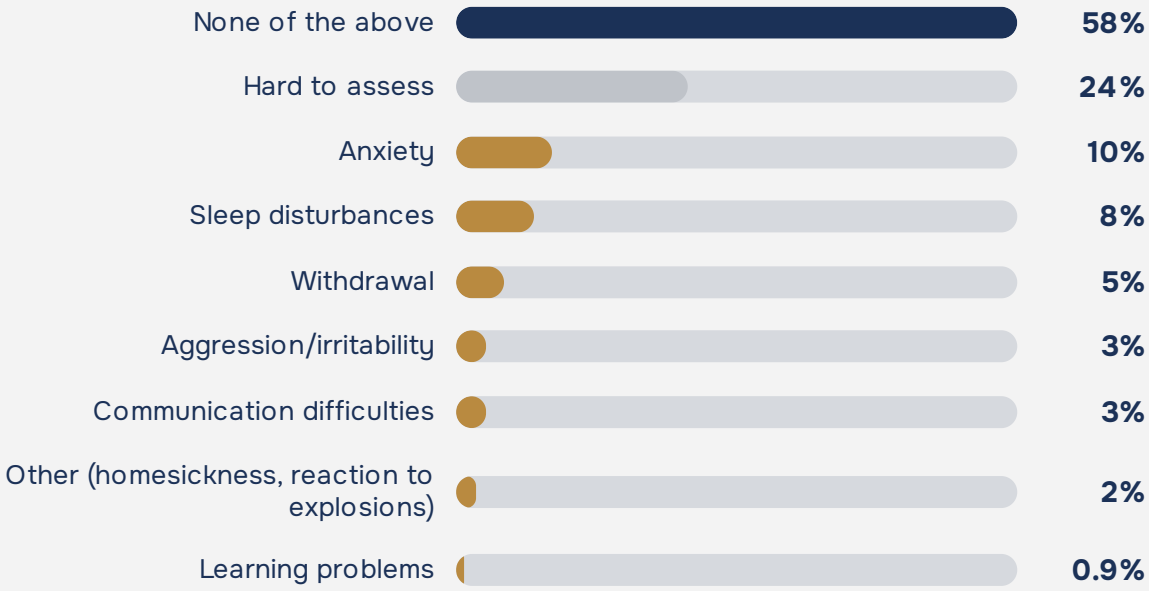


11.2 Current Symptoms

57.5% of parents do not observe any of the listed symptoms in their children, and **23.9%** cannot assess this. The most frequently mentioned were anxiety (**9.7%**), sleep disturbances (**8.2%**) and withdrawal (**5.0%**), and less often aggression (**3.5%**), communication difficulties (**2.5%**) and learning problems (**0.9%**). Under "Other", parents described homesickness and children's reactions to aircraft overhead, slamming doors and explosions. Compared with the evacuation period (question 4.2), the frequency of stress symptoms has fallen noticeably, but anxiety and sleep disturbances persist in roughly one child in ten to twelve. The high share of *"hard to assess"* also deserves attention: parents preoccupied with survival do not always notice their children's emotional signals.

SYMPTOMS PARENTS OBSERVE IN THE CHILD NOW

Share of respondents who chose each option (multiple answers allowed), n = 318

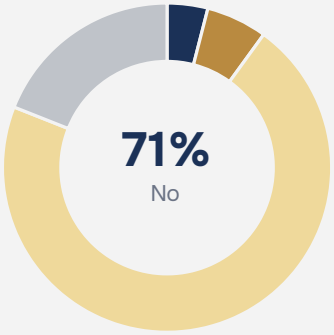


11.3 Need for Psychological Support

71.4% of parents believe their child does not need psychological support, and **18.6%** cannot assess this. **3.5%** of children already receive support, while **6.4%** (20 children) need it but do not receive it. The gap between need and access thus amounts to almost two thirds of those who need such support. The low recognition of need may be linked both to a genuine improvement in wellbeing and to the stigma surrounding psychological help.

DOES THE CHILD NEED PSYCHOLOGICAL SUPPORT

Distribution of respondents' answers, n = 311



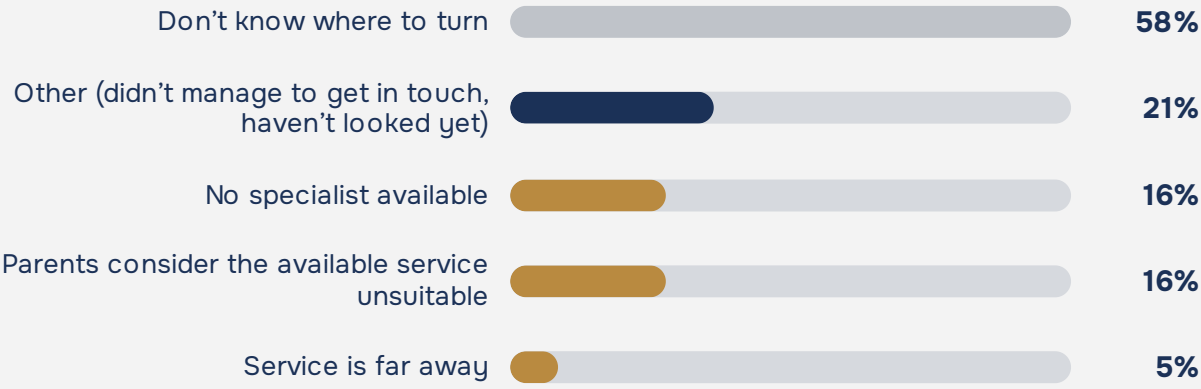
Yes, already receives it	4%
Yes, but does not receive it	6%
No	71%
Hard to assess	19%

11.4 Reasons for Not Receiving Psychological Support

Of the 19 families whose child needs support but does not receive it, more than half (**57.9%**) do not know where to turn. **15.8%** have no specialist available, the same share do not consider the available service suitable, and **5.3%** cited the distance to the service. Under "Other", people wrote that they *"didn't manage to get in touch"*, *"aren't able to"* or *"haven't looked yet"*. The main barrier here is informational, and it can be overcome by proactively informing families about free psychological services in the community.

WHY THE CHILD DOES NOT RECEIVE THE PSYCHOLOGICAL SUPPORT NEEDED

Share of families whose child needs but does not receive support who chose each option (multiple answers allowed), n = 19

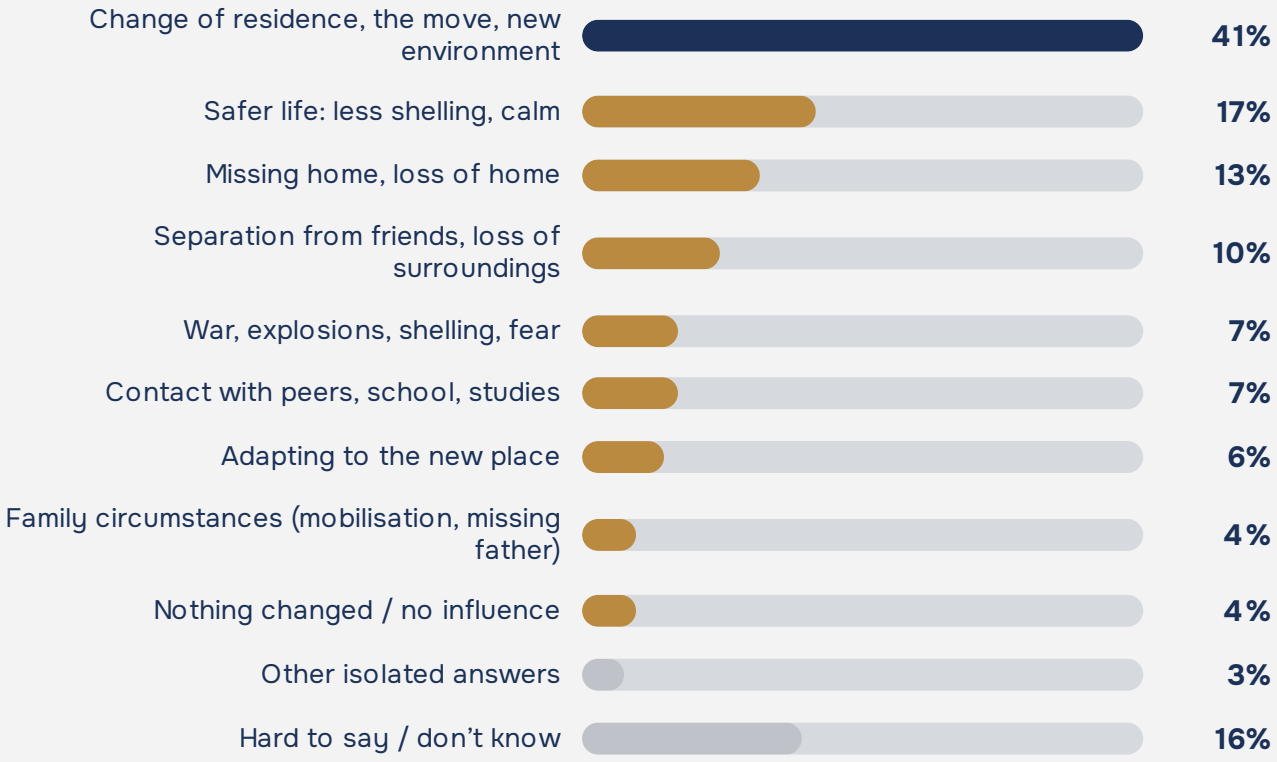


11.5 What Most Influenced the Child's Emotional State

158 substantive answers were coded. Parents most often named the change of residence itself – the move and the new environment (**40.5%**). For some families this had a positive effect – *"moving to a calmer place"* – and for others a negative one – *"a strange place"*, *"an abrupt change in life"*. Separately, **17.1%** directly link the improvement in their child's state to a safer life: less shelling, no daily explosions, calm. Negative factors include missing home and the loss of home (**13.3%**), separation from friends and familiar surroundings (**10.1%**), war, explosions and fear (**7.0%**), and difficulties adapting (**5.7%**). **7.0%** noted the positive influence of contact with peers and the new school. **3.8%** named family circumstances: the father's mobilisation or disappearance, separation from one parent, a father's grave left behind at home. These answers show that children's emotional state is shaped by a balance between relief at being safe and the loss of home and friends.

WHAT MOST INFLUENCED THE CHILD'S EMOTIONAL STATE AFTER EVACUATION

Coded open answers: share of 158 substantive answers (an answer could cover several themes)



11.6 What Support the Child Needs to Improve Emotional Wellbeing

Among 128 substantive answers, the most common theme was peace, an end to the war and calm (**20.3%**); this often sounded desperate: *"it's not support that's needed, it's an end to the war"*. **11.7%** believe the most important thing for the child is to have parents and family nearby, and **10.9%** contact with peers, social activities and meeting friends from their home town. Material support (clothing, bedding, food, internet) was named by **8.6%**, returning home by **7.8%**, adaptation and stability by **7.8%**, and only **3.1%** psychological help. **15.6%** believe the child does not need support, and **24.2%** could not answer. Parents see the path to their children's emotional wellbeing not through specialised services but through the restoration of normal life: safety, friendship and stability.

WHAT SUPPORT THE CHILD NEEDS MOST TO IMPROVE EMOTIONAL WELLBEING

Coded open answers: share of 128 substantive answers (an answer could cover several themes)



BLOCK 12

SOCIALISATION AND ADAPTATION

75.8%
of children have adapted

39.4%
lack social contact

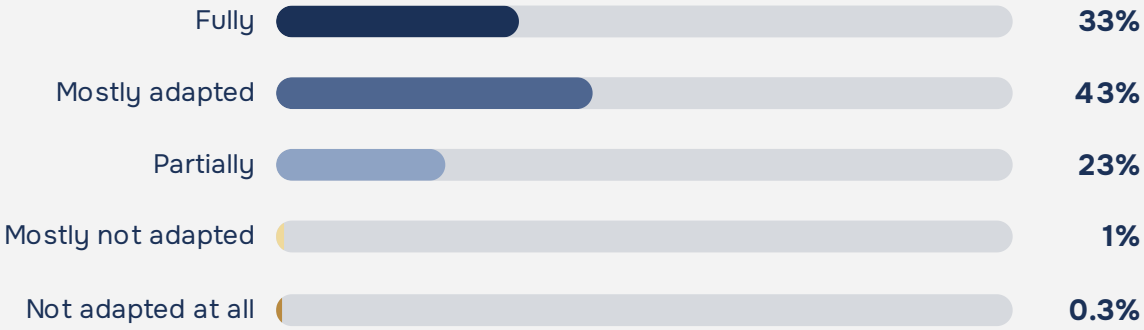
22.9%
have no access to activities

12.1 The Child's Adaptation to the New Place

33.0% of parents believe their child has fully adapted, **42.8%** that the child has mostly adapted, and **22.6%** partially. Only **1.6%** of children have mostly or entirely failed to adapt. A higher level of full adaptation is observed among families that have been in their new location for longer: **50%** of families who left more than a year ago consider their children fully adapted, compared with **43%** among those who left 7–12 months ago and 25–**28%** among those who moved 1–6 months ago.

HOW WELL THE CHILD HAS ADAPTED TO THE NEW PLACE OF RESIDENCE

Distribution of respondents' answers, n = 318

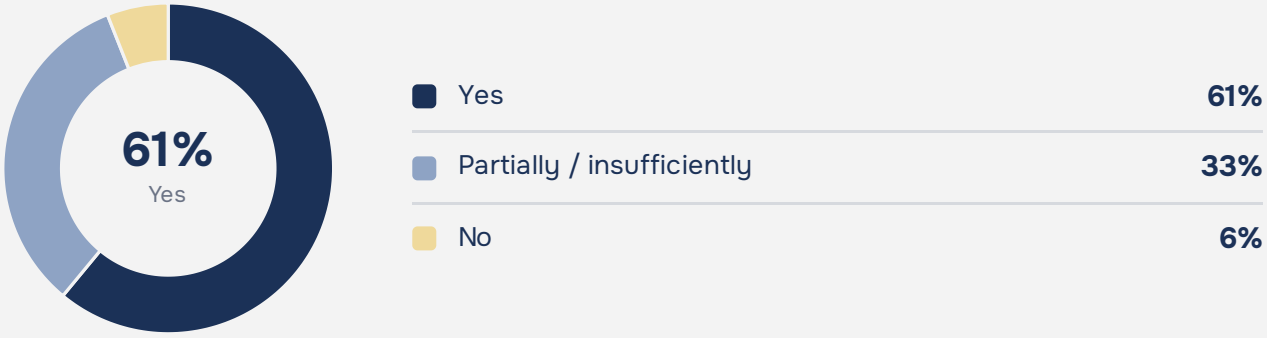


12.2 Friends and Contact with Peers

60.6% of children have friends or regular contact with peers, **33.4%** only partial or insufficient contact, and **6.0%** none at all. Almost **40%** of children therefore lack social contact, which is consistent with the predominance of remote learning and with the fact that parents see friends as the main factor of adaptation.

DOES THE CHILD HAVE FRIENDS OR REGULAR CONTACT WITH PEERS

Distribution of respondents' answers, n = 317



12.3 Available Activities

The most common form of activity is informal socialising with peers (**38.5%**). Children in **23.9%** of families attend sports clubs, **21.7%** educational clubs, **14.6%** children's events, **13.7%** creative clubs and **8.9%** youth spaces. At the same time, **22.9%** have no opportunity to take part in any of these activities, and **14.0%** of children are not interested. Under "Other", children with disabilities, incomplete documents and fear of going outside because of shelling were mentioned. One child in five without access to extracurricular activities is an important indicator for communities, since clubs and sports are a natural means of integration.

ACTIVITIES AVAILABLE TO THE CHILD IN THE CURRENT PLACE OF RESIDENCE

Share of respondents who chose each option (multiple answers allowed), n = 314

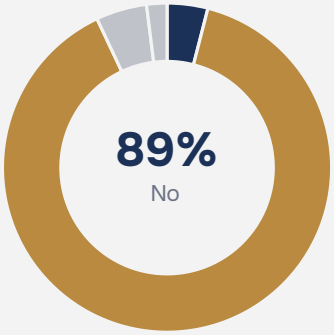


12.4 Negative Attitudes Due to IDP Status

88.6% of parents said their child had not faced negative attitudes because of IDP status or place of origin, **4.4%** reported such cases, **5.4%** do not know and **1.6%** preferred not to answer. Interestingly, when asked to clarify, many parents said they had not experienced it themselves but had heard from others that such cases occur. In other words, discrimination against displaced people is present in public discourse and in families' fears, even if most have not experienced it personally.

HAS THE CHILD FACED NEGATIVE ATTITUDES DUE TO IDP STATUS

Distribution of respondents' answers, n = 316



Yes	4%
No	89%
Don't know	5%
Prefer not to answer	2%

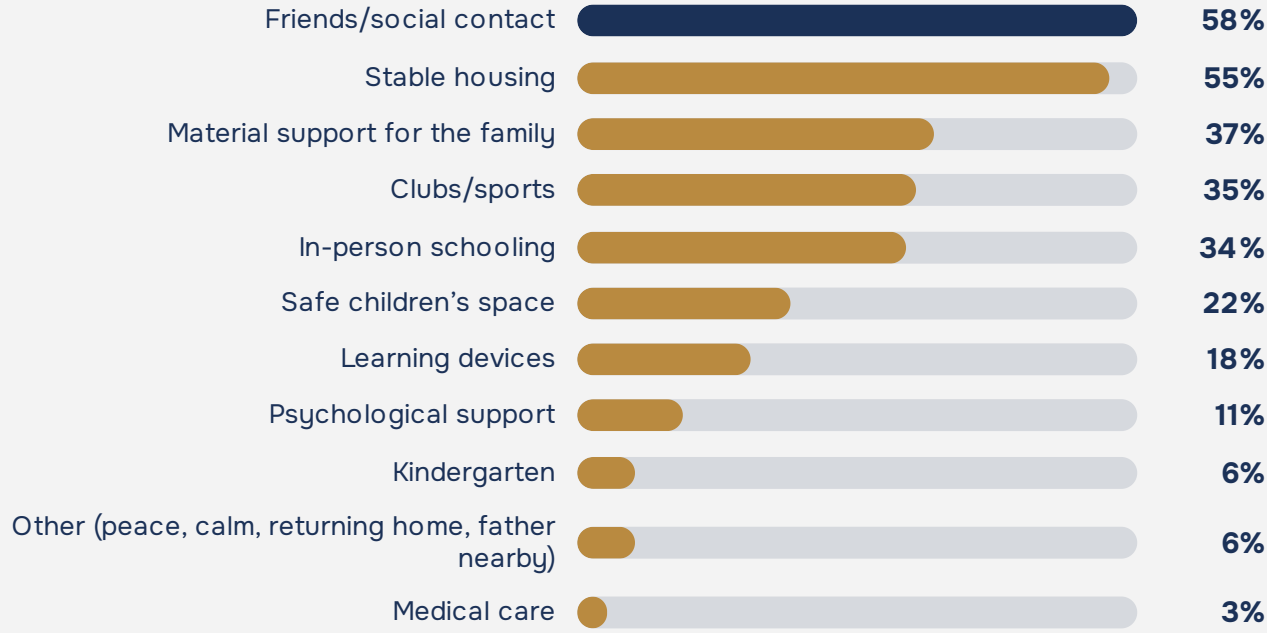
12.5 What Would Help the Child Adapt

Parents consider friends and social contact (57.8%) and stable housing (55.1%) the most important factors of adaptation.

These are followed by material support for the family (**37.2%**), clubs and sports (**35.2%**), in-person schooling (**33.6%**), a safe children's space (**22.3%**) and learning devices (**17.6%**). Psychological support was named by **11.0%**, kindergarten by **6.0%** and medical care by **3.3%**. Under "Other", peace, calm, returning home, having the father nearby and support from relatives were mentioned. These answers outline a clear model: a child needs a stable home, a social circle and organised leisure, and the family needs the resources to provide all of this.

WHAT WOULD HELP THE CHILD ADAPT MOST

Share of respondents who chose each option (multiple answers allowed), n = 301



BLOCK 13

SOCIAL PROTECTION AND ACCESS TO SERVICES

69.1%
have completed all documents

50.8%
receive all benefits

16.1%
do not know which benefits they are entitled to

13.1 Documents and Legal Status

69.1% of families have completed all necessary documents and status registrations, **18.3%** partially, **6.0%** are in the process and **4.7%** have not done so. **1.9%** did not need to re-register or did not know which documents were required. Overall, almost a third of households have not completed their paperwork, on which access to benefits, medical and educational services depends. Answers to other questions mentioned both refusals of IDP status and refusals of benefits because the family had purchased housing.

HAVE DOCUMENTS AND LEGAL STATUS BEEN ARRANGED

Distribution of respondents' answers, n = 317



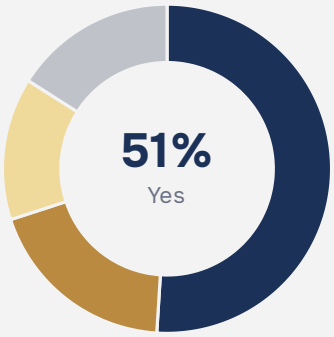
Yes, all	69%
Partially	18%
In progress	6%
No	5%
Did not need to re-register / other	2%

13.2 Receipt of Social Benefits

Only half of families (**50.8%**) receive all the social benefits to which they are entitled. **18.9%** receive them partially, **14.2%** do not receive them, and **16.1%** do not know which benefits they are entitled to. Roughly one household in three therefore does not receive its full benefits, and one in six needs basic advice about their rights. For families whose main problem is financial hardship, this is a direct reserve of support.

DO FAMILIES RECEIVE ALL THE SOCIAL BENEFITS THEY ARE ENTITLED TO

Distribution of respondents' answers, n = 317



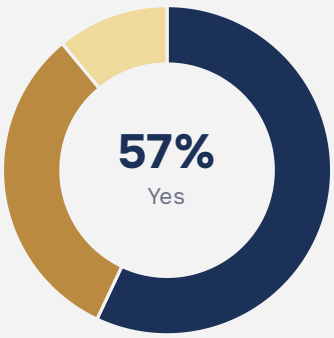
Yes	51%
Partially	19%
No	14%
Don't know which benefits they are entitled to	16%

13.3 Awareness of Child Rights Protection

56.7% of parents know where to turn if there is a problem with protecting their child's rights or interests, **31.9%** partially know, and **11.4%** do not know. The low share of full awareness points to the need for simple and accessible information materials about children's services, social service centres and hotlines.

DO PARENTS KNOW WHERE TO TURN IF THE CHILD'S RIGHTS NEED PROTECTION

Distribution of respondents' answers, n = 298



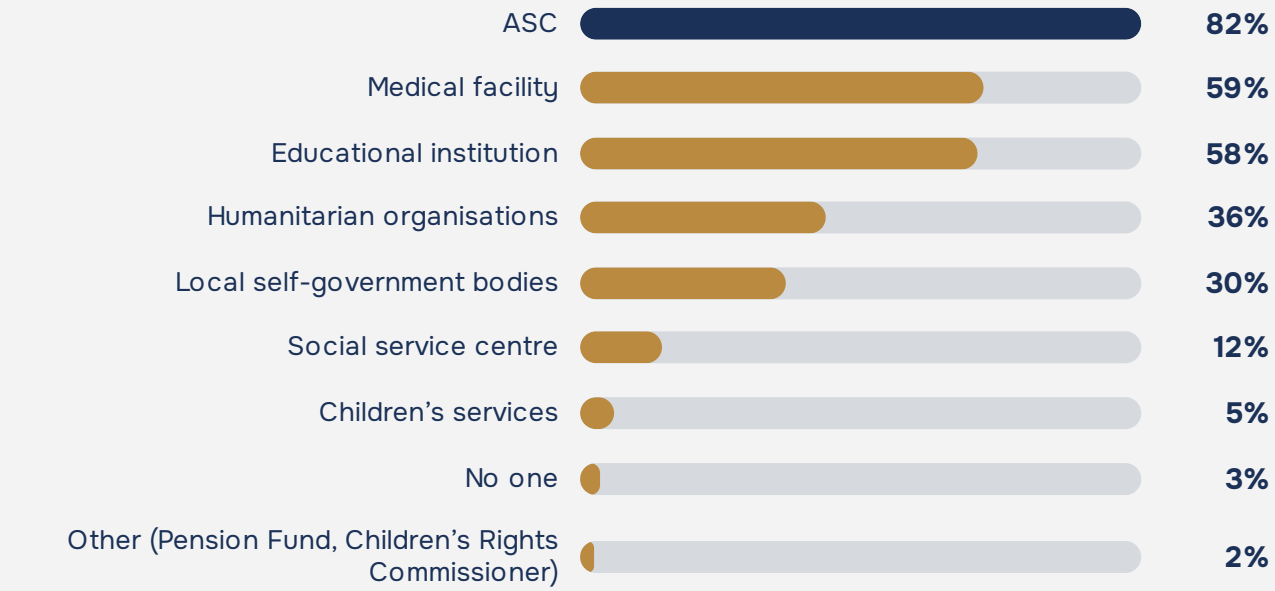
Yes	57%
Partially	32%
No	11%

13.4 Institutions Families Have Contacted

After evacuation, families most often turned to Administrative Service Centres (ASCs) (**81.9%**), medical facilities (**58.9%**) and educational institutions (**57.6%**). **36.2%** contacted humanitarian organisations, **29.8%** local self-government bodies, **12.3%** social service centres, and only **5.2%** children's services. Under "Other", the Pension Fund, the territorial recruitment centre and the Children's Rights Commissioner were mentioned. Only **2.9%** had contacted no one. The ASC effectively becomes the displaced person's main *"entry point"* into the service system, which is why information about social, psychological and humanitarian assistance for families with children should be placed there.

WHICH INSTITUTIONS FAMILIES CONTACTED AFTER EVACUATION

Share of respondents who chose each option (multiple answers allowed), n = 309

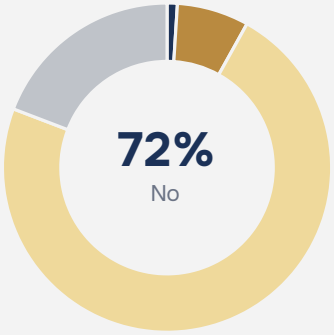


13.5 Need for a Social Worker

72.3% of families do not need the help of a social worker, **7.1%** possibly do and **1.4%** do. Most tellingly, **19.1%** do not know what such help involves. This indicates low awareness of the service itself: people do not associate social work with solving their specific problems – housing, financial or documentary.

DO FAMILIES NEED HELP FROM A SOCIAL WORKER

Distribution of respondents' answers, n = 282



Yes	1%
Possibly	7%
No	72%
Don't know what it involves	19%

FOR REFERENCE

Supplementary information · not a survey finding

Social workers support internally displaced persons in adapting to their new circumstances and addressing everyday practical challenges. As part of the programme supporting temporary accommodation centres, comprehensive activities are implemented to facilitate the social adaptation of IDPs.

This work includes systematic support for and development of social work services. Currently, **3** social workers provide ongoing assistance and case support in **3** temporary accommodation centres, focusing on the most vulnerable groups of residents, particularly people with reduced mobility and older persons.

The involvement of these professionals helps address the basic daily needs of IDPs, including personal care, food, and medicines, facilitates access to healthcare and government services, and contributes to creating a safe and dignified living environment.

BLOCK 14

ECONOMIC SITUATION AND ITS IMPACT ON THE CHILD

32.8%
lack income for basic needs

62.1%
have had to cut back

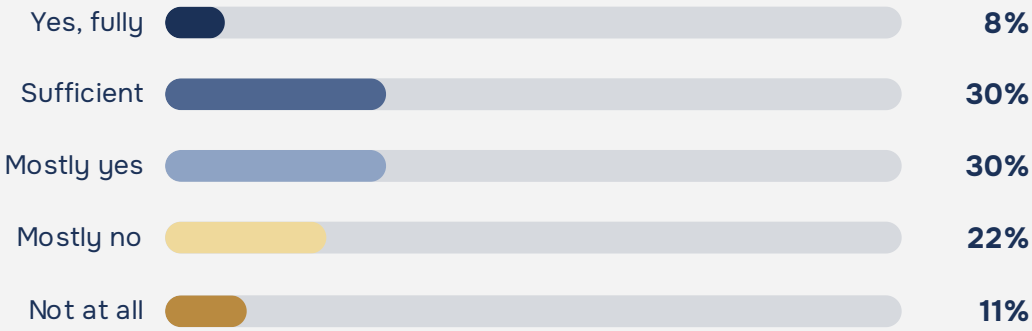
80.4%
need cash assistance

14.1 Adequacy of Income

Only **7.6%** of families believe their income fully covers their basic needs. **29.7%** rate their income as sufficient and **30.0%** as mostly sufficient. At the same time, **22.1%** said their income is mostly insufficient and **10.7%** entirely insufficient – in total, a third of households (**32.8%**) cannot cover their basic needs. Within the sample, the share of families whose income is insufficient to cover basic needs is notably higher among single parents (47.**3%**) and large families (46.**2%**) than among other families (28.**4%**).

IS THE FAMILY'S INCOME ENOUGH FOR BASIC NEEDS

Distribution of respondents' answers, n = 317



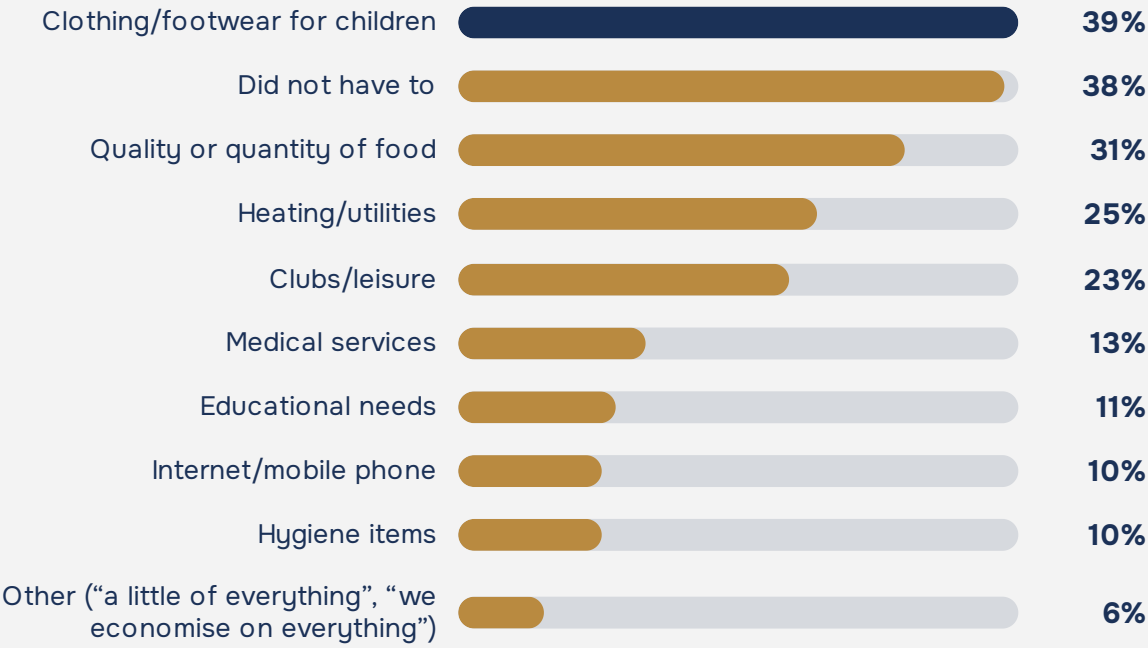
14.2 Forced Cutbacks Due to Lack of Money

62.1% of families have had to cut spending since evacuation, and only **37.9%** have not.

Most often they economised on clothing and footwear for children (**39.2%**), the quality or quantity of food (**31.4%**), heating and utilities (**24.9%**) and clubs and leisure (**22.7%**). Less often they cut back on medical services (**13.3%**), educational needs (**10.7%**), internet and phone (**10.0%**) and hygiene items (**10.0%**). People often gave a general "yes" after the list of options, unwilling to specify what exactly they were short of, and began to complain about their generally difficult financial situation. This is also evident in the "Other" field (**5.8%**): *"we economise on everything"*, *"we cut back a little on everything"*, *"on ourselves, not on the children"*, *"I'd rather not go into detail"*. The real extent of cutbacks is most likely greater than the individual options suggest.

WHAT FAMILIES HAD TO CUT BACK ON DUE TO LACK OF MONEY

Share of respondents who chose each option (multiple answers allowed), n = 309

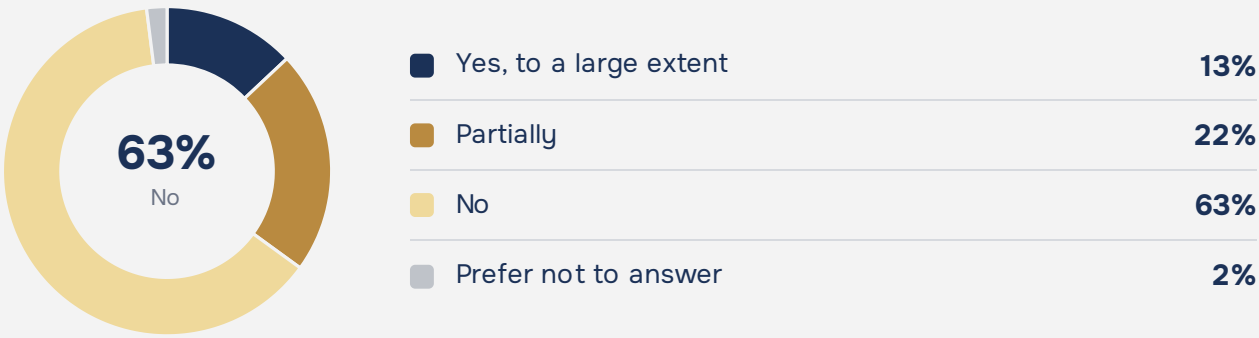


14.3 Impact of Childcare on Employment

For **12.7%** of families, childcare significantly prevents one of the adults from working, and for **22.3%** it does so partially. **62.5%** have no such problem, and **2.4%** preferred not to answer. A third of households (**35.1%**) therefore experience a conflict between childcare and work, which directly limits income when the family often has only one adult.

DOES CHILDCARE PREVENT ONE OF THE ADULTS FROM WORKING

Distribution of respondents' answers, n = 291

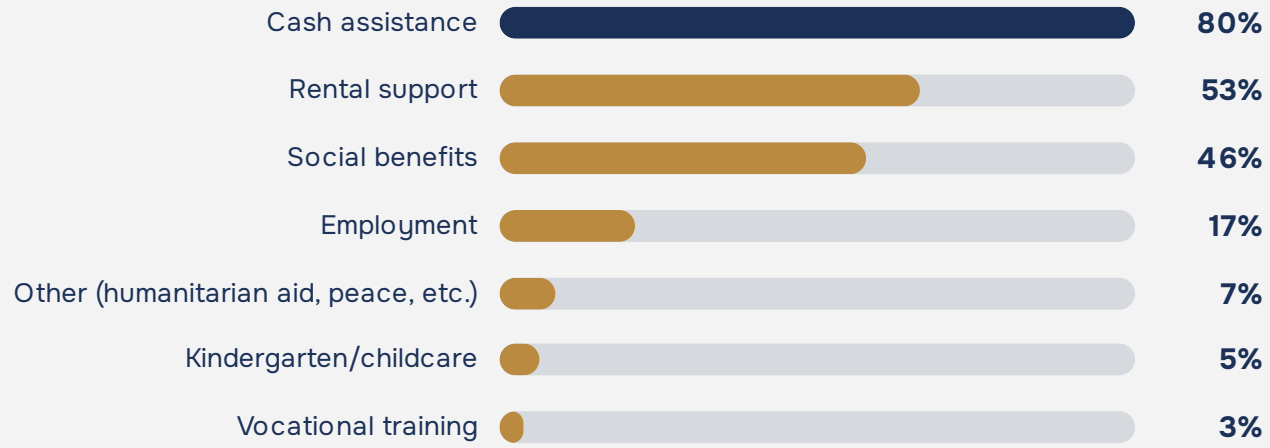


14.4 What Would Improve the Economic Situation

Families clearly articulate their needs: cash assistance (**80.4%**), rental support (**52.6%**) and social benefits (**46.5%**). Employment was named by **16.7%**, kindergarten or childcare by **5.4%** and vocational training by **2.6%**. Under "Other": humanitarian aid in the form of food, household chemicals, clothing and footwear, medical assistance with medicines, help with documents, the father's demobilisation, an end to the war and a return to normal life. The predominance of demand for direct financial support over employment is explained by the fact that a large share of respondents are mothers caring for children, while the labour market in host communities is limited.

WHAT COULD IMPROVE THE FAMILY'S ECONOMIC SITUATION

Share of respondents who chose each option (multiple answers allowed), n = 312



BLOCK 15

KEY NEEDS OF THE FAMILY AND THE CHILD

43.3%
— unmet need for stable housing

38.9%
— for rent payments

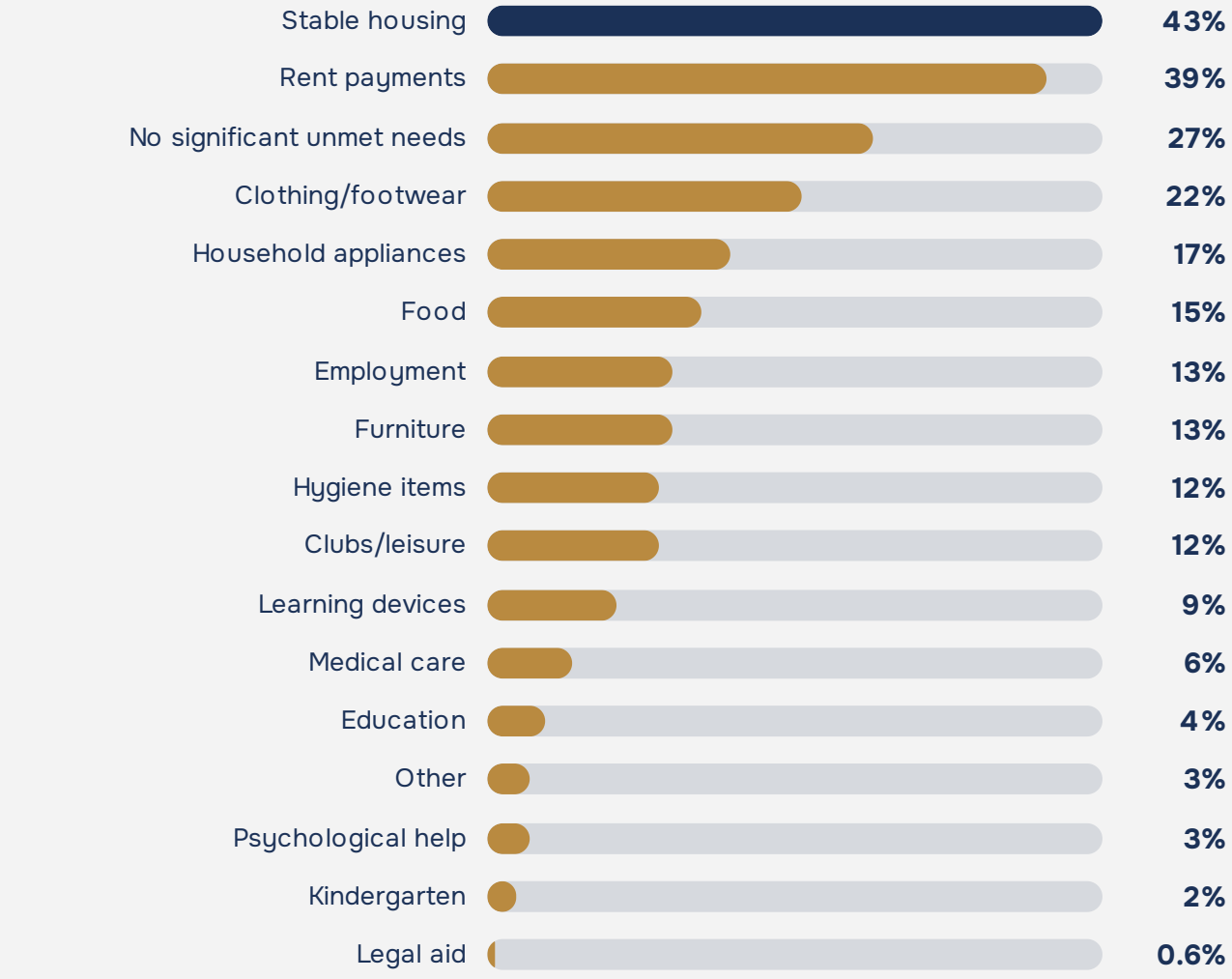
27.1%
have no significant unmet needs

15.1 Unmet Family Needs

Only **27.1%** of families have no significant unmet needs. The needs most often left unmet are stable housing (**43.3%**) and rent payments (**38.9%**). These are followed by clothing and footwear (**22.0%**), household appliances (**16.6%**), food (**15.0%**), employment (**13.1%**), furniture (**12.7%**), hygiene items (**12.1%**), clubs and leisure (**11.8%**) and learning devices (**8.9%**). Medical care was named by **6.4%**, education by **3.5%**, psychological help by **2.5%**, kindergarten by **1.9%** and legal aid by **0.6%**. Under "Other": safety, medicines, humanitarian aid, blankets and pillows. Housing is therefore the central unmet need, to which most of the others are linked.

UNMET NEEDS OF FAMILIES WITH CHILDREN

Share of respondents who chose each option (multiple answers allowed), n = 314

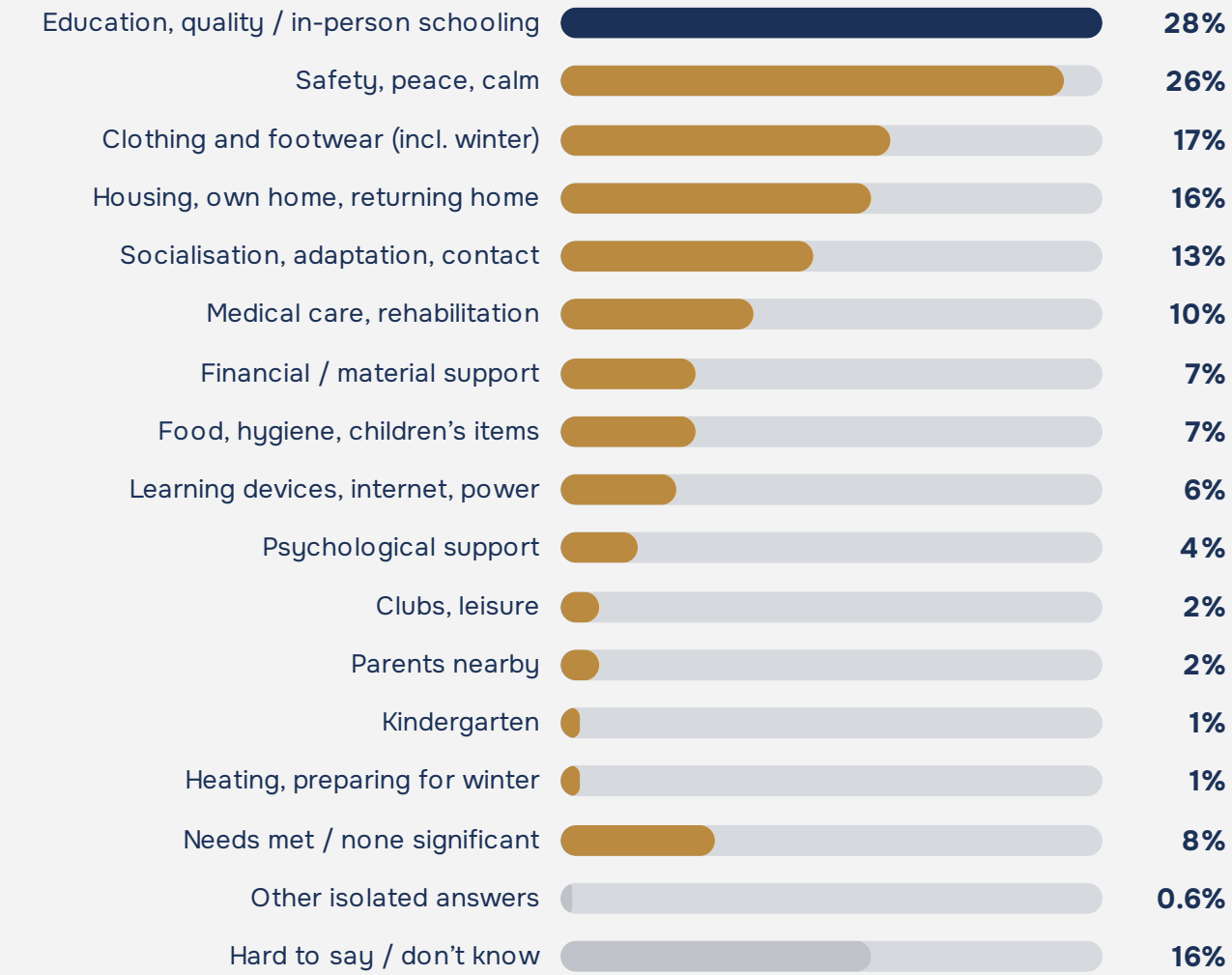


15.2 The Child's Three Most Important Needs

174 substantive answers were coded. Parents most often named education and good-quality, preferably in-person schooling (**28.2%**) and safety, peace and calm (**26.4%**). These are followed by clothing and footwear, including winter wear (**17.2%**), housing and a home of their own (**16.1%**), socialisation, adaptation and contact with others (**12.6%**), and medical care and rehabilitation (**9.8%**). **7.5%** each mentioned financial support and food and hygiene (nappies, formula), **6.3%** learning devices, internet and power banks, and **4.0%** psychological support. Clubs, kindergarten, the presence of parents and firewood for heating were also mentioned. **8.0%** believe all their child's needs are met, and **16.1%** could not answer. Typical answers: *"education, a safe environment, devices for learning"*, *"winter clothes, a computer for school"*, *"home, friends, parents"*, *"just a peaceful sky overhead"*.

THREE MOST IMPORTANT NEEDS OF THE CHILD / CHILDREN NOW

Coded open answers: share of 174 substantive answers (an answer could cover several themes)

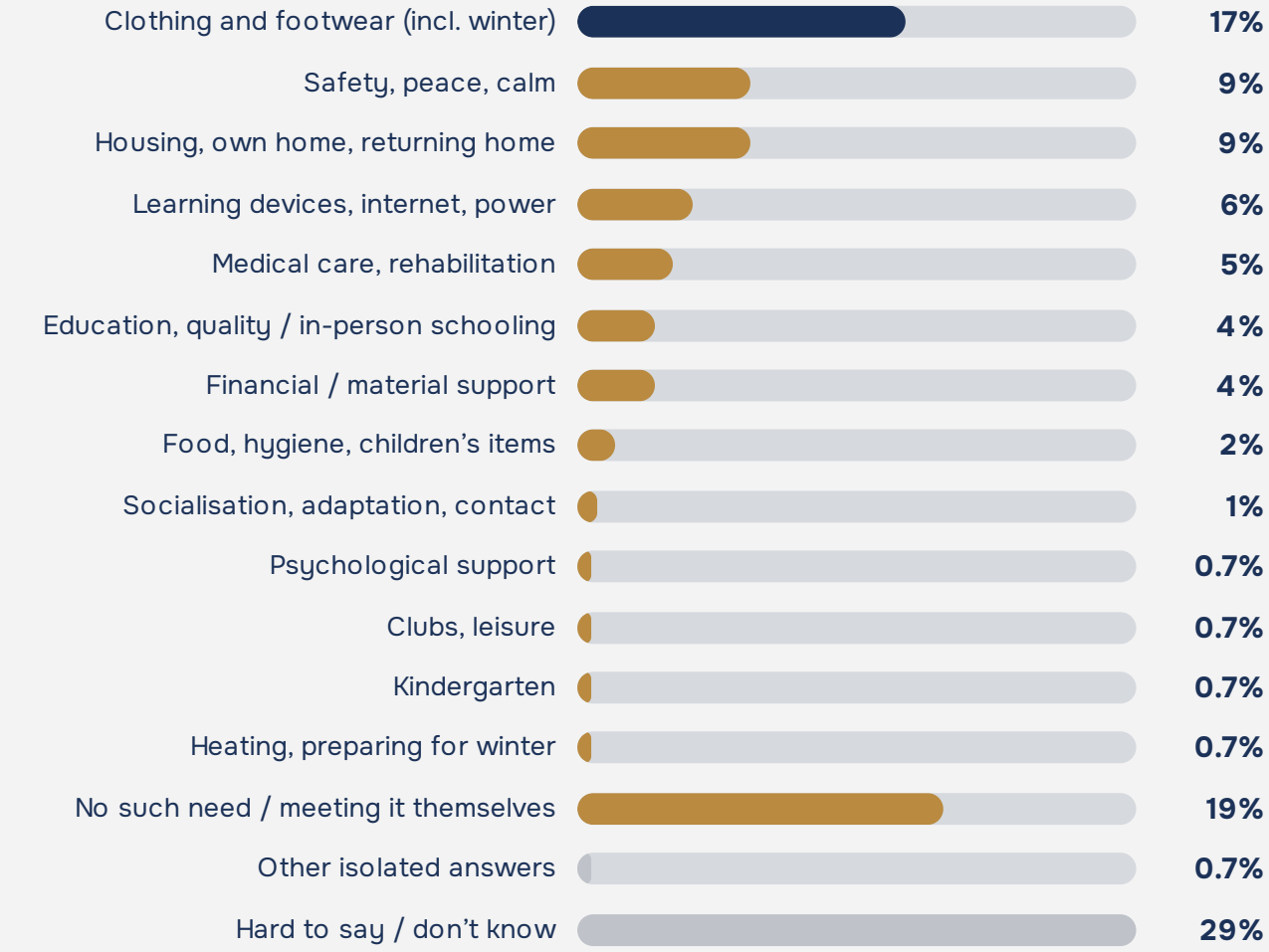


15.3 The Child's Priority Need for the Coming Month

When parents were asked to name one need that should be addressed within the next month, clothing and footwear came first (**17.0%** of 135 substantive answers), above all for winter, with the cold season approaching. Next came safety and peace (**8.9%**), housing (**8.9%**), learning devices and internet (**5.9%**), medical services and treatment (**5.2%**), and education and financial assistance (**3.7%** each). **19.3%** believe there is no such urgent need or that they meet their needs themselves, and **28.9%** could not answer. The answers to this question offer a practical guide for short-term humanitarian programmes: winter clothing and footwear for children should be a priority for autumn assistance.

WHICH OF THE CHILD'S NEEDS MUST BE ADDRESSED FIRST WITHIN A MONTH

Coded open answers: share of 135 substantive answers (an answer could cover several themes)



BLOCK 16

INTENTIONS REGARDING FUTURE RESIDENCE AND LIKELIHOOD OF RETURN

63.8%
plan to stay where they are

36.1%
could not answer about return

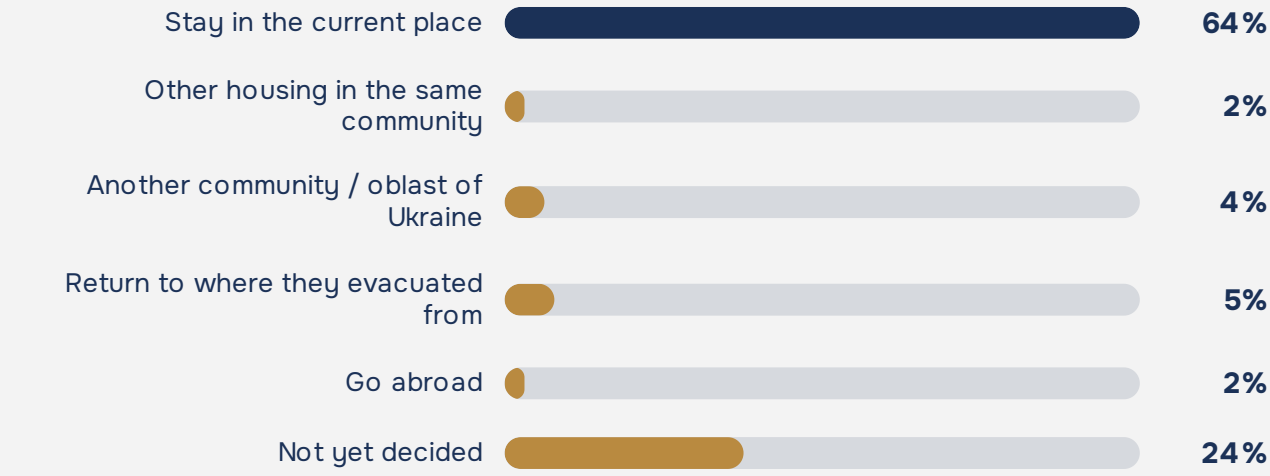
76.4%
— the child's physical safety is decisive

16.1 Plans for the Next Six Months

63.8% of families plan to remain in their current place of residence, and **24.1%** have not yet decided. **4.8%** intend to return to where they evacuated from, **4.1%** to move to another community or oblast, **1.6%** to change housing within the same community and **1.6%** to go abroad. In the near term, most households are therefore focused on settling in their new location, while one in four remains uncertain.

FAMILIES' PLANS ON WHERE TO LIVE OVER THE NEXT 6 MONTHS

Distribution of respondents' answers, n = 315

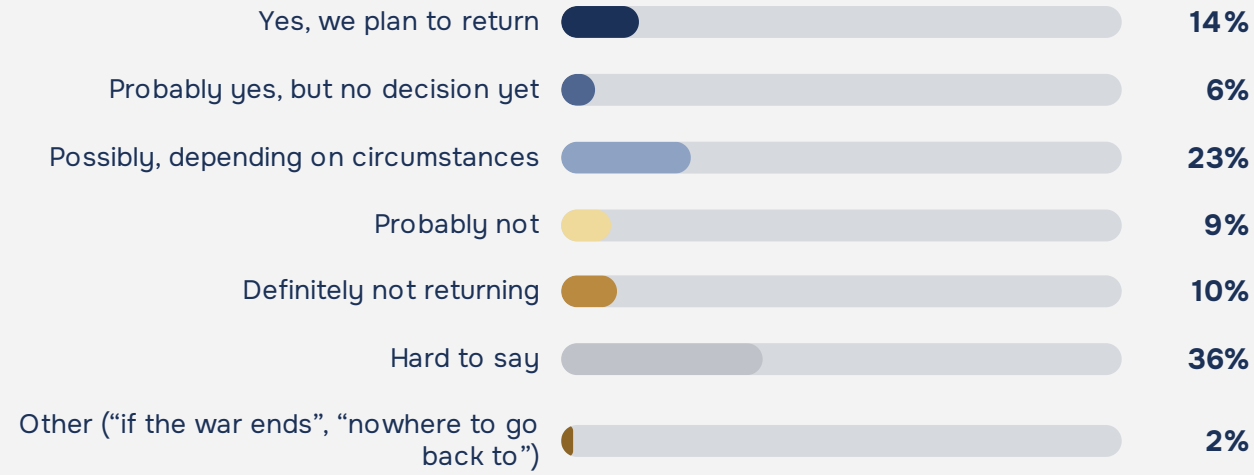


16.2 Considering the Possibility of Return

This was one of the most emotionally sensitive questions: people were often irritated by the question itself, and the conversation then had to be softened. The most common answer was *"hard to say"* (**36.1%**). **23.4%** would consider returning depending on circumstances, **13.9%** plan to return, and a further **5.7%** probably will, but without a firm decision. **19.3%** do not plan to return (**10.1%** definitely not, **9.2%** probably not). People often stressed that return is possible only after hostilities end; under "Other" we heard *"if the war ends"* and *"there's nowhere to go back to"*. Families from Kharkiv Oblast have the highest share of those who would consider returning depending on circumstances (**38%**), while families from Donetsk Oblast have the largest share of those who definitely do not plan to return (**16%**).

ARE FAMILIES CONSIDERING RETURN TO WHERE THEY EVACUATED FROM

Distribution of respondents' answers, n = 316

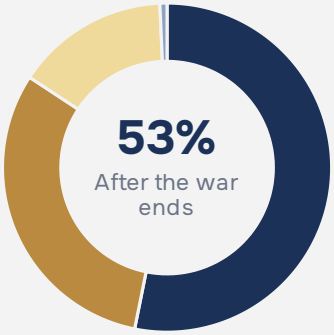


16.3 Possible Timing of Return

Of the 135 families considering return, none named a specific timeframe within the next six months. 53.**3%** would return only after the war ends, 31.**1%** after active hostilities end, 14.**8%** cannot set a timeframe, and only one family named a period of 6–12 months. For the overwhelming majority, return is thus a deferred prospect tied to the end of the war rather than a plan.

WHEN RETURN COULD TAKE PLACE

Distribution of answers of families considering return, n = 135



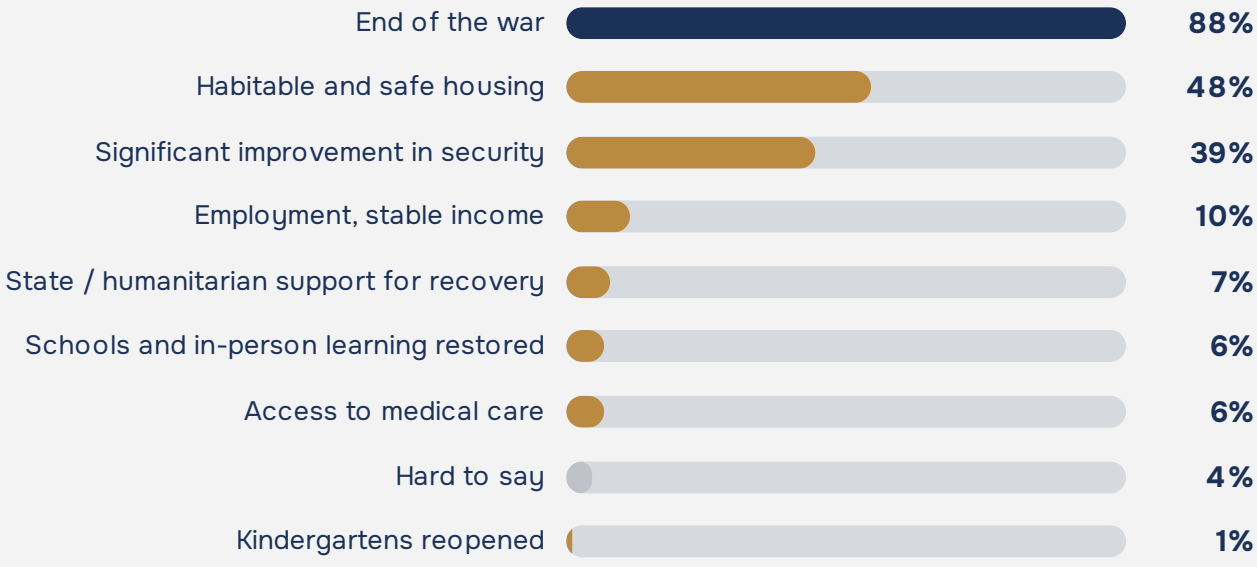
After the war ends	53%
After active hostilities end	31%
Depends on the situation / cannot say	15%
In 6–12 months	0.7%

16.4 Conditions for Return

The main condition for return is the end of the war (**88.1%** of those considering return). **48.1%** need habitable and safe housing, and **39.3%** a significant improvement in the security situation. Economic and social conditions carry much less weight: employment opportunities (**10.4%**), state or humanitarian support for recovery (**7.4%**), functioning schools and access to healthcare (**5.9%** each), and kindergarten (**1.5%**). Thus, alongside the end of the war and an improvement in the security situation, the availability of habitable and safe housing is one of the key conditions respondents associate with the possibility of return.

UNDER WHAT CONDITIONS FAMILIES WOULD BE READY TO RETURN

Share of families considering return who chose each option (multiple answers allowed), n = 135

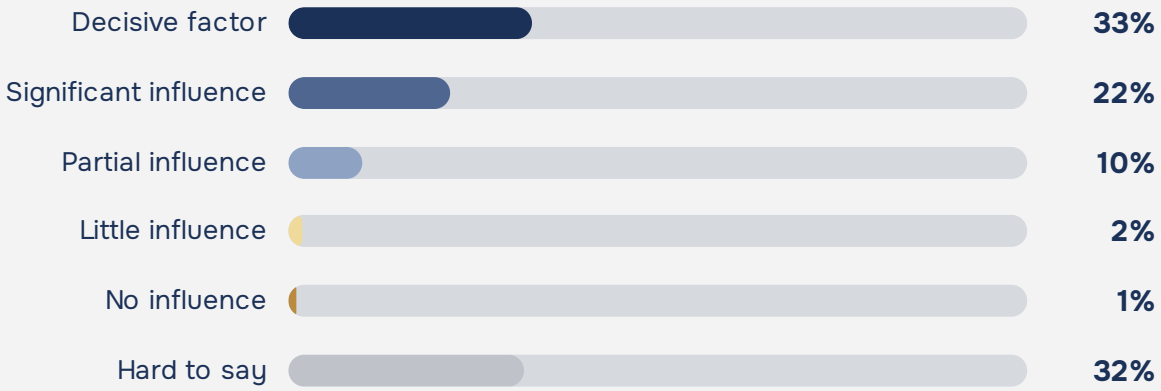


16.5 Influence of the Child's Interests on the Decision

For **32.7%** of families, children's needs and interests are the decisive factor in deciding where to live, for **22.2%** they have a significant influence, and for **9.8%** a partial one. They have little or no influence for only **3.7%**. At the same time, **31.6%** could not answer, which is understandable: people often said ***"whatever we decide, that's how it will be"***, meaning that children are part of the family and decisions are made together, without separating children's interests from those of the family as a whole.

HOW MUCH CHILDREN'S INTERESTS INFLUENCE DECISIONS ON WHERE TO LIVE

Distribution of respondents' answers, n = 275

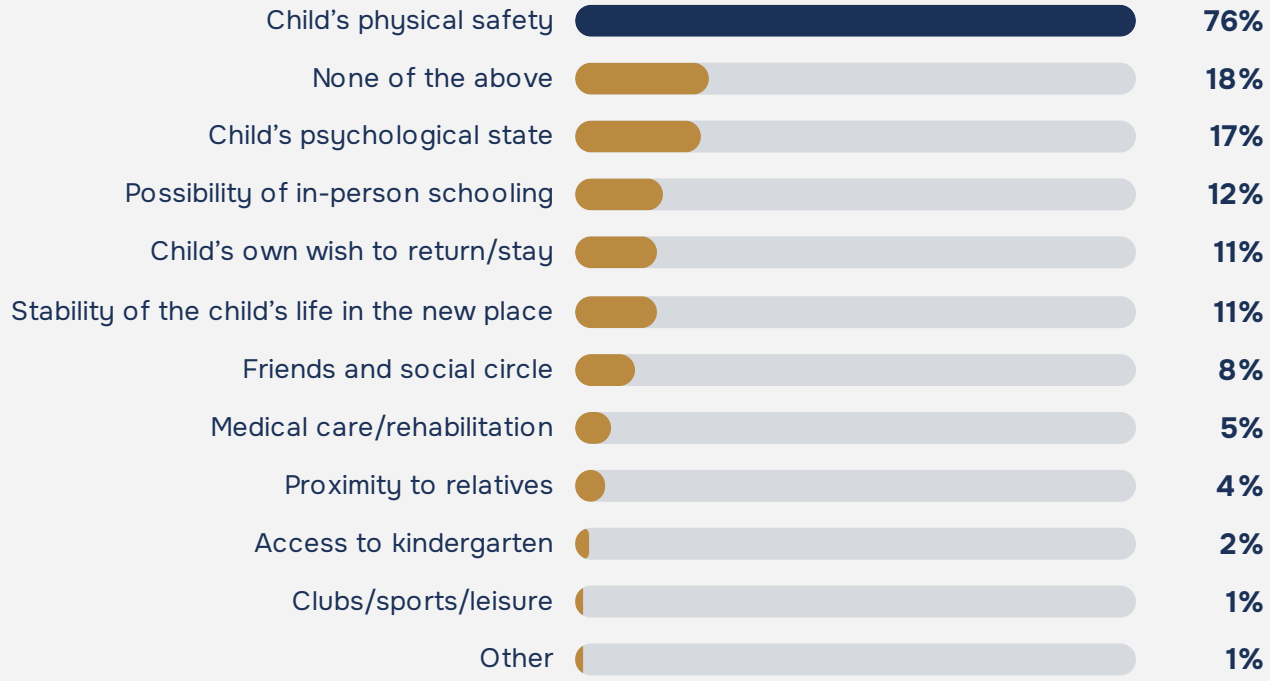


16.6 Child-Related Factors

The child's physical safety dominates the factors influencing the decision to return – it was named by **76.4%** of respondents. **16.7%** take into account the child's psychological state, **12.3%** the possibility of in-person schooling, **11.2%** the child's own wishes, **10.9%** the stability of life in the new location and **8.3%** friends and social circle. Medical care (**4.7%**), proximity to relatives (**4.3%**), kindergarten (**2.2%**) and clubs (**1.1%**) are of secondary importance; **18.1%** did not choose any factor. For parents, the question of return is above all a question of the child's life and safety, and all other considerations take a back seat.

CHILD-RELATED FACTORS THAT MOST INFLUENCE THE DECISION

Share of respondents who chose each option (multiple answers allowed), n = 276

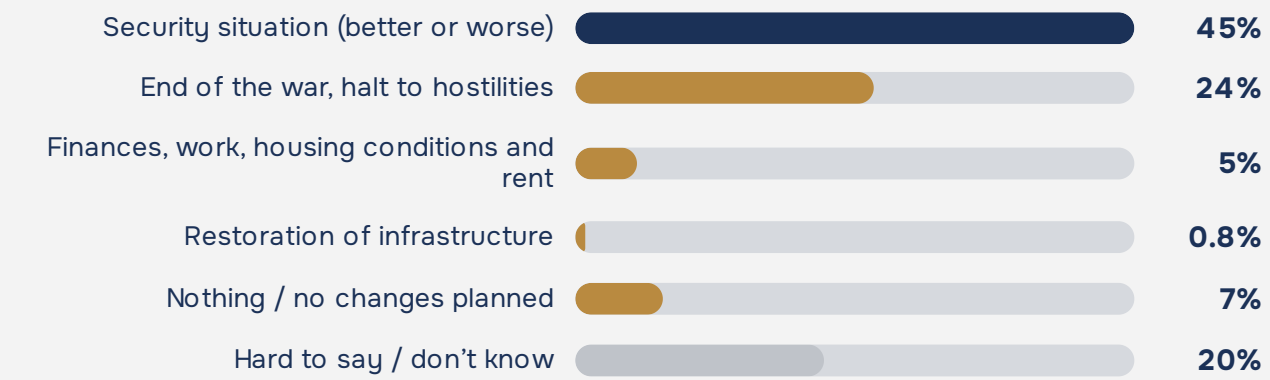


16.7 What Could Change the Decision About Where to Live

Of 124 substantive answers, almost half (**45.2%**) name the security situation – both its improvement (which would open the way to return) and its deterioration (which would force another move). A further **24.2%** link a change of decision to the end of the war or a halt to hostilities. **4.8%** named finances, work, housing conditions and the end of a lease: *"if there's no money to live on, we might go back"*. **7.3%** plan no changes – *"I wouldn't want to move anywhere again"*, and **20.2%** could not answer. The war, in the words of one respondent, *"affects every decision right now"*.

WHAT COULD CHANGE THE CURRENT DECISION ON WHERE TO LIVE

Coded open answers: share of 124 substantive answers (an answer could cover several themes)



BLOCK 17

MODEL OF POST-EVACUATION FAMILY SUPPORT

61.3%
see no value in social worker contact

26.3%
— support needed 1–3 months after

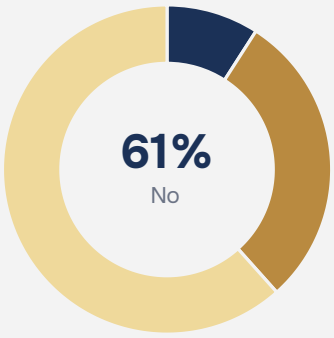
40.8%
do not need support

17.1 Usefulness of Periodic Contact with a Social Worker

61.3% of families do not consider periodic contact with a social worker after evacuation useful, **29.3%** say possibly, and **9.4%** say yes. In total, almost **39%** do not object to such a model. The result is consistent with Block 13: families have little idea of what exactly a social worker can offer and are therefore reserved about the idea. A support model will be better received if the contact has concrete content: help with benefits, documents, housing and access to humanitarian programmes.

WOULD PERIODIC CONTACT WITH A SOCIAL WORKER BE USEFUL AFTER EVACUATION

Distribution of respondents' answers, n = 287



Yes	9%
Possibly	29%
No	61%

17.2 When Support Is Most Needed

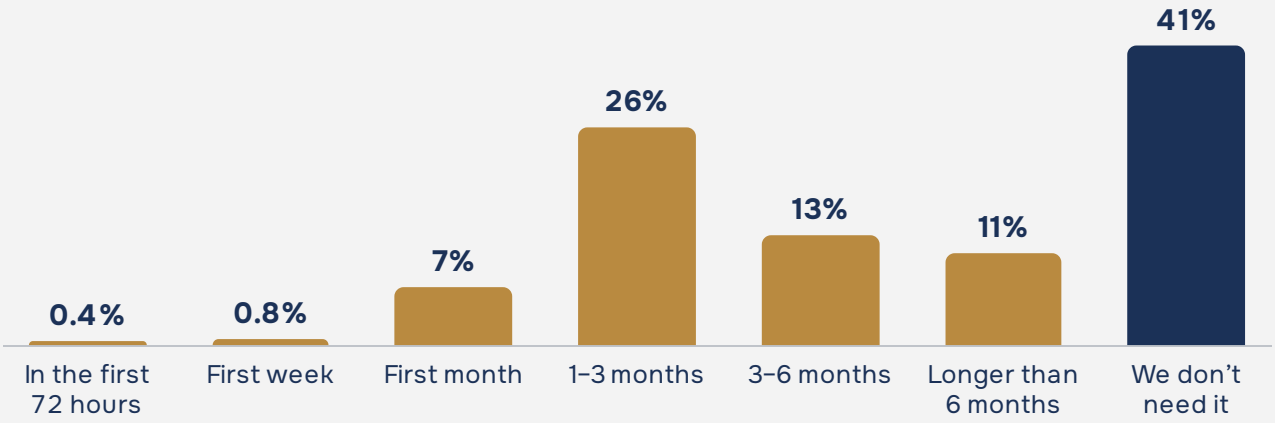
40.8% said they do not need such support.

Among those who identified a specific period, the most frequently selected was 1–3 months after evacuation (**26.3%** of all responses), followed by 3–6 months (**13.0%**) and more than six months (**11.5%**).

The first month was selected by **7.3%**, while the first week and the first 72 hours were selected by only **1.1%** combined. Thus, among families that see a need for social support, demand is more often associated with the medium-term period after evacuation than with the first days after departure.

WHEN SOCIAL WORKER SUPPORT IS MOST NEEDED

Distribution of respondents' answers, n = 262



BLOCK 18

FEEDBACK AND RIGHTS PROTECTION

55.2%
know where to turn

36.1%
sought help

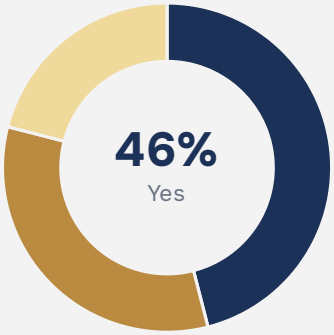
59.6%
— issue fully resolved

18.1 Awareness During Evacuation

During evacuation, **45.9%** of families knew where to turn if they needed help, **33.3%** partially knew and **20.8%** did not. One household in five went through evacuation without knowing whom to contact in case of problems.

DID FAMILIES KNOW DURING EVACUATION WHERE TO TURN FOR HELP

Distribution of respondents' answers, n = 279



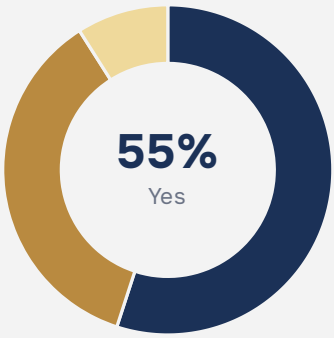
Yes	46%
Partially	33%
No	21%

18.2 Awareness Now

Today, **55.2%** of parents know where to turn if there is a problem with their child's rights, safety or needs, **35.7%** partially know and **9.1%** do not. Compared with the evacuation period, the share of full awareness has risen by almost 10 percentage points and the share of those unaware has halved, yet more than a third of parents still find their way around the protection system only partially.

DO PARENTS KNOW NOW WHERE TO TURN IF THERE IS A PROBLEM WITH THE CHILD'S RIGHTS OR SAFETY

Distribution of respondents' answers, n = 308



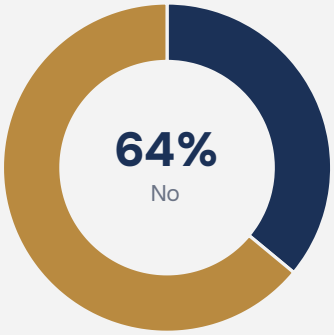
Yes	55%
Partially	36%
No	9%

18.3 Seeking Help Related to the Child

36.1% of families have approached institutions since evacuation because they needed help for their child, while **63.9%** have not. The low rate of requests goes hand in hand with limited awareness of certain services and with the fact that families try to solve many of their problems on their own.

DID FAMILIES APPROACH INSTITUTIONS FOR HELP RELATED TO THE CHILD

Distribution of respondents' answers, n = 294



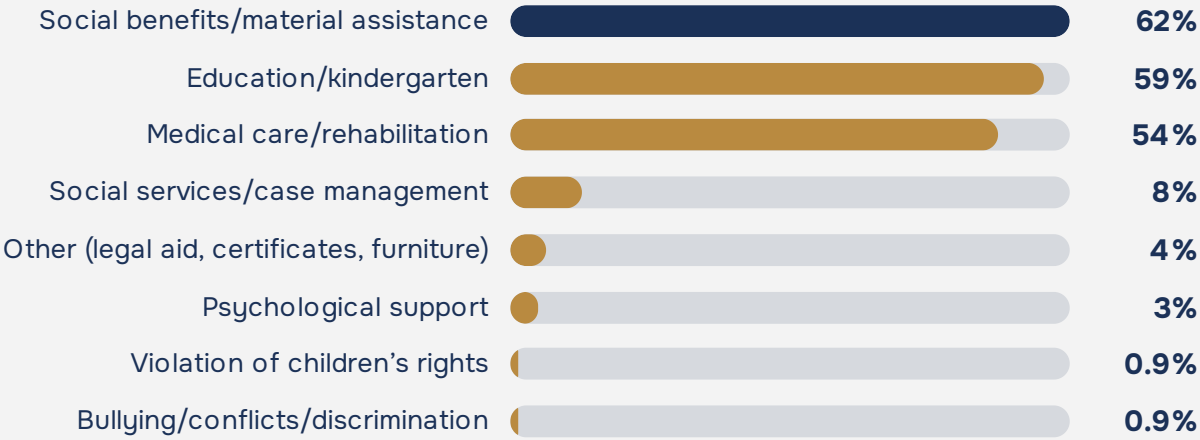
Yes	36%
No	64%

18.4 Issues Families Raised

Among those who sought help, the most common issues were social benefits and material assistance (**62.3%**), education and kindergarten (**59.4%**), and medical care and rehabilitation (**53.8%**). Far fewer approached institutions about social services and case management (**7.5%**), psychological support (**2.8%**), violations of children's rights and bullying (**0.9%** each). Under "Other": legal aid, certificates and furniture. The structure of requests mirrors the structure of needs: finances, education and health.

WHAT ISSUES FAMILIES RAISED

Share of families who sought help who chose each option (multiple answers allowed), n = 106

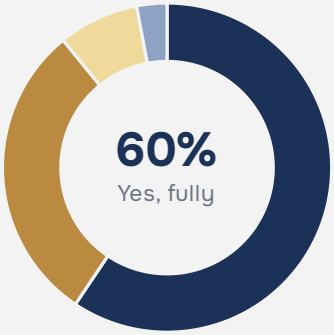


18.5 Outcome of the Request

Among families that sought assistance and answered this question, most reported that their issue had been fully resolved (**59.6%**) or partially resolved (**29.8%**). At the same time, these data describe only the experience of families that sought assistance and do not allow the accessibility or quality of the system's response to be assessed for families that did not seek help.

WAS THE ISSUE RESOLVED THAT FAMILIES RAISED

Distribution of respondents' answers, n = 104



Yes, fully	60%
Partially	30%
Issue still being resolved	8%
No	3%

18.6 Comfort in Reporting Problems

35.2% of families feel completely comfortable reporting a problem or negative experience to state or humanitarian organisations, and **44.4%** fairly comfortable. For 20.**4%** of respondents, reporting a problem or negative experience to state or humanitarian organisations is rather or completely uncomfortable, indicating the value of accessible, confidential and user-friendly feedback channels.

HOW COMFORTABLE IT IS TO REPORT A PROBLEM OR NEGATIVE EXPERIENCE TO ORGANISATIONS

Distribution of respondents' answers, n = 304



Completely comfortable	35%	Fairly comfortable	44%
Fairly uncomfortable	15%	Completely uncomfortable	5%

BLOCK 19

CLOSING QUESTIONS

22.2%
— adaptation and lack of friends

30.1%
— finances as the family's main problem

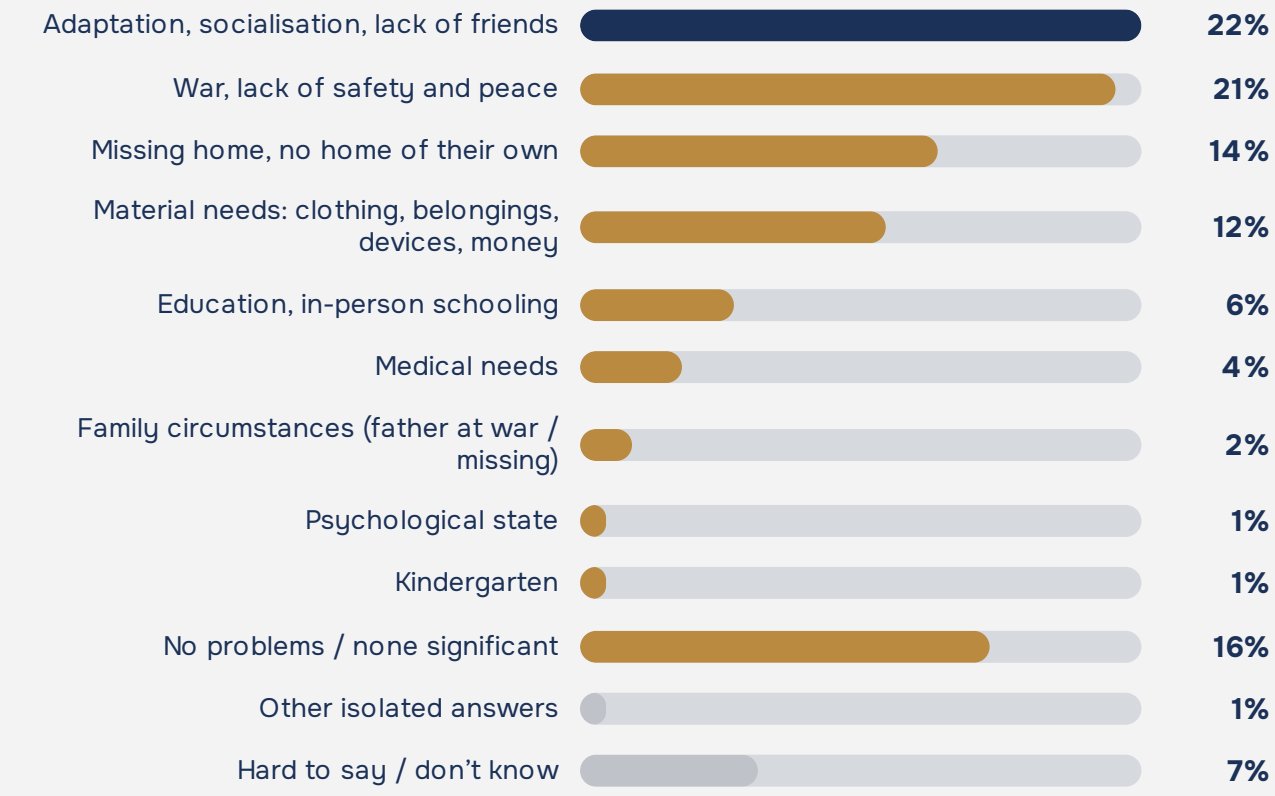
20.6%
— war and safety

19.1 The Most Important Problem for the Child After Evacuation

180 substantive answers were coded. Parents most often named adaptation, socialisation and a lack of friends (**22.2%**): *"finding new friends"*, *"doesn't want to socialise with peers"*, *"not having their own circle"*. In second place is the war and the lack of safety (**20.6%**): *"there is only one problem – the war"*, *"wherever a child is in Ukraine, they cannot feel **100% safe**"*. **14.4%** spoke of missing home and not having a home of their own: *"wants to go back home to their own room"*, *"the chance to go back home, where he had his own lovely room with toys"*. **12.2%** named material needs – clothing, footwear, belongings, learning devices; **6.1%** education, especially the switch from online to in-person schooling; and **3.9%** medical needs. A father serving in the army or missing in action and a lack of kindergarten places were also mentioned. **16.1%** believe there are no significant problems. The answers reveal three levels of children's problems: social (friends), existential (safety and home) and material.

THE MOST IMPORTANT PROBLEM FOR THE CHILD AFTER EVACUATION

Coded open answers: share of 180 substantive answers (an answer could cover several themes)



19.2 The Most Important Problem for the Family as a Whole

For the family as a whole, finances and material circumstances come to the fore (**30.1%** of 193 substantive answers): a lack of money and a need for cash and humanitarian assistance – *"we left with a single bag, we have nothing"*. Housing comes second (**22.3%**): high rent, not having a home of one's own or stable housing, repairs. War and safety are the main problem for **18.7%**. Other answers included the loss of home and the impossibility of returning (**7.8%**), employment and a stable income (**7.3%**), everyday matters and preparing for winter, clothing and medicines (**6.7%**). Isolated mentions included refusal of IDP status, a husband in the army or missing in action, adaptation and attitudes towards displaced people. Only **6.2%** have no critical problems. Comparing the answers to 19.1 and 19.2 shows that parents describe their children's problems in terms of social and emotional losses, and the family's problems in terms of money and housing.

THE MOST IMPORTANT PROBLEM FOR THE FAMILY AS A WHOLE

Coded open answers: share of 193 substantive answers (an answer could cover several themes)

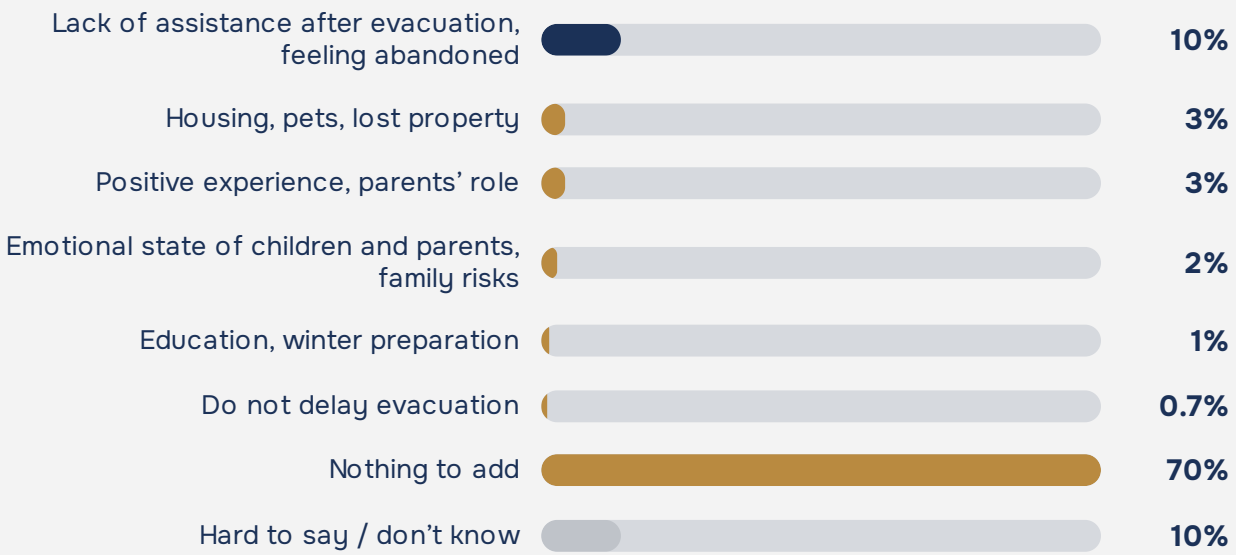


19.3 What State Bodies and Organisations Should Know

Most people (**70.4%** of 135 substantive answers) had nothing to add, and **10.4%** could not answer. Those who did speak up, however, raised important issues. Most often (**10.4%**) they cited a lack of assistance after evacuation and a sense of abandonment: *"after evacuation, people forget about us and don't give any help"*, *"there is help in the regional centres, but in the villages and towns of the oblast there is nothing, people feel abandoned"*, *"they don't give firewood"*, *"there should be more cash support programmes after evacuating with a child"*. **3.0%** spoke about housing and pets: finding housing was called *"the hardest factor"*, since landlords do not accept pets and prices are high. **2.2%** drew attention to children's emotional state and to risks within families: one respondent noted that after relocating, some parents begin to abuse alcohol because of stress. Others stressed that *"every child is different"*, that children find travelling hard, advised not to delay evacuation, and asked for a psychologist at transit centres and more frequent contact from organisations.

WHAT STATE BODIES AND ORGANISATIONS SHOULD KNOW

Coded open answers: share of 135 substantive answers (an answer could cover several themes)



BLOCK 20

SIGNALS REQUIRING URGENT RESPONSE

83.3%
— no urgent response needed

12
questionnaires with specific requests

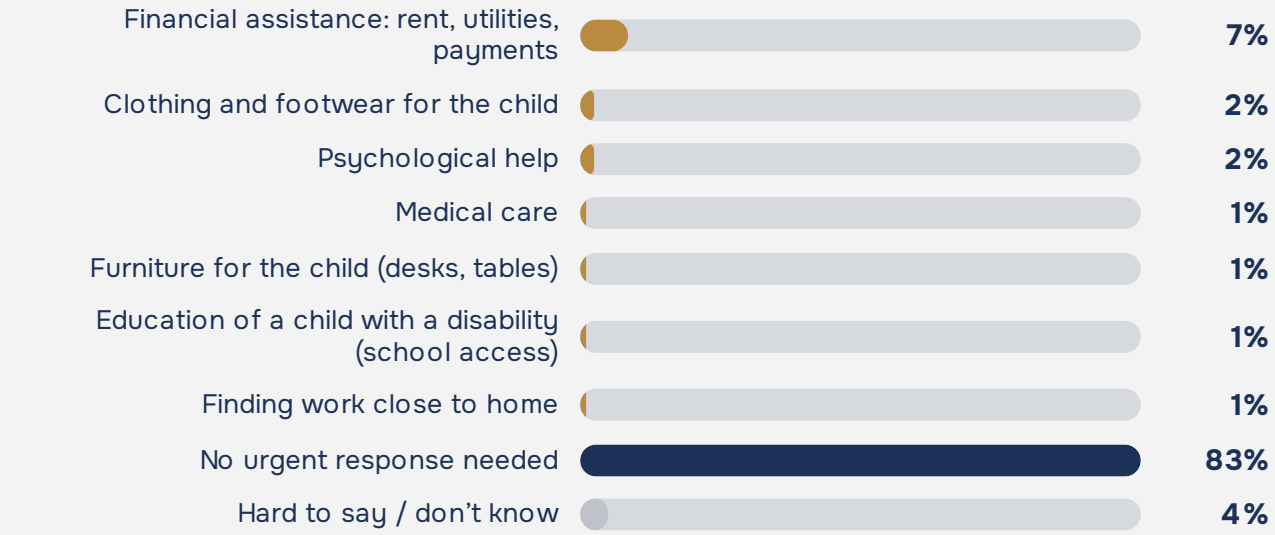
7.3%
— requests for financial assistance

20.1 Problems Requiring Urgent Response

In **83.3%** of the 96 completed fields, no urgent response is needed. At the same time, 12 questionnaires contain specific requests. Most often, these concern financial assistance with rent, winter utility bills and regular payments (**7.3%**), as well as clothing and footwear for the child, including large sizes (**2.1%**), and psychological help for an older child (**2.1%**). Separately, needs were recorded for medical care, furniture for a child (school desks, tables) and help finding work close to home.

SIGNALS REQUIRING URGENT RESPONSE

Coded open answers: share of 96 substantive answers (an answer could cover several themes)



5. CONCLUSIONS AND RECOMMENDATIONS

Key Findings

01

Families with children evacuated under the pressure of an immediate threat to life: **91.2%** of parents considered it unsafe for their children to stay at home, and shelling was the reason for leaving for **80.0%** of families. The main deterrent was not a lack of information about the process but fear of the uncertainty after leaving – not knowing where to go and where to live – and attachment to home.

02

Two thirds of families evacuated on their own, but **86.8%** passed through transit centres, which became the most positively rated link in the route. At the same time, only **1.4%** of families received help finding housing, and **95.3%** found housing by themselves or through relatives.

03

Housing is the central vulnerability after displacement. **78.7%** of families rent their homes, a third do not know how long they will be able to stay, one in five has already moved again, and stable housing and rent payments are the most common unmet needs.

04

The economic situation remains one of the key challenges after displacement: a third of families lack the income to cover basic needs, and **62.1%** have had to cut spending. Within the sample, insufficient income is more common among single-parent and large families. Almost half do not receive all the benefits they are entitled to or do not know their entitlements.

05

Children's safety and emotional wellbeing have mostly improved since evacuation, and most children, according to their parents, have fully or largely adapted. Yet a significant share still have limited contact with peers, are less integrated into their new community due to remote learning at their previous school, and have limited access to extracurricular activities. Parents most often cite friends, stable housing, material support and organised leisure as aids to adaptation; specialised psychological support is mentioned far less often.

06

The war and security situation remain the defining factors in decisions about where to live. Among families considering return, most link it to the end of the war or active hostilities; almost half also name habitable and safe housing as a necessary condition. The child's physical safety is the most frequently cited child-related factor in the decision to return.

Recommendations

- Strengthen the housing component of support: raise awareness of housing assistance at transit centres and at the pre-evacuation stage (for example, of the *"Poruch"* resettlement system, which allows families to choose accommodation before evacuation begins), develop rent compensation programmes for families with children, primarily single parents and large families, and inform families about housing programmes for IDPs.
- Introduce targeted financial assistance for the most vulnerable groups and prioritise autumn and winter assistance for children's clothing and footwear, heating and basic household needs.
- Provide proactive advice on social benefits and documents: one family in six does not know what it is entitled to. The best places to share information are ASCs, educational institutions and medical facilities, which most families are in contact with.
- Support children's socialisation in host communities: develop free clubs, sports sections, children's and youth spaces and welcome activities for displaced children, and create conditions for a gradual transition to in-person schooling.
- Develop psychosocial support for children through accessible formats – children's spaces, group activities, work with parents – and clearly inform families where they can seek psychological help. Ensure access to psychological support at transit centres, either through the presence of a qualified professional or through an established referral mechanism.
- Guarantee family unity along evacuation routes, allow children to bring pets and personal belongings, provide food and rest areas for children on the road, and inform families in advance where they will be evacuated to and what assistance they will receive.
- Inform families about the location of the nearest shelters in host communities, as **14.8%** of parents do not know whether there is a shelter nearby.
- Ensure individual support for children whose treatment was interrupted, children with disabilities and children who are out of education.
- Develop safe feedback channels, including anonymous ones, since one family in five is uncomfortable reporting problems to organisations, and maintain regular contact with families to overcome the sense of abandonment, especially in smaller communities.



EVERYONE MATTERS