

# Social security and war in Ukraine

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The Russian Federation's full-scale invasion into Ukraine became a challenge in all fields—and the social sphere, which cares for vulnerable, underprivileged and marginalized population categories, is no exception.

Social service provision is one of the key areas of the social security system along with the payment of monetary welfare aid. The range of these services is quite broad, from at-home care services and various aids for overcoming difficult life circumstances to complex medical-social services which involve residential care at dedicated institutions.

**Recipients of social services are in a vulnerable position** due to certain reasons (of a set of reasons) such as age, loneliness, illness, social troubles, poverty, etc.; **thus, they are even less resilient in various crises.** Someone who cannot leave their house on their own or care for themselves or their children and who essentially depends on outside help finds themselves in an essentially helpless position in case of a war threat. For families in which one or both parents suffer from substance abuse and/or in which there are difficult relationships or violence, the challenges brought by war can be very difficult.

Neuropsychiatric residential facilities, elderly residential care facilities for war and labor veterans, and other institutions providing residential social and medical-social services, as well as facilities for institutional care and upbringing of children (residential schools, orphanages, centers for socio-psychological rehabilitation of children, rehabilitation centers for children with disabilities, etc.) have also faced a serious challenge in wartime: how to ensure the safety of everyone working and living there while continuing to provide proper care and decent living conditions to their wards as much as possible.

**Under a possible war threat, there was no timely evacuation of people living in these facilities beforehand.** However, on February 23, the Ministry of Social Policy and the National Social Service [declared](#) that they were prepared for any turn of events, particularly prepared to ensure the relocation of population groups with limited mobility from the government-controlled territories of Donetsk and Luhansk Regions. The relocation was supposed to be conducted according to the applicable law and according to plans which are approved by the State Emergency Service annually under secrecy. After the relocation, the wards of social care facilities were supposed to be provided with all the necessities and proper living conditions. However, the rapid developments and large-scale invasion of Russian troops in several directions at once undermined the implementation of these plans.

## ● Evacuation of children from vulnerable categories

**In the first days and weeks of the war, the government focused on evacuating children from vulnerable categories**—both children from institutional care facilities and children from foster homes and families in difficult life circumstances. One of the first evacuation measures organized by local government bodies was the [evacuation](#) of children from the socio-psychological rehabilitation center located in a northern suburb of Kyiv, in the direction from which the Russian army was advancing, on February 25. On February 26, 166 children from vulnerable categories [were evacuated](#) from the most dangerous areas in Donetsk Region to a children's health and recreation center in another region.

In the first two weeks of the war, 2,274 children from vulnerable categories as well as 60 adoptive families and 39 foster homes were evacuated abroad and to the western regions. However, as of March 14, almost 500 children remained in active war zones in Kharkiv, Sumy, Kherson, Mykolayiv, Chernihiv, and Zaporizhia Regions. According to Maryna Lazebna, the minister of social policy, the children who remained were provided with all the necessities, particularly with medicine for 1-1.5 months.

As of late March, over 10,000 children from vulnerable categories, including almost 3,000 from institutional care facilities, had been evacuated from active war zones to the western regions of Ukraine or abroad (particularly to Germany, Italy, Switzerland, Turkey). Two months after the war started (as of April 25), according to the responsible Ministry, 3,647 children and accompanying persons were evacuated abroad from institutional care facilities. The Ministry of Social Policy and the Ministry of Foreign Affairs activated the work of consulates in the receiving countries to protect the rights of the evacuated children, particularly to prevent them from being illegally adopted by foreigners. Their living conditions are monitored by the National Social Service.

In addition, we know that 58,000 children who have parents or other legal representatives have been returned to their families from residential facilities. This was not the first time this measure was adopted. It was also done during the lockdown restrictions of 2020: back then, reunification with parents or guardians was positive for some children, but [for others it was the other way around](#): they weren't always able to receive basic care, and sometimes faced domestic abuse. 98% of the children returned to their families during the war had been living at facilities managed by the Ministry of Education and Science.

## ● Providing residential social services

There is much less information, either in the media or in official statements by relevant ministries, about the conditions of the adult charges of facilities providing residential social services and assisted living, palliative/hospice care, as well as other institutional care facilities (facilities for labor veterans, for people with disabilities, elderly care facilities, etc.).

[According to](#) Marharyta Tarasova, project coordinator at the Ukrainian Helsinki Human Rights Union, as of late March, at least 6,000 people remained at the 42 residential facilities located in the surrounded or occupied territories. As of March 25, at least 10 unevacuated facilities operated in Kherson Region, as well as at least six each in Chernihiv, Luhansk, Kharkiv, and Sumy Regions. Some residential facilities were still in danger in Kyiv, Zaporizhia, and Mykolayiv Regions.

As of April 11, a total of [2,807](#) adult residents of around-the-clock social care facilities were evacuated due to a threat to their lives and health. These were residents of elderly care facilities, residential care facilities for people with disabilities, neuropsychiatric facilities from nine regions (particularly from Donetsk, Kharkiv, Luhansk, Zhytomyr, Kyiv Regions and the city of Kyiv). The majority of the residents were relocated to appropriate facilities in other regions without active fighting, and about two hundred people were relocated to appropriate facilities abroad.

Institutions providing residential social services to adults faced a number of challenges similar to the ones faced by residential care and education facilities for children.

## Targeted bombing of facilities by the Russian army

Despite the official claims by Russian leadership that the Russian army only conducts military actions against military infrastructure facilities, the targets of bombing and shelling in the first two months of the full-scale war were often specifically social infrastructure facilities, particularly social care institutions. In addition, Russian troops took residents of these facilities hostage and forcibly evacuated them to occupied territories. For instance, in the very first weeks of the war, Russian army units took the patients and staff of the Neuropsychiatric Residential Facility in Borodyanka and its geriatric ward [hostage](#), and opened [artillery fire](#) targeting a similar facility in Pushcha Vodytsia. The staff and the wards of the latter managed to evacuate before the shelling, but a number of other cases ended in tragedy. For instance, a targeted tank fire at the elderly care facility in Kreminna (Luhansk Region) resulted in the [deaths](#) of over 50 residents, and some of the others were forcibly deported to the occupied territories.

In two months of the war, timely relocation to shelters often helped save the lives of the residents and staff of these facilities, such as the [Oskil Neuropsychiatric Residential Facility](#) (Kharkiv Region), shelled by the Russian army in mid-March, or the [Atynivka Neuropsychiatric Residential Facility](#) (Sumy Region), which was shelled in late April. However, most institution care facilities have no reliable shelters adapted for long-term accommodation. In addition, many of the residents of these facilities have limited mobility and/or certain needs that are incompatible with quick relocation to a shelter (even if it is available) and/or long-term stay in a shelter.

Due to shelling and bombing, many institutional care facilities were cut off from power, heating, water supply and communication, their windows and doors were damaged, making them unfit for residence and service provision and creating a need for urgent evacuation of their residents.

## Lack of financial and administrative resources among local governments

Even though the [responsibility](#) for evacuating communal institutions which provide residential social services and their wards lies on local social security government bodies, in practice they do not always have enough financial and administrative resources to ensure evacuation, particularly the required number of vehicles. Heads of local social security departments can apply for evacuation vehicles from the regional military administration, but such requests are not always covered in full and quickly. Particularly because, just

like in the case of children living at institutional care facilities, adult residents of residential care facilities mostly need special conditions of transportation, specially equipped vehicles, and accompanying staff.

In addition, in a number of localities, active fighting led to breaking communication lines, which made it impossible to coordinate with central government bodies or local self-government bodies in neighboring regions, and made it more difficult to ensure a safe route. In addition, these institutions are often located on the outskirts of cities and regions, which makes the logistics—both evacuation measures and delivery of food, hygiene items and medicine—even more complicated.

A difficult task which often fell on the shoulders of the managers of institutions providing social services was to search for similar institutions which could host the evacuated wards, or for any other opportunities to provide them with accommodation and services in regions without active fighting. So evacuation in general was rather unsystematic, and in many cases it was largely ensured by volunteer initiatives, charity foundations, and caring citizens. The same applies to the provision of medicine, food and hygiene items.

## Difficulties with ensuring decent living conditions and proper services in evacuation

After completing the evacuation of the residents of institutions providing residential social and medical-social services to safer regions, new challenges emerged. Due to a lack of resources and infrastructure in destination communities, the receiving institutions can host lonely elderly people; war and labor veterans; people with disabilities, including neuropsychiatric conditions; people in need of outside care, everyday help and medical care, social and medical rehabilitation—all at the same time.

Many institutions dealt with this situation even before the war, which is not necessarily a problem if there is enough staff and material resources. However, this consolidation due to the need to evacuate people was not always accompanied by increased material resources or expanded staff for the facility. The receiving institutions may not have had experience in working with certain categories of residents and/or providing certain services.

The receiving institutions face the challenge of providing the new arrivals with the required social and medical-social services as well as providing decent living conditions for all the residents. Another challenge is the need to provide mental health help, both to the new arrivals who have experienced war and/or evacuation and to the permanent residents for whom a large number of new neighbors can be psychologically stressful. In addition, it is likely that the

workload of the workers of the receiving facilities will increase, since not all the staff of the evacuated facilities move together with the residents.

## ● At-home care social services

At-home care services are provided to people who, due to various circumstances such as disability, health problems, or elderly age cannot take care of themselves on their own and need help. Depending on the person's needs, there can be different types of help: from purchasing food and cooking to helping with personal hygiene or paying bills. Some of the people receiving at-home care cannot leave their homes on their own, and others are not even able to move within their homes.

The recommendations on organizing social service provision in wartime, [developed](#) by the Ministry of Social Policy, recognize that during war, institutions providing at-home care services and social workers may not be able to provide these services in the usual way. So the Ministry recommends that local self-government bodies and service providers organize communal living for the recipients of these services with their consent in order to concentrate the efforts of social workers. Organizing this format of service provision, particularly organizing a housing unit with proper living conditions (according to the recommendations, “this housing unit can also be the house or apartment of a community member or one of the service recipients where 4-5 people can be accommodated”) is fully the responsibility of the institutions that provide the services. Most likely, the extent to which the providers really manage to complete this task and the actions they have to take if they do not manage to organize communal living and some people are left without care depends on the capacities of the particular community.

In addition, since the first days of the war and until now, members of a number of vulnerable population categories, including people who receive at-home care, have been entitled to [food packages](#). The campaign, similar to the one conducted during strict lockdowns, has been organized by the Ministry of Social Policy with the support of businesses. The responsibility for collecting their needs from citizens and delivering the food packages lies on local social services, but it should be noted that representatives of volunteer initiatives have [expressed criticism](#) of these services' effectiveness in distributing and delivering the food.

## ● Procedure for social service provision during war

As of late April, the Ministry of Social Policy [continues](#) working in crisis social service provision mode: decisions about providing social services are made within a day, bypassing the long approval procedure. The standard procedure

of making decisions about social service provision involves a number of mandatory stages,<sup>1</sup> several institutions, and can take up to 10 working days. Services are covered by local budgets, and, importantly, the Ministry [recommends](#) that local government bodies delegate the decisions about social service provision directly to the institutions which provide them, if needed.

The simplified procedure applies to different types of services, particularly residential services. At the moment, to make a decision about service provision, it is enough to just have an application from the potential recipient, which they can file even after they have already been accommodated at an institution where their basic needs can be met and the required care can be provided immediately. One can be accommodated at an institution via the simplified procedure even without documents: social workers are supposed to provide help with restoring the documents.

As of late April, 4,000 people [had been accommodated](#) at institutional care facilities through the simplified procedure.

*We ask you to support the approach of victory through donations to help [the Armed Forces of Ukraine](#) and [humanitarian initiatives](#).*

*[The donations](#) we are currently receiving for our work will be used to research and analyse the impact of the war on a civilian population. We thank those who made donations, the Prague Civil Society Centre, the International Renaissance Foundation and the Heinrich Böll Foundation in Ukraine, for their assistance.*

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<sup>1</sup> These stages make up the so-called “case management” (for each individual who has applied for services), which is regulated in detail by the Ukrainian Law “On social services.”