



Summary of the report
of the results of the research of the potential of providers of
the social services for internally displaced children for their
reintegration in local communities



Two years ago for the first time in its new history the Ukraine faced the problem of internally displaced persons (IDPs) at the result of the armed conflict in the south-east of the country and annexation of Crimea. In the year 2015 Ukraine was the fourth in the world by the number of IDPs – 1.6 ml people after Columbia with 6.9 ml, Yemen – 2.5 ml, and South Sudan – 1.8 ml out of the overall number of 41 ml IDPs in the world according to the report of the United Nations High Commissioner for Refugees (UNHCR).

As a result, the adaptation to the new living conditions and the integration to the new local communities have become a challenge and urgent need for the quite big group of Ukrainians and particularly for the families with children. It's occurred that essential number of them still has been requiring psychosocial support and assistance. To what extent the existing system of social service providers can respond to their needs as well as to the challenges in conjunction? What are the gaps and needs in providers' work? In what way their capacities can be improved?

To answer these questions the rapid assessment of providers' capacities has been undertaken by LHSI in the frame of the project "The New Home: integration and psychosocial support of internally displaced children in Kyiv and Odessa oblast". The project is financed by the European Union and implemented in partnership with the International Child Development Initiative Foundation (ICDI, the Netherlands) and the National Organization of Scouts of Ukraine (NOSU). It's envisaged that the results of the research should help in developing and implementing needed interventions to strengthen service providers' capacities and improve child development in communities.

The aim of the research was to make situation analysis on existing conditions, opportunities and practices in providing psychosocial support to IDP children and families for their integration and development in the new communities as well as to identify gaps and needs in the work of service providers for this target group.

There were two stages of the research – the desk and the field one. The field research was conducted in Kyiv city, in Odessa city (resort area Kuyalnik), in Chornomorsk (former Illichivsk, Odessa oblast) and in Yuzhne (Odessa oblast).

Documentary (content) analysis, semi-structured interview, focus-group, participant observation and triangulation were used as the methods of the research.

The term "integration" for IDP children and their families in the research is understood as inclusion of a person in a new living environment, adaptation to a new place and living conditions, establishing and developing new social contacts, the full fledged using of existing opportunities for personal development, accepting/tolerating community traditions, values and lifestyle, reducing the level of personal anxiety comparing to the one that person experienced in the previous place of living.

According to experts and parents the period of IDP children adaptation and integration in average is going up to the year. For children of elementary school age it's going easier and shorter. For children of high school age it can be longer and more difficult. After a year less than 20% of IDP children can be still not integrated into the new

community due to the various reasons. The majority of these children require not only particular services but ongoing social support. In many cases the IDP children are adapted and integrated into the new communities faster and easier than adults. Often they accelerate the integration process for their parents.



Among the negative reasons that affect IDP children adaptation and integration into the new living environment are as follows:

- Parents planning for a short term staying in the new community (less than a year);
- Dependent (paternalistic) behavior of the family at the new place of living;
- Essential difference in the quality of life and living conditions at the new place (rural area of living if the family used to live in the city before displacement and vice versa, underdeveloped infrastructure for informal or additional education and child development, parents' unemployment, long term absence of one of the parents - mostly father, essential worsening of living standards etc.);
- Post Traumatic Stress Disorder (PTSD) of a child or a family member;
- Psychological trauma caused by the prompt family displacement or by loss of usual contacts, friends, living environment as well as by disintegration of family because of displacement etc.;
- Close placement of IDPs and particularly in resort areas that are distant or naturally isolated from the community mainstream;
- Having special needs or disabilities by a child or a family member and a barrier living environment;
- Institutionalisation of children-orphans or those deprived of parental care.



The number of children with PTSD is quite small. Most often their parents have got PTSD but only 10% of them apply for a professional psychological care. The formal psychological support system of the Ministry of Education and Science occurred to be not prepared for identification of children with PTSD as well as for providing them with the qualified professional assistance. Bridging this gap was not successful in the frame of the formal professional development system of the Ministry, in particular, due to inappropriate content and methods of professional education as well as because of the deficit of properly qualified trainers.

The rights of IDP children for education, health care, family care, decent living etc. are secured by the state on a level not worse than for the children who are not IDPs. There has been even positive discrimination in this for example when IDP children got a priority in providing them with the places in the kindergartens or in some other cases. Initially, positive discrimination took place quite often in opening classes of IDP children at schools, giving presents for only IDP children at holidays, conducting events and activities especially for them etc. All this negatively influenced IDP children integration and relations with their peers from the host communities. In some cases, as the result of the over care and taking over IDPs responsibilities for their lives at the new place the service providers unawares promoted IDPs dependent behavior.

An essential part of children from IDP families faced the lag in their education and performance decline due to their displacement and changing of school. They needed additional classes that schools were not able to provide for them. The issue of IDP children extra learning, out of school education and development quite often is under support and assistance of NGOs and financed mostly by the international donors. There are some practices of providing education services for IDP children by using advanced information technologies but in overall their application is not sufficient for IDP children and their families.



Needless to note that the programmes for children development are of a great need and demand among their families that most often consist of children and women only (mothers or grandmothers).



The range of the institutions providing services for IDP children and their families basically are not different from those normally working with children, families and youth including those in difficult life situations and are as follows:

The system of public institutions that implement governmental policy at place and provide appropriate services, namely:

- Regional and local (city, rayon) centers of social services for family, children and youth, including specialists of social work in communities;
- Services of children affairs of public administrations in oblast, rayon, city, etc;
- System of centers of social services and social care for children; Territorial centers of social care; Centers of psychosocial support; Centers for mother and child; Social hostels for children-orphans and those deprived from parental care; Centers of psychosocial rehabilitation of children; Centers of working with children and youth in their communities etc.;
- System of educational institutions for children and youth (kindergardens, schools, boarding schools, sport schools, music schools, resort and scout camps etc.);
- System of health care institutions (family doctors, sanatoriums, resorts etc.)
- System of cultural and educational institutions (libraries, museums etc.)

Non-governmental non-profit civil society organizations that provide direct assistance or services to IDPs: NGOs and religion organizations, organizations of volunteers, charitable funds and organizations, initiative groups, organizations and initiative groups of IDPs, persons-volunteers and community leaders etc.

There are coordination councils on IDP issues founded on each level of public administration. Nevertheless, almost all interviewees stressed that their work needs essential improvement.

Public providers of psychosocial support to IDP children and their families have got their own premises and specialists. Usually services are provided in the offices of providers. Normally they conduct screening of children and families that could be in difficult life situations as well as their needs assessment at places of family residence. IDP children and their families are priority group for the screening that is obligatory for conducting by public service providers.



Schools have become an important factor for the integration and active involvement of IDP children and their families into the local communities.



As a rule, public service providers have got an access to IT and to the Internet. They've got either their own web-pages or share sites of partner organizations. Yet, the information of services or the list of services on the sites often is insufficient or not available at all. NGO-providers actively use the opportunities of social networks and not only for informing their target group but also for coordination work.

Associations of people that provide psychosocial support to children and IDP families not always are officially registered. Often they act as a group of volunteers. Still, the volume of services and their quality do not depend on this fact.

NGOs that take care of IDPs can be clustered into two groups: service organizations that provide support and assistance to IDP children and families and the associations of IDPs themselves.

In small communities unregistered associations collaborate with the range of service NGOs. In this partnership the association of IDPs often acts as a customer of services and guarantees their targeting. Lack of officially registered and acting civil society organizations of needed profile could accelerate the process of registration and development of IDPs associations at places.

Service organizations and associations of IDPs have got different level of adherence to the issue. Associations of IDPs usually demonstrate higher adherence as well as better

awareness on the problem comparing to the service organizations. They also more promptly respond to the changes of the target group needs.



Usually, women of young and middle age with appropriate high education of social worker, doctor, psychologist, educator, etc. are among those providing psychosocial support to IDP children and their families. The remuneration for professionals working in public institutions of social services normally is lower than average wages in the country. Those working in NGOs are paid on the same level or a bit higher but often their contracts are limited by the time of project life so the staff turnover in NGOs is quite high. The volunteers or members of IDP associations and particularly of those unregistered usually work on voluntary basis and also for quite limited period of time. For the staff of social service organizations the problem of professional exhaustion and burnout is quite urgent.

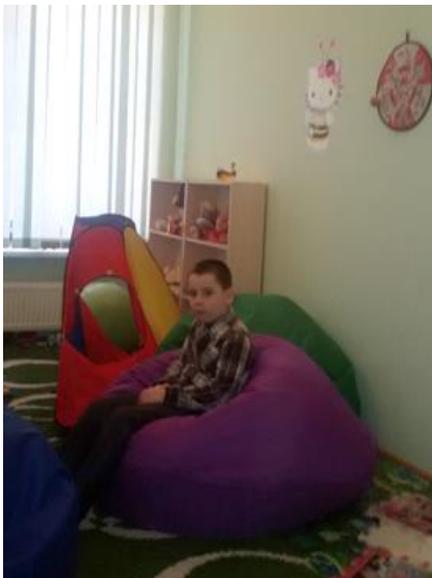


Both the service organization and the association of IDPs keep records of their clients and of provided services. Usually one can find the number and type of provided services as well as the names of the clients in their record lists.

Professionals working with children and adolescents quite rarely use techniques or methods based on children participation and active involvement, on providing them with opportunities for decision making, on their self-governance, responsibility and team working.



Among the most applied techniques are as follows: art therapy (including sand-therapy, music games, art and drawing, amateur theater, performances, family art-clubs, etc.); relaxation techniques (soft room, fitness for children, etc.); less often joint activities and leisure time with local peers for example like debates, watching movies, education sessions are organized and conducted.



Very seldom service providers work with the children outdoors – in the camps, hiking or competing in sports. Sometimes psychosocial service providers for IDP children and their families work with them in the places where their clients used to live.



Worth mentioning that needs and challenges the psychosocial providers should respond to are not stable and have been changing quite fast over the time. Currently, more and more organizations and professionals have been providing psychosocial support and assistance for IDP children and their families in their usual context of working just applying individual approach to each children and family.



The recommendations for the stakeholders and for those concerned were provided at the result of the research.

Mapping of providers and services are available at:

https://www.google.com/maps/d/edit?hl=ru&hl=ru&authuser=0&authuser=0&mid=1gFWbnD38SfNqQK-pFIIOm40_Xek