Upholding the rights of children of Ukraine with disabilities during wartime

Mapping study on the impact of war on children with disabilities: comparative analysis of selected Council of Europe national practices



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Note

This document applies the CGU working definition of "children of Ukraine", which includes all children who have fled Ukraine or have been evacuated and relocated to a Council of Europe member state; those who are internally displaced or otherwise affected by the war in Ukraine; as well as all children of Ukrainian nationality resident in Council of Europe member states, regardless of whether they arrived before or after the outbreak of the Russian war of aggression against Ukraine. This study does not represent the circumstances of children with disabilities in Russia, Belarus and/or Temporarily Occupied Territories due to a lack of access and validated data.

The Mapping study was completed in July 2025 and updated in June 2026 to include newly available data.

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Poland: The Ministry of Family, Labour and Social Policy.

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Disability Rights International Ukraine, Paralelni Svity (Parallel Worlds) Ukraine,

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The willingness of these parents, advocates and professionals to share their experiences, challenges, and innovative solutions has been instrumental in developing a comprehensive understanding of the current landscape of support for children of Ukraine with disabilities. Their dedication to improving the lives of these vulnerable children, even amid unprecedented humanitarian challenges, exemplifies the collaborative spirit necessary to ensure that no child is left behind.

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Acronyms

CGU	Council of Europe Consultation Group on the Children of Ukraine
CSO	Civil Society Organisation
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
EDF	European Disability Forum
ICRC	International Committee of the Red Cross
IHL	International Humanitarian Law
NGO	Non-governmental Organisation
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities

Executive Summary

"I want adults to know that I exist." Child with a disability living in Ukraine, June 2025.

The Russian Federation's war of aggression against Ukraine created one of Europe's most devastating emergencies, with particularly severe consequences for children with disabilities. Those remaining in war zones and those seeking refuge across Council of Europe member states face heightened vulnerabilities, including limited access to specialised care and increased protection risks.

The war appears to have deepened these systemic vulnerabilities while also giving rise to new challenges around documentation, service access, and family separation across international borders.

This mapping study, conducted between 22 June and 6 July 2025, and updated in March 2026, employed a mixed-methods comparative approach across six countries (Austria, Czechia, the Republic of Moldova, Poland, Romania and Ukraine). The research integrated perspectives from 22 children with disabilities (17 in Ukraine, 5 in Poland), government officials, and CSO representatives through surveys and semi-structured interviews. Strict ethical protocols ensured the safety and anonymity of children throughout the research process.

Key Findings

Children with disabilities in Ukraine and Poland show remarkable resilience. They consistently view family as their primary source of security and maintain strong ties to Ukrainian cultural identity through language, traditions, and cultural artefacts.

Children remaining in Ukraine face immediate physical dangers from warfare, expressing anxiety about air raids and bombs. At the same time, those in Poland encounter different safety challenges related to social acceptance and integration into new environments.

Children in Ukraine face war-related disruptions, with 13 out of 17 reporting they attend school daily due to safety concerns.[1] Meanwhile, displaced children in Poland encounter language barriers and cultural adaptation challenges, but benefit from more consistent in-person school attendance.

Both groups report similar challenges in accessing medical care, with communication barriers affecting service delivery regardless of location, indicating systemic issues in providing disability-appropriate healthcare across national borders.

Government officials and CSO representatives acknowledge universal challenges, including complex documentation systems, language and cultural barriers, resource limitations, and the critical need for family-based care solutions rather than institutional care.

Stakeholders differ on key approaches, particularly regarding equity versus targeted support (whether displaced children need identical or enhanced services), the role of institutional care during crises, and assessments of overall response adequacy.

The war has catalysed rapid policy adaptations, legislative flexibility, and multi-sectoral coordination that transcends traditional organisational boundaries, creating opportunities for reforms that might otherwise take years to achieve.

1. Respondents to the survey for children (Annex B) conducted in connection with this mapping report.

Critical Challenges Identified

Differing medical and disability classification systems between Ukraine and host countries create barriers to service access, with standard 30-day assessment processes proving inadequate or unachievable during mass displacement scenarios.

Existing social service infrastructures across all countries were unprepared for the scale and complexity of needs, with CSOs often becoming primary responders when government systems proved insufficient.

Accurate demographic data remains difficult to obtain due to ongoing war, inconsistent disability definitions across systems, and limited data collection capacity, hampering appropriate service provision.

Parent-led organisations play an indispensable role in reaching families, enabling children with disabilities to participate safely, and making complex processes understandable and accessible. However, despite this central role, civil society, especially parent-led groups, remains under-recognised and severely under-resourced, with many at risk of scaling back or closing just as demand for support, advocacy and monitoring continues to rise.

Emerging Promising Practices

Host countries developed new legal pathways to enable children from Ukraine to access services, while Ukraine's ongoing Better Care Reform[2] continued to drive the development of community-based services for children and families, including integrated support models and innovative daycare services, despite wartime constraints.

Successful coordination between government departments, CSOs, and international organisations has proven essential for comprehensive responses that address complex, interconnected needs.

Recognition of family unity as fundamental to child welfare has driven policies supporting family-based care and preventing unnecessary family separation during displacement.

Programmes that maintain the Ukrainian language, traditions, and cultural heritage have emerged as crucial protective factors, providing stability and a sense of identity regardless of physical location.

CSOs, especially organisations created by parents of children with disabilities and including those informally constituted, are indispensable actors in both emergency response and longer-term reform.

Key considerations for the governments of Council of Europe member states

- Establish standardised, rapid assessment procedures recognising Ukrainian documentation; develop trauma-informed, culturally competent service delivery models; and strengthen family preservation and reunification mechanisms across all host countries.
- Invest in professional development for disability-inclusive emergency response; create sustainable funding mechanisms for specialised support services; and develop coordinated data-collection systems to enable evidence-based policy decisions.
- Support Ukraine's efforts to deinstitutionalise care while ensuring all children can access family-based care; build inclusive education systems that accommodate diverse needs; and establish permanent frameworks for disability-inclusive emergency preparedness across Europe.
- Priority should be given to ensuring recognition, structured inclusion, and sustainable financing for civil society and parent-led organisations, as a concrete, high-impact action to advance the rights and protection of children with disabilities from Ukraine.

2. The Better Care Reform is a childcare reform in Ukraine that prioritizes safe and nurturing family care for all children.

Conclusion

This mapping study suggests that while displacement removes children from immediate physical danger, it creates new challenges requiring carefully tailored interventions. Both children remaining in Ukraine and those displaced to host countries demonstrate remarkable insight into their own needs and circumstances. Their voices and stakeholder perspectives provide essential guidance for creating responsive support systems that respect vulnerabilities and strengths.

The convergent themes suggest that adequate support should prioritise family unity, cultural preservation, inclusive education, and accessible healthcare, regardless of geographic location, and should be delivered through meaningful partnerships with the Ukrainian government and civil society. The scale and severity of this crisis demand sustained international attention, coordinated policy responses, and continued prioritisation of children's protection infrastructure.

Most critically, the research demonstrates that children with disabilities possess valuable perspectives that must be central to developing more effective and humane responses to conflict-affected populations.

The protection of children and the infrastructure critical to their survival must remain paramount, including immediate cessation of explosive weapons use in populated areas and comprehensive support and accessibility of long-term rehabilitation and recovery programmes that uphold the fundamental rights of children of Ukraine with disabilities to grow up in secure, inclusive environments free from harm and discrimination.

Introduction and Context

Background and Rationale

The CGU Special Thematic Hearing on the Impact of War on Children with Disabilities in July 2025 provided an essential forum for examining and analysing efficient mechanisms to protect the children of Ukraine with disabilities, ensuring their fundamental right to grow up in safe environments free from harm and discrimination.

The Russian Federation's war of aggression against Ukraine triggered one of the most severe emergencies in Europe in recent memory, with especially devastating effects on children with disabilities. In the first month of the conflict, over 4.3 million children, more than half of Ukraine's estimated 7.5 million child population, were displaced from their homes (UNICEF, 2022). Among these displaced children, those with disabilities are among the most vulnerable, facing increased challenges related to accessibility, specialised care needs, and protection risks.

Before February 2022, Ukraine was home to approximately 2.7 million people with disabilities, including an estimated 700 000 children with disabilities (Committee on the Rights of Persons with Disabilities, 2022). According to the information provided by the Coordination Centre for Family Upbringing and Childcare Development, as of 31 December 2025, 23 524 children were enrolled in institutions for 24/7 care, of which 4 307 were children with disabilities.

The displacement crisis has led to unprecedented numbers of children of Ukraine with disabilities seeking shelter across Council of Europe member states. By July 2022, it was estimated that 13% of all families fleeing Ukraine included at least one member with a physical or psychosocial disability (World Health Organisation Europe, 2023). This displacement has posed immediate protection challenges and raised longer-term questions about ensuring sufficient access to education, healthcare, and social services in host countries.

Children with disabilities face disproportionate risks during armed conflicts, experiencing heightened vulnerability to violence, exploitation, and abandonment (UNICEF, 2013). These children are often unable to flee danger quickly, may be left behind during evacuations, and face increased barriers to accessing essential services such as healthcare, education, and psycho-social support (Human Rights Watch, 2022). Research indicates that children with disabilities are at significantly higher risk of sexual violence, trafficking, and recruitment by armed groups, as their impairments may make them easier targets or perceived as less likely to report abuse (UNICEF, n.d.). Additionally, the destruction of specialised infrastructure and the displacement of trained personnel during conflicts severely disrupt disability services, leaving these children without critical interventions such as medication, assistive devices, or therapeutic support (Handicap International, 2015). The intersection of disability and conflict creates a cycle of exclusion that can have lasting impacts on children's development, well-being, and future opportunities (UNICEF, n.d.).

The Russian Federation's war of aggression against Ukraine has starkly illustrated these vulnerabilities, where children with disabilities face heightened risks of violence, abuse, and neglect, particularly when separated from their usual support networks (UNICEF, 2024a).

Study Overview and Purpose

Designed as a conversation starter to stimulate meaningful dialogue and systemic change, this study offered critical insights to inform policy discussions and deliver expert guidance during and beyond the CGU Special Thematic Hearing on the Impact of War on Children with Disabilities. The focus is on the need for rights-based, coordinated, disability-inclusive emergency response approaches that incorporate the perspectives of children, service providers, and policymakers.

This study explores the experiences of the children of Ukraine with disabilities during the ongoing war through multiple perspectives, integrating insights from children's direct testimonies with analyses from government and CSOs across six countries. The research considers how war and displacement create cascading effects on children with disabilities, revealing both systemic barriers and innovative responses emerging within the emergency response.

By integrating children's voices with institutional perspectives, the study offers a comprehensive understanding of how war worsens existing challenges while creating new obstacles to fulfilling fundamental rights, including access to education, healthcare, and social protection. The multi-stakeholder approach reflects not only the lived realities of children within Ukraine and in host countries but also the policy responses, service adaptations, and support mechanisms developed by governments and civil society organisations.

Methodology

This mapping study was conducted between 22 June and 6 July 2025, using a mixed-methods comparative research design to gather diverse perspectives on the experiences of the children of Ukraine with disabilities during wartime.

The research framework combined desk research with primary data collection using two survey tools: a targeted survey for member states examining governmental and institutional responses (Annex A)[3], and a child-friendly survey designed to gather young people's direct experiences (Annex B). This multi-layered method was supported by semi-structured interviews with key stakeholders across six selected member states (Austria, Czechia, the Republic of Moldova, Poland, Romania and Ukraine), offering detailed insights into policy implementation, coordination issues, and emerging best practices.

The draft study was presented at the CGU Special Thematic Hearing in Strasbourg on 9 July 2025 (Annex G), and subsequently amended to incorporate insights from participants, primarily the described lived experiences of children of Ukraine with disabilities and their families, as well as insights from panellists presenting existing international and European legal and policy frameworks.

Ethical considerations were paramount throughout the study, particularly regarding the participation of children with disabilities in vulnerable circumstances. All children were approached exclusively through trusted third-party support organisations that already had established relationships with the families, ensuring appropriate safeguarding and support. Strict anonymity and confidentiality protocols were maintained, with no identifying information collected or reported, and all children's responses were presented in aggregate form to protect their privacy and safety.

The comparative design enables analysis of how different national contexts, policy frameworks, and support systems impact outcomes for the children of Ukraine with disabilities. Meanwhile, the mixed-methods approach ensures that qualitative insights from children and institutional stakeholders supplement quantitative trends. Although the short timeframe restricts the scope of data collection, it aimed to provide prompt evidence for urgent policy discussions while maintaining methodological rigour through careful sampling and systematic data analysis across all participating countries.

Displacement Patterns and Demographics

Within one month, 4.3 million children of Ukraine (over half the child population) were displaced: 1.8 million outside of Ukraine and 2.5 million internally displaced (UNICEF, 2022b). Two-thirds of all children of Ukraine were affected, with approximately 20% of internally displaced persons having developmental delays or disabilities (UNICEF, 2022a).

Thousands of children were hastily returned from boarding schools to families, often without adequate protection. Children with significant support needs were frequently left behind, while those with moderate or no disabilities were evacuated to nearby Council of Europe member states (Disability Rights International, 2022). Many children from eastern regions were relocated to institutions in western regions without proper documentation, which complicated family reunification (UNICEF, 2022a).

Families with disabled members faced unique obstacles: limited access to evacuation information, inaccessible transportation, and lack of assistive devices (UNICEF, 2022a). Children with autism or epilepsy often become distressed in unfamiliar environments, forcing families to choose between staying in danger or attempting risky journeys (Disability Rights International, 2023).

Ukraine required third countries to place children with disabilities in institutions, even where host countries had moved away from institutionalisation (Office of the High Commissioner for Human Rights, 2022a).

3. At the time of writing Austria (Annex E) and the Republic of Moldova (Annex F) had returned surveys.

Displacement separated children with disabilities from support networks, with new sites lacking accessible services (UNICEF, 2022a). This shift created particular risks for children requiring specialised care.

Forced Displacement to Russia and Temporarily Occupied Territory of Ukraine

According to the Yale Humanitarian Research Lab, children have been taken from Ukraine to over 210 locations in Russia and temporarily occupied territory of Ukraine for re-education and militarisation programmes to align with pro-Russia narratives (Humanitarian Research Lab, September 2025). Children with disabilities (including those with high support needs) are a particularly vulnerable segment of this population, although limited access and data availability make it difficult to provide precise estimates.

Children Disabled as a Result of War

According to the Office of the High Commissioner for Human Rights (OHCHR, February 2026), since 2022, 411 boys, 328 girls, and 27 children, whose sex is not yet known, have been killed; 1 279 boys, 976 girls and 285 children, whose sex is not yet known, have been injured. Mines and explosive remnants of war have killed 27 boys, five girls, as well as two children, whose sex is not yet known and injured 106 boys, 25 girls, as well as 17 children, whose sex is not yet known. However, these figures only reflect verified cases, and the actual numbers are likely much higher.

Recent trends indicate escalating violence against children. Child casualties increased by 57% in 2024 compared to 2023, with an average of at least 16 children killed or injured every week. The majority of these casualties, approximately 95%, resulted from explosive weapons (Save the Children International, 2024). Shockingly, UNICEF (July 2025) report that the "verified number of children killed or injured in Ukraine between 1 March and 31 May 2025 increased by more than 200 per cent compared to the previous quarter." April 2025 was reported as the deadliest month for Ukrainian children in nearly three years, with 97 killed or injured according to UN verification (UN Human Rights Monitoring Mission to Ukraine, 2025).

War can severely disrupt a child's sense of safety, stability and connection, exposing them to violence, loss, displacement and chronic stress that can profoundly harm their mental health and development. In Ukraine and beyond, the war has produced extensive mental health casualties among children. One in five children has lost a relative or friend to war (UNICEF, February 2025). Consequent orphanhood has the potential to derail deinstitutionalisation efforts (Blikhar and Lialiuk, 2025). Save the Children's analysis reveals that 43% of children receiving case management support between January and June 2024 were suffering from psychosocial distress (Save the Children International, 2024). The threatening nature of children's experience influences structural brain development, which can have a long-lasting impact on mental health well into adulthood (Peverill et al., 2023).

Every four-year-old child in Ukraine has known only war, with potentially lifelong impacts on their development and well-being. Witnessing violence during ages 0-3 can severely disrupt critical early brain development, as this period involves rapid neural growth and the formation of foundational stress response systems. In straightforward terms, this means more children will experience developmental delay due to exposure to war, and the longer it continues, the harder it is to recover (Mueller and Tronick, 2019). In the long term, prolonged exposure can have adverse effects on cognitive functioning and emotional regulation, which can persist into adulthood.

Data Challenges

According to the Ministry of Social Policy, Family and Unity of Ukraine, as of 31 December 2025, 183 598 children with disabilities were living in Ukraine.

Before the Russian Federation's war of aggression against Ukraine began in February 2022, 104 729 children were enrolled in institutional facilities in Ukraine, of whom 51 461 were in 24-hour care, according to the Coordination Centre for Family Upbringing and Childcare Development of Ukraine. TransMonEE, which compiles government-reported data, recorded a comparable figure of 50 295 children aged 0–17 in formal residential care at the end of 2021, but also noted that children with disabilities represented 78% of that population.

The Coordination Centre's own data for 2022–2025, by contrast, shows children with disabilities accounting for an average of approximately 18% of the institutional population.

According to Ukraine's State Statistics Service, as of the beginning of 2021, 74 354 of the 162 923 children with disabilities under the age of 18 were enrolled in full-time secondary schools (UNICEF, 2021). As of 2026, the Ministry of Education and Science reports that there are 38 394 inclusive classes operating in Ukraine, attended by 56 269 pupils with special educational needs. A further 4 951 pupils are receiving education in 657 special classes within general secondary education institutions.

Inconsistencies between data sources are not uncommon and reflect persistent challenges in the field: inconsistent definitions of disability, varying classification of residential care settings, and the absence of standardised cross-country indicators. These limitations should be kept in mind when interpreting these figures.

Data gaps make displaced children invisible to the very systems meant to protect them. Without proper data, children disappear from protection frameworks in multiple ways: they are undercounted in registrations, overlooked by fragmented systems that fail to communicate, and their specific vulnerabilities remain unidentified. This invisibility has cascading effects because resources can flow to the wrong places, high-risk children are not prioritised for help, and when children move locations, their protection history is lost.

Despite the complexity of obtaining data across federal states, Austria reported that as of 2 June 2025, 462 children with severe disabilities from Ukraine (most probably with parental care) received increased family allowances,[4] and 315 children (36% girls and 64% boys held an Austrian identity card for disabled persons; parental care status was not reported). However, the living arrangements for these children were not tracked.

As of 2 July 2025, the Republic of Moldova reported that it hosted 35 children of Ukraine with disabilities, all with parental care, with most having been in the country for more than two years. The children were placed in general foster care, kinship care, and emergency accommodation.

Accurate demographic data remains difficult to obtain due to ongoing war, limitations in data collection capacity, concerns over inter-agency coordination, security issues, and inconsistent definitions of disability across systems and countries, which hampers the provision of appropriate services.

This is concerning because the absence of accurate demographic data on displaced children fundamentally undermines their protection by rendering them invisible to the very systems designed to safeguard them, creating cascading vulnerabilities that expose them to exploitation, inadequate care, and long-term harm.

Despite the genuine interest and *de facto* coordination efforts among many Council of Europe member states to protect the interests and rights of children of Ukraine through coordinated government actions, children with disabilities in many member states would benefit from enhanced coordination, specifically focused on them, to ensure comprehensive protection of their rights, starting with adequate data collection (Council of Europe, forthcoming).

4. A severe disability, as defined by the Family Burdens Equalisation Act 1967 is deemed to exist if a child suffers from a non-temporary health impairment and the degree of disability is at least 50% or the child is likely to be permanently unable to support him or herself. If the level of disability is 50%, the increased family allowance is granted for as long as the general family allowance is payable. The degree of disability or the probable permanent incapacity to work must be proven by a certificate from the Social Ministry Service based on a medical expert's report.

What Children Say About Their Experience of War

This synthesis examines the experiences of 22 children of Ukraine with disabilities across two distinct contexts. 17 children are living in Ukraine during wartime, and five children have been displaced to Poland. While both groups demonstrate remarkable resilience, their experiences reveal how geographical location, displacement status, and proximity to war shape their daily realities, challenges, and aspirations.

Children in both settings maintain strong cultural identity and family bonds, yet face fundamentally different primary stressors, such as active war trauma for those in Ukraine versus integration challenges and family separation anxiety for those in Poland.

More detailed insights are available from children in Ukraine (Annex C) and Poland (Annex D).

The Importance of Family

Children in Ukraine and Poland consistently identify family presence as their most significant source of comfort and security. The sentiment expressed by a child in Ukraine, *"My mother, father and my friends are around",* mirrors the emphasis children in Poland place on family connections, even when separated from extended relatives. However, this shared value manifests differently as children in Ukraine worry about family members' immediate physical safety, and miss absent family members, "*I wish my daddy were at home (he is a military man)".* At the same time, those in Poland long to reunite with grandparents and extended family left behind.

Educational Experiences

Children in Ukraine face war-related educational disruptions, with 13 out of 17 attending school daily due to air raids and safety concerns[5]. They mention practical challenges like *"the difficulty of sitting in a bomb shelter"* during school hours that significantly alter their educational experience. One child described challenges: "*When I was called names or children did not make friends with me.*" However, they enjoy more consistent school attendance within stable physical environments.

Both groups navigate complex school environments where they can feel both included and excluded. Children in both settings generally report positive relationships with their teachers and value the educational support they receive. However, social dynamics among peers create challenges regardless of location, with children describing feeling left out or different in Ukrainian schools and Polish educational settings.

Healthcare Access

Children in both settings face similar patterns of healthcare access, with most reporting that medical care "*Sometimes takes a while*" to obtain. Communication barriers with healthcare providers appear in both environments. Children reported that they only *sometimes* understand what doctors and nurses tell them, suggesting healthcare providers lack training in disability-friendly communication. This challenge appears universal, affecting children regardless of their geographic location, indicating systemic challenges in delivering disability-appropriate healthcare that cross national boundaries.

5. Respondents to the survey for children (Annex B) conducted in connection with this mapping report. Three out of the 17 are attending school in person at least some of the time, and one has not responded.

Safety Concerns

The most fundamental difference lies in the nature of the safety threats each group faces. Children remaining in Ukraine live with immediate physical danger from warfare, expressing anxiety about air raids and bombs. One child's worry about *"A lot of air raid alerts"* reflects a reality that is entirely absent for children in Poland. Conversely, children in Poland face different safety concerns related to social acceptance and integration, with one child worrying that *"Mom will be killed,"* a fear that goes beyond physical distance from war.

Living Situations and Personal Space

Children in Ukraine typically live with their immediate families in familiar surroundings, even if those surroundings are under threat. Children in Poland often experience more complex living situations, frequently sharing accommodations or staying with host families, which presents different challenges regarding personal space and privacy. Several children in Poland specifically mention the lack of personal space as a concern, an issue that is less common among children remaining in Ukraine.

Cultural Identity and Language Preservation

Across both contexts, children of Ukraine maintain strong connections to their cultural heritage. Whether remaining in Ukraine or living in Poland, all children report that caregivers regularly speak their language, and most can celebrate their holidays and traditions frequently. This cultural continuity acts as a vital protective factor, offering stability and identity anchoring regardless of physical location.

The preservation of cultural materials from Ukraine varies across settings, with some children having access to books, music, and movies from their homeland, while others have limited resources. This suggests that cultural preservation depends more on individual family circumstances and community support than geographic location alone.

Social Integration Challenges

While both groups face social challenges, the nature of those challenges differs significantly. Children in Ukraine contend with societal attitudes towards disability within their familiar cultural context, with one child describing her concerns about *"How strangers react to my disability, how they comment on it in an untactful manner as if I do not hear it and how the seniors give advice to my parents in public transport regarding my 'sickness'"*. Children in Poland face the dual challenge of disability stigma compounded by being foreign, with experiences of being *"called names"* or having children who *"Did not make friends with me",* reflecting both xenophobia and ableism.

Access to Specialised Support

Children in Ukraine report greater difficulty accessing specialised equipment and disability support services, with half describing the process as very hard. This likely reflects both wartime disruptions to services and pre-existing systemic gaps. Children in Poland also face challenges in obtaining specialised equipment. Still, these seem more related to navigating foreign healthcare systems and bureaucratic processes rather than the destruction or unavailability of services.

Hopes and Dreams

Children's dreams reveal the profound influence of their various circumstances. Those in Ukraine mainly dream of peace and an end to the war, with hopes such as "A world without war" and "A happy and peaceful childhood." Children in Poland show more diverse immediate wishes, such as access to the latest technology, "I want an iPhone 16"; family reunification, "To meet my grandfather, grandmother"; and personal growth, "[I want to] learn to walk." This indicates that displacement, though traumatic, may paradoxically open up a wider range of future possibilities beyond just survival and safety.

Age and Gender Patterns

Younger children in both environments show notable adaptability, yet express concerns appropriate to their developmental stage. However, younger children in Ukraine tend to concentrate more on immediate safety, while those in Poland are more worried about social acceptance and material security.

Older children display more complex responses regardless of location, but teenagers in Ukraine appear to experience higher levels of trauma and isolation compared to their peers in Poland. Gender patterns remain consistent across both environments, with girls generally expressing emotions more openly and boys concentrating more on practical goals.

Implications for Support

This comparative analysis shows that while displacement to another country presents new challenges related to integration and cultural preservation, it may also offer certain protective factors by removing children from immediate physical danger. However, both groups need targeted support that recognises their distinct needs while building on their shared strengths of cultural identity and family resilience.

The convergent themes suggest that effective support strategies should prioritise family unity, cultural preservation, inclusive education, and accessible healthcare, regardless of geographic location. The divergent experiences suggest that interventions must be carefully customised to address location-specific challenges: trauma and safety for children in Ukraine, and integration and identity preservation for those in Poland.

Most notably, both groups show that children with disabilities have remarkable insight into their own needs and circumstances. Their voices offer essential guidance for creating responsive and effective support systems that respect their vulnerabilities and strengths across different displacement contexts, as well as for staying in place.

International and European Standards on the Rights of Children with Disabilities in Crisis and Emergency Situations

The protection of children with disabilities, particularly in conflict, post-conflict, and migration contexts, is firmly anchored in a robust body of international and European legal standards. These frameworks do not introduce new rights but emphasise the full and equal application of existing human rights to children with disabilities, ensuring dignity, inclusion, and protection across all domains of life, even in crisis and emergencies.

European Convention on Human Rights (ECHR)

Recent jurisprudence from the European Court of Human Rights (ECtHR)[6] underscores the state's positive obligations toward children, particularly those in vulnerable situations such as conflict zones or displacement. The Court has emphasised that children are rights-holders and not merely recipients of care. States are required to adopt a multi-layered, intersectional approach to their well-being, addressing not just physical and mental health but also cultural and spiritual development.

Notably, the ECtHR recognises that the *margin of appreciation* afforded to states is narrower when dealing with particularly vulnerable groups like children with disabilities.

European Social Charter

The European Social Charter offers essential social and economic rights relevant to the daily lives of children with disabilities. It adopts a *social model of disability*, moving away from institutionalisation (Art. 17) and reinforcing access to inclusive services. Articles 15 and 18 guarantee non-discrimination and inclusion for persons with disabilities.

The Charter's collective complaints mechanism[7] has become an important channel to address systemic issues, with several recent cases addressing the rights of children and their caregivers. Emphasis is placed on *long-term, sustainable support* and on listening to children themselves in shaping policy.

6. Council of Europe (2024), "New thematic factsheet on Persons with disabilities", available at: https://www.coe.int/en/web/execution/-/new-thematic-factsheet-on-persons-with-disabilities
7. Council of Europe, "Collective complaints" , available at: https://www.coe.int/en/web/european-social-charter/collective-complaints-procedure

International Humanitarian Law (IHL) and the Geneva Conventions

While early references to persons with disabilities in IHL, particularly Geneva Convention IV, were limited and often invisible in practice, recent years have seen a growing recognition of their specific needs. Ongoing efforts by the International Committee of the Red Cross (ICRC) and others aim to reinterpret existing provisions in a more inclusive manner. Violations of the Geneva Conventions that disproportionately impact children with disabilities, such as institutionalisation or denial of family reunification, are now increasingly viewed through the lens of war crimes. Article 77 of Additional Protocol I aims at protecting children from any indecent assaults and obligates the parties to the conflict to provide them with the care and aid they require, whether "because of their age or for any other reason".[8] The evacuation of children, their entitlement to medical treatment, and other safeguards against hostilities are covered by various provisions of the Geneva Conventions and their Additional Protocols[9].

UN Convention on the Rights of the Child (UNCRC)

The UNCRC highlights the amplified risk faced by children with disabilities during armed conflict, ranging from institutionalisation to the disruption of essential services like healthcare and education. Articles 2, 23, and 32 emphasise the need for *substantive equality*, ensuring that children receive support tailored to their individual needs.

Inclusion, safety, and dignity are not discretionary considerations but binding obligations under international law. The right of children to *be heard and participate in decisions that affect them* is a recurring theme, underlining the importance of child-centred humanitarian and reconstruction plans.

UN Convention on the Rights of Persons with Disabilities (UNCRPD)

The UNCRPD, particularly Article 11, mandates that states take all necessary measures to protect persons with disabilities in humanitarian emergencies, in accordance with IHL. Articles 7 and 32 highlight the specific vulnerabilities of children with intellectual disabilities. The CRPD reframes children with disabilities not as passive beneficiaries but as active agents in reconstruction and policy-making.

UNCRPD's recent jurisprudence calls for the *elimination of institutionalisation*, *the recognition of the right to family life*, and *the implementation of inclusive education systems,* and stresses the need for international cooperation to ensure their rights are upheld during and after crises.

8. Protocol Additional to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977.
9. Customary IHL, Practice relating to rule 135 Children

Government and CSO Perspectives

Analysis of consultations with government officials and CSO representatives reveals both striking convergences and significant divergences in how stakeholders perceive challenges and promising practices for the children of Ukraine with disabilities affected by war. While all parties acknowledge the complexity of the emergency and recognise core challenges, their interpretations of root causes, appropriate solutions, and measures of success often differ substantially.

Access to Social Protection

The process of disability certification and access to social protection reveals significant variations across host countries, with bureaucratic complexity often hindering access to essential support.

Poland requires the children of Ukraine to undergo Polish medical procedures to obtain disability certificates within a 30-day timeframe, with very few applications refused, ensuring access to benefits despite language barriers being the primary obstacle.

Czechia has implemented the most comprehensive approach through its new Lex Ukraine 7 legislation, introducing holistic disability assessments that evaluate medical, social, and psychological needs within 30 days, potentially serving as a model for broader systemic reform.

However, **Austria** presents a more complex picture, where whilst displaced persons from Ukraine receive family allowances equivalent to those of Austrian citizens, children with disabilities do not receive the same regular disability support, with beneficiaries of temporary protection having no right to disability allowances.

Romania offers the children of Ukraine identical rights and benefits to Romanian children with comprehensive disability evaluations using international classification standards.

Across all contexts, documentation challenges persist, with families required to translate Ukrainian medical reports and navigate different national assessment criteria.

These disparities highlight the urgent need for standardised, accessible disability certification processes that ensure equitable access to social protection, regardless of the host country's location. Medical documentation presents ongoing difficulties, with families required to navigate complex processes of translating Ukrainian medical reports and obtaining new certifications under different national systems. Austria highlights discrepancies between Ukrainian and Austrian medical assessment criteria, creating additional bureaucratic hurdles for families.

Access to Education

Children's articulation of their experience aligns with stakeholder-reported concerns about access to education; DRI's survey of families in Ukraine found that nearly half of respondents reported their child lacked access to education (Disability Rights International, 2023).

Czechia demonstrates a relatively systematic approach, requiring all Ukrainian children to enrol in primary school within 90 days and offering inclusive education with specialised classes for children with severe disabilities, though language and cultural barriers persist. **Austria** provides compulsory nine-year education, yet

it lacks data on actual enrolment numbers. However, Austrian authorities acknowledge that language barriers, lack of accessible facilities, and transportation issues are significant obstacles for the children of Ukraine with disabilities in accessing education. In general, despite its obligations under Article 24 of the UN Convention on the Rights of Persons with Disabilities, Austria reports that its education system remains largely segregated. Many children with disabilities are educated in separate special schools, which limits equal participation and future educational and employment opportunities. **Poland** focuses on ensuring equal access to benefits while addressing language barriers as the primary challenge in educational settings. Although **the Republic of Moldova**'s efforts to support the children of Ukraine with disabilities are notable (for example, 16 children have individual education plans), the government also recognises challenges in delivering educational assistance.

However, significant systemic issues emerge across all contexts. Children with hearing impairments face particular difficulties, with limited sign language interpretation services, the Ukrainian Society of the Deaf, with limited funding and strained staff, has had to assume responsibility for providing sign language interpretation for official communications in the absence of government provision (WHO Europe, 2023) and a longstanding reliance on segregated institutional schools rather than inclusive mainstream education (Ukrainian Society of the Deaf/UTOG, 2015). The war has exacerbated these challenges in Ukraine itself, where some shelters are not adapted to the needs of children with disabilities and schools in heavily shelled regions have been forced to move exclusively online (Velykodna et al., 2025), creating additional barriers for children with disabilities for whom remote learning is often inaccessible (Velykodna et al., 2023). Support from teaching assistants, while expanding, remains uneven; in 2022–2023, 22 685 assistant teachers supported 33 861 students with special educational needs in mainstream education, a ratio that leaves significant gaps in coverage (World Bank, 2024). Parents report that some children with disabilities are unable to be relocated to air-raid shelters: for some, disruption to routine triggers severe distress or behavioural challenges; others are too fearful or physically unable to move (DRI, 2023). As a result, these children and their families face increased danger during attacks and face additional challenges in accessing education that is often provided in shelters for other children.

Nevertheless, at the end of 2025, a significant number of schools and universities in Ukraine continue to operate in online or hybrid formats, ensuring continued access to education for children, including those unable to attend in-person shelter-based settings (Institute of Educational Analytics, 2026).[10] For example, 11 707 pre-schools, 12 250 general secondary education schools and 1 381 out-of-school education units.

While some countries maintain dual educational systems, allowing children to access both local and Ukrainian online curricula, the overall picture suggests that, despite policy commitments to inclusion, practical implementation remains fragmented and insufficient to meet the complex needs of this vulnerable population.

Access to Health Care

Healthcare access presents a mixed picture of comprehensive entitlements alongside significant practical barriers. Several host countries offer relatively generous healthcare coverage, with **Austria** providing free general healthcare equivalent to that of its citizens, free medications, and rehabilitation services. However, Austrian authorities acknowledge that access is not always fully available in practice. Structural barriers persist, including the lack of physical accessibility of healthcare facilities, insufficient availability of sign language interpretation, limited access to easy-to-read information, and communication barriers for persons with intellectual and/or psychosocial disabilities. As a result, formal entitlements do not automatically translate into equal and barrier-free access to healthcare services. **Romania** grants the children of Ukraine the same health rights as Romanian children, with specialised evaluation processes. **Czechia** has developed innovative, comprehensive disability assessments covering medical, social, and psychological needs within 30-day timeframes. However, substantial challenges persist in translating policy into practice.

Whilst basic healthcare access is generally provided, specialised disability services remain limited, particularly for children with complex needs. The situation within Ukraine itself has become dire, with severe fragmentation of data collection due to war, disconnection between medical and social services, and communities struggling to provide essential services due to safety concerns and limited resources. The healthcare challenges are compounded by cultural factors, including persistent stigma around disabilities and parental reluctance to seek help, suggesting that even where services are theoretically available, uptake may be limited by social and cultural barriers.

10. Relevant statistical data can be found on the official website of the Institute of Educational Analytics at the following link: https://iea.gov.ua/diyalnist/naukovo-analitichna-diyalnist/osnovni-czyfry-osvity/
Please note that the website also provides information in English, however the Ukrainian version is more up to date

The Imperative for Family-Based Care Solutions

Stakeholders hold different views about the role of institutional care during crisis periods. Some government representatives describe institutional evacuations as necessary emergency responses, emphasising their efforts to improve conditions and transition children to better alternatives over time. This perspective views institutions as temporary solutions that can be reformed and phased out gradually.

CSO representatives are expressing a more critical view, describing institutional care as inherently problematic and emphasising the trauma associated with evacuation processes. They highlight cases where children were returned to Ukraine, sometimes to areas still under bombardment, suggesting that institutional systems create additional risks rather than providing protection. Ukraine's approach to the return of children prioritises both safety and care, applying a dual assessment framework that considers the security of the geographical location alongside the provision of a supportive care environment in line with the best interests of each child. This framework, reflected in the work of the Coordination Centre for Family Upbringing and Childcare Development, is part of a broader national commitment to rights-based, child-centred return processes, though implementation and conditions may vary across contexts. The Government of Ukraine has committed to ensuring that children with disabilities have sustained access to an integrated system of educational, social, and support services within their communities, reflecting Ukraine's approach to coordinated care that prioritizes family-based settings and prevents the unnecessary placement of children in institutional care (Ministry of Social Policy of Ukraine, 2025)[11] . However, CSOs are concerned that in the rush to close institutions, small-scale residential care may increase, also as a result of ambiguity in international reference documents (Box 1).

Box 1. Risks of Selective Interpretation in International Standards for Alternative Care

While the CRC and the CRPD together provide a strong normative basis for deinstitutionalisation and the right of all children to grow up in a family, certain provisions within these instruments are susceptible to interpretations that may allow states to avoid or minimise their obligations in respect of family-based alternative care.

CRC Article 20 recognises the right of children deprived of their family environment to "alternative care," listing "suitable institutions" alongside foster placement and other forms of family-based care as permissible responses to family separation. The inclusion of institutional placement as a listed option, rather than as a last resort under tightly constrained conditions, risks being read as sanctioning the continued use of residential care in routine cases.[12]

CRC Article 23(1) affirms the right of children with disabilities to "active participation in the community" but does not expressly link this to placement in a family. This ambiguity may enable states to argue that community-based residential settings, group homes or so-called "family-like" facilities, satisfy the participation standard, treating residential care as functionally equivalent to family placement.[13]

The UN Guidelines for the Alternative Care of Children, while calling for the phased elimination of large residential institutions, continue to permit placement of children over three years old in smaller "residential care facilities." This carve-out has been invoked by states to justify investment in small-scale residential care rather than family-based alternatives, in tension with the more stringent CRPD framework.[14]

11. Ministry of Social Policy, Family and Unity of Ukraine (2025), "Joint Efforts to Protect Children", available at: https://www.msp.gov.ua/press-center/news/spilni-zusyllya-dlya-zakhystu-ditey:-zustrich-oksany-zholnovych-ta-spetspredstavnytsi-henseka-oon-z-pytan-nasylstva-proty-ditey-nadzhat-maally-mdzhyd
12. CRC, Art. 20(1)– (3). Article 20(3) lists "foster placement, kafala of Islamic law, adoption or if necessary, placement in suitable institutions for the care of children" as forms of alternative care, without establishing a clear hierarchy or specifying institutional placement as a measure of last resort.
13. CRC, Art. 23(1). See also the Committee on the Rights of the Child, General Comment No. 9 (2006) on the rights of children with disabilities, which interprets community inclusion broadly but does not explicitly require family-based placement for children with disabilities requiring alternative care.
14. UN Guidelines for the Alternative Care of Children, GA Res. 64/142 (2010), paras. 21–22 and 123. The Guidelines distinguish between residential care facilities (permitted, subject to oversight) and large residential care institutions (to be progressively eliminated), but do not prohibit small-scale residential placement for children above three years of age. The UN Special Rapporteur on the Rights of Persons with Disabilities has noted that this falls short of CRPD requirements: see Report of the Special Rapporteur, A/HRC/34/58 (2017), para. 67.

The principle of "progressive realisation" may be invoked by states to delay compliance with deinstitutionalisation obligations on grounds of resource constraints, presenting the absence of community support infrastructure as justification for maintaining institutional placements as interim arrangements. This argument sits in tension with the position, affirmed in the CRPD framework, that expenditure on any form of institutional care is presumptively discriminatory and cannot be justified by reference to resource availability.[15]

The CRPD Committee's General Comment No. 5 (2017) provides clarifying guidance, affirming that CRPD Article 19 encompasses, for children, a right to grow up in a family, and that no form of group living arrangement, regardless of scale or quality of care, constitutes a substitute for family placement. The Committee has further stated that the UN Guidelines, in so far as they permit residential placement of children, are not in conformity with the CRPD.[16]

Taken together, these gaps and interpretive ambiguities mean that states may invoke the letter of international instruments to justify practices that fall short of their spirit. Any reform framework drawing on these standards should address these vulnerabilities explicitly, including by affirming that large-scale institutional care does not satisfy the family care obligations established by the CRC and CRPD read together, and that smaller, family-type residential settings should likewise be treated as transitional arrangements rather than long-term substitutes for family-based care. A consistent definitional baseline would also help close these interpretive gaps: the International Classification of Alternative Care of Children (ICare), endorsed by the 57th session of the UN Statistical Commission in March 2026 (UNICEF, 2026), provides a standardised typology of care arrangements that could anchor national reporting and reform commitments to a common framework, making it harder for states to reframe institutional placements as community-based alternatives.

The evidence overwhelmingly demonstrates that all children, including children with disabilities, can live with a family when given appropriate support (Lancet Group Commission, 2020). UNICEF notes that "Even when care is provided in a smaller residential facility, it still deprives children of their fundamental right to a family environment and permanent relationships with loving and life-long caregivers" (UNICEF Europe and Central Asia Regional Office, 2020). Any departure from this principle is a failure to uphold children's rights and human dignity (Disability Rights International, March 2019). Small-scale residential care does not adequately equip children for evacuation or displacement, and they are likely to encounter many of the same challenges currently seen during both initial placement and subsequent relocations.

The recognition of guardianship arrangements is also complex. For example, **Austria** recognises 119 Ukrainian guardians whilst appointing none through its system, suggesting reliance on existing Ukrainian structures rather than integration into national child protection frameworks.

All stakeholders demonstrate a long-term commitment to transitioning from institutional to family-based care, signifying a shared fundamental philosophy. Government officials across the countries studied describe relocation programmes and family-type housing initiatives, while Ukrainian representatives specifically point to their national strategy for family-based alternative care as the guiding framework. CSO perspectives strongly endorse this approach but also raise concerns about the quality of implementation.

Children need families, but to care for children, families need support. Increasing opportunities for adequate and appropriate family-based care and family-based alternative care depend on the simultaneous availability of support services such as speech and language therapy, access to essential medicines and assistive products and technologies, as well as short-break services and high-quality social work support.

15. ICESCR, Art. 2(1); CRC, Art. 4. On progressive realisation and its limits in the context of deinstitutionalisation, see CRPD Committee, General Comment No. 5 (2017), CRPD/C/GC/5, para. 16: "[The obligation to move towards a system of independent living and being included in the community is of immediate effect" and is not subject to progressive realisation in the same manner as resource-dependent rights.
16. CRPD Committee, General Comment No. 5 (2017), CRPD/C/GC/5, paras. 16(c) and 84. The Committee states that "for children, the core of the right to be included in the community entails a right to grow up in a family" and that "large or small group homes are hazardous for children, for whom there is no substitute for the need to grow up with a family." See also the Joint Statement by the CRC and CRPD Committees on the Rights of Children with Disabilities (23 August 2021), para. 10, urging states to develop clear strategies and timelines for deinstitutionalisation.

Language and Cultural Barriers

Stakeholders demonstrate remarkable consensus regarding the pervasive impact of language barriers on access to services, though the specific challenges differ significantly depending on context.

In host countries, government officials and CSOs consistently identify language as a primary barrier to medical assessments, educational integration, and service access for displaced Ukrainian children and families. CSO perspectives highlight how language barriers in these settings compound psychological trauma and cultural displacement, underscoring the need for translation services as a baseline but also for deeper cultural competency and trauma-informed approaches that go beyond linguistic support alone.

In Ukraine, the challenges are distinct. Ukrainian representatives emphasise the persistent cultural stigma around disability and the widespread reluctance to seek help, which continues to limit access to services even where they exist. Here, the primary barrier is less about language and more about deeply embedded social attitudes that require targeted awareness-raising and community-level engagement to address.

Across both contexts, stakeholders acknowledge that adequate support demands more than technical solutions. Whether in host countries or in Ukraine itself, effective responses must be grounded in cultural competency and trauma-informed practice, even as the specific form these take will differ considerably between settings.

Resource and Capacity Limitations

The strongest convergence among member states is in recognising systemic capacity limitations, though stakeholders interpret these constraints differently. Host country governments acknowledge varying levels of support depending on the availability of federal or regional resources. At the same time, Ukrainian officials describe insufficient financial resources for social services and limited staff and resources to transport children safely. All parties agree that the existing social service infrastructure was not designed for the scale and complexity of the needs presented by this crisis.

CSO representatives highlight capacity limitations critically, describing how organisations became primary responders when government systems proved unprepared, and how their operational capacity is now threatened by the funding crisis triggered by the devastating withdrawal of donor support.

Equity Versus Targeted Support Approaches

A variation appears in how stakeholders perceive suitable support levels for the children of Ukraine with disabilities. Some host country representatives emphasise delivering identical services to the children of Ukraine and local children, viewing this as the highest standard of fairness and integration. This view holds that equal treatment is a moral obligation and a practical way to prevent the creation of separate systems.

Conversely, other stakeholders argue that displaced children with disabilities require enhanced support that recognises their unique circumstances to fulfil their rights. CSO representatives particularly emphasise that standard services may be inadequate for children experiencing trauma, displacement, and cultural adjustment simultaneously. Ukrainian officials focus on the need for specialised interventions that acknowledge the specific impacts of war and displacement.

This variance raises more profound philosophical questions about whether equity implies identical treatment or a proportional response to need, with significant implications for policy design and resource allocation.

Assessment of Systemic Response Adequacy

The most notable disparity lies in how stakeholders assess the overall adequacy of current responses. Government representatives describe their efforts as comprehensive and innovative, emphasising new legislation, expanded benefits, and international collaborative partnerships. They characterise challenges as technical issues that require procedural solutions and additional resources.

CSO representatives offer critical assessments, emphasising gaps between policy intentions and implementation realities. They highlight the psychological dimensions of displacement that policy responses often inadequately address, describing significantly higher levels of anxiety among displaced children and questioning whether current approaches address the root causes of vulnerability.

Ukrainian officials present the most nuanced perspective, acknowledging significant innovations and profound limitations. They describe promising developments while acknowledging ethical debates over specialised versus inclusive care approaches and fundamental questions about service delivery during wartime.

Rapid Policy Adaptation and Legislative Flexibility

All stakeholders offered examples of rapid policy innovation that enabled quick responses to unprecedented challenges. Host country representatives highlight new legislation that created pathways for the children of Ukraine to access services, while Ukrainian officials describe innovative daycare services and integrated support models. CSO representatives acknowledge the government's creativity in developing emergency responses, even while questioning implementation details.

This convergence suggests that crises can catalyse positive policy innovation, creating opportunities for reforms that might otherwise take years to achieve through standard political processes.

Multi-Sectoral Coordination and Partnership Development

Stakeholders consistently identify successful coordination across government departments, CSOs, and international organisations as a promising practice. Government representatives describe inter-institutional networks and collaborative relocation programmes, while Ukrainian officials emphasise integrated approaches that coordinate medical, educational, and social services. CSO perspectives highlight the importance of partnerships between civil society organisations and government agencies.

This convergence indicates broad recognition that complex challenges require comprehensive responses that transcend traditional organisational boundaries.

Innovation in Service Delivery Models

All stakeholder groups consider innovative service delivery approaches promising, though they emphasise different aspects. Government representatives highlight new assessment procedures and benefit systems, while Ukrainian officials describe mobile expert support groups and community-based intervention models. CSO representatives emphasise trauma-informed approaches and culturally sensitive service design.

The concurrence suggests that crises create the space for experimentation with service delivery models that may be more effective than traditional approaches, even beyond emergency contexts.

Technology and Digitisation as Solutions

Stakeholders demonstrate varying enthusiasm for technology-based solutions to service delivery challenges. Some government representatives emphasise digital assessment tools and online education platforms as innovative responses to access barriers. However, Ukrainian officials highlight how online education can be inaccessible for children with disabilities, suggesting that technological solutions may create new problems even while solving others.

CSO (representatives) generally express scepticism about technological solutions that do not address underlying cultural and psychological needs, emphasising that digital platforms cannot replace human connection and culturally competent care for children with disabilities.

Professional Development Versus Systemic Reform

A dilemma arises over whether promising practices should focus on training existing professionals or on fundamentally reforming systems. Government representatives tend to emphasise professional development programmes and enhanced training for staff working with displaced children. They frame improved competency as the key to better outcomes.

Ukrainian and CSO representatives emphasise systemic reforms that address underlying structural inequalities and cultural barriers. They argue that individual training cannot address problems rooted in inadequate funding, poor coordination, and cultural stigma around disability.

Standardisation Versus Flexibility in Service Provision

Stakeholders differ significantly in their assessment of whether promising practices should emphasise standardised protocols or flexible, individualised approaches. Some government representatives highlight the benefits of standardised assessment procedures and clear eligibility criteria that ensure consistent service provision and prevent discrimination.

Others emphasise the importance of flexible, individualised responses that adapt to diverse needs and circumstances. Ukrainian officials particularly highlight the need for holistic, person-centred case management approaches that can respond to the complex and changing needs of children affected by war.

Implications for Future Policy and Practice

The findings highlight the urgent need for rights-based, coordinated, and disability-inclusive emergency response approaches that incorporate the perspectives of children, service providers, and policymakers.

The differences and similarities in children's and stakeholder perspectives suggest several important implications for future policy development and practice improvement. Areas of convergence indicate opportunities for shared learning and coordinated responses, while divergences highlight the need for continued dialogue and negotiation around fundamental approaches.

The strongest convergences around documentation challenges, capacity limitations, and family-based care principles suggest these areas are well-positioned for strengthened international cooperation and the harmonisation of existing standards. The persistent divergences around equity approaches, institutional care, and assessment of response adequacy indicate areas where continued stakeholder engagement and research are essential.

Perhaps most importantly, the analysis reveals that effective responses to complex emergencies require technical solutions and a deeper consideration of philosophical questions about rights, equity, and the appropriate balance between immediate safety and long-term welfare. The perspectives of all stakeholders contribute essential elements to this broader understanding, suggesting that continued dialogue across different viewpoints remains crucial for developing more effective and humane responses to children affected by war.

The scale and severity of the war necessitate ongoing international attention and aid. Protecting children and infrastructure vital to their survival must be prioritised, including an immediate halt to the use of explosive weapons in populated areas and extensive support for long-term rehabilitation and recovery programmes.

Recognising CSOs, especially organisations formed by parents of children with disabilities, as essential actors in both emergency response and long-term reform is critical. This should be supported by flexible funding models and mechanisms that enable local, community-based groups, including those informally constituted or that do not meet traditional donor compliance thresholds, to continue contributing meaningfully and sustainably.

Remaining Challenges

Despite these strong normative frameworks, several implementation gaps remain:

- **Invisibility in Practice:** Children with disabilities continue to be overlooked in both humanitarian responses and post-conflict recovery. Key instruments exist but are underutilised or poorly implemented.
- **Institutionalisation:** Despite widespread criticism, institutional care remains prevalent, particularly for children with intellectual disabilities. There is an urgent need to shift toward community-based and family-centred care systems.
- **Complementarity of International Law:** Enhanced complementarity between the International Humanitarian Law and International Human Rights Law frameworks will ensure consistent protection of children with disabilities, particularly in emergency situations.
- **Children's Right to Participate:** Children with disabilities are often excluded from decision-making processes. There is also a shortage of disaggregated data needed to inform inclusive policy and services.
- **Need for Coordinated International Action:** The need for greater international cooperation has been emphasised by both the UNCRC and the UNCRPD Committees to ensure the cross-border recognition of rights and services, particularly in situations of displacement.

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Annex A: Survey Template for Member States

Survey for select CGU Members and other relevant stakeholders on the situation of children of Ukraine[17] with disabilities

Country Name:

Survey completed by:

Organisation/Agency:

Date:

Contact information:

Introduction

This survey is being conducted in preparation for the High-level Stocktaking Conference on the Situation of Children of Ukraine, which will take place in Strasbourg on 9 July 2025. The conference, co-organised by the Presidency of Malta and the Council of Europe, will include a special hearing focused on the impact of war on children with disabilities.

Your responses will contribute to a comprehensive assessment of the current situation of Ukrainian children with disabilities across Council of Europe member states. The data collected will help identify key challenges, service gaps, and best practices that will inform policy discussions and recommendations at the conference.

This survey focuses specifically on children of Ukraine with disabilities who arrived in host countries without parental care.

Your input is essential for understanding their living conditions, access to services, and protection needs. Your input will help improve support systems and ensure their rights are fully realised.

Instructions for Completion

- Please provide data as of [DATE] or the most recent data available
- Use "Unknown/Not tracked" where data is unavailable
- Provide estimates where exact numbers are not available – but please clearly indicate that these are estimates
- All questions refer specifically to children of Ukraine with disabilities who arrived in Council of Europe host states without parental care

17. This document applies the CGU working definition of "children of Ukraine", which includes all children who have fled Ukraine or have been evacuated and relocated to a Council of Europe member state; those who are internally displaced or otherwise affected by the war in Ukraine; as well as all children of Ukrainian nationality resident in Council of Europe member states, regardless of whether they arrived before or after the outbreak of the Russian war of aggression against Ukraine.

Section 1: Demographics and Living Arrangements

1. How many children of Ukraine with disabilities live in your country/is your country currently hosting?

Total number:

Unknown/not tracked

Breakdown by Age Group:

0-5 years: Female: Male: Other/Not specified

6-10 years: Female: Male: Other/Not specified

11-14 years: Female: Male: Other/Not specified

 years: Female: Male: Other/Not specified

Unknown/not tracked

2. What types of disabilities are represented? (Check all that apply and provide numbers, if available)

Physical disabilities

Intellectual disabilities

Sensory disabilities (vision)

Sensory disabilities (hearing)

Psycho-social disabilities/mental health conditions

Multiple disabilities

Autism spectrum disorders

Other

Unknown/not tracked

3. Current living arrangements (provide numbers for each)

Small-scale residential care/group homes (2-4 children):

Medium residential group homes (5-10 children):

Large residential settings (11-25 children):

Institutional care (more than 25 children):

Specialised foster care (with disability training):

General foster care:

Kinship care:

Independent/supervised living (15+ years):

Emergency/temporary accommodation:

Other:

Unknown/not tracked

4. How long have these children been in your country? (check appropriate answer)

Less than 6 months

6-12 months

1-2 years

More than 2 years

Section 2: Education Access and Quality

5. Current educational enrolment by type and gender

Pre-school (in-person education in the host state) (ages 3-5)

Mainstream inclusive: Female: Male: Other/Not specified

Special education: Female: Male: Other/Not specified

Primary education (in-person education in the host state) (ages 6-10)

Mainstream inclusive: Female: Male: Other/Not specified

Special education: Female: Male: Other/Not specified

Secondary education (in-person education in the host state) (ages 11-17)

Mainstream inclusive: Female: Male: Other/Not specified

Special education: Female: Male: Other/Not specified

Vocational training: Female: Male: Other/Not specified

Other arrangements

Home-schooled: Female: Male: Other/Not specified

Following online Ukrainian curriculum: Female: Male: Other/Not specified

Not in formal education: Female: Male: Other/Not specified

6. For children not following any formal education, what are the primary barriers? (Check all that apply.)

Language barriers

Lack of accessible facilities

Insufficient specialised support

Documentation issues

Transportation challenges

Disability not recognised/assessed

Waiting for placement

Other

Unknown/not tracked

7. Educational support mechanisms

Individual Education Plans (IEPs) available: Yes No

Number of children with IEPs:

Ukrainian language instruction available: Yes No

Minority languages instruction available: Yes No

Specialised disability support staff: Yes No

Assistive technology in schools: Yes No

Unknown/not tracked

Section 3: Healthcare Access and Services

8. Healthcare entitlements (check all that apply)

Free general healthcare (same as citizens)

Free emergency care only

Subsidised general healthcare

Free medications

Subsidised medications

Rehabilitation services

Habilitation services

Mental health services

Specialised disability services

Sexual and reproductive health services (age-appropriate)

Dental care

Vision/hearing screening and services

Other

Unknown/not tracked

Section 4: Protection from Violence, Abuse, and Neglect

9. Available protection mechanisms (check all that apply)

Child helplines in the Ukrainian language

Child helplines in minority languages spoken in Ukraine

Online advice platforms in Ukrainian

Online advice platforms in minority languages used in Ukraine

Ukrainian-speaking social workers

Ukrainian minority language-speaking social workers

Professional interpreters for child protection

Disability-trained child protection staff

Mandatory reporting systems

Regular welfare checks/monitoring

Accessible complaint mechanisms

Trauma-informed care training for staff

Other

Unknown/not tracked

10. Safeguarding concerns and responses

Number of reported incidents in the past 12 months:

Unknown/not tracked

Number of children moved due to safeguarding concerns:

Unknown/not tracked

Are background checks required for all caregivers? Yes No

Unknown/not tracked

11. Do children have access to independent advocates?

Yes, all children

Yes, some children

No

Unknown/not tracked

Section 5: Legal Status and Social Protection

12. Legal guardianship arrangements (please insert numbers)

Ukrainian guardians were recognised by the host state for: ___ children

Guardians appointed by the host state for: ___ children

Temporary guardians appointed by the host state for: ___ children

No guardian recognised/appointed by the host state for: ___ children

Unknown/not tracked

13. Have all children received comprehensive disability assessments in your country?

Yes, all; Yes, most; Yes, some; No, few; No, none

14. Is eligibility for social assistance determined by disability assessment and certification in the child's home country (Ukraine) or host country?

Home country (Ukraine) Yes/ No Host Country Yes/ No

15. What social assistance benefits are children with disabilities eligible for?

Disability allowance

Housing support

Food assistance

Clothing/personal items allowance

Transportation support

Other, please specify

Unknown/ not tracked

16. Documentation and legal status of children of Ukraine with disabilities in your country

Number of children of Ukraine with disabilities with recognised refugee status: Female: Male: Other/Not specified:

Number of children of Ukraine with disabilities with temporary protection status: Female: Male: Other/Not specified:

Number of children of Ukraine with disabilities with pending applications: Female: Male: Other/Not specified:

Number of children of Ukraine with disabilities without legal documentation: Female: Male: Other/Not specified

Section 6: Assistive Technology and Equipment

17. How do children of Ukraine with disabilities access assistive devices? (check all that apply)

Free provision through public health services

Through NGOs/charities

Private donations

Reimbursement schemes

Rental/loan programs

Other

Unknown/not tracked

18. What are the main barriers to accessing assistive technology?

Cost/funding limitations

Long waiting lists

Lack of assessment services

Limited availability of devices

Lack of training on device use

Maintenance/repair challenges

Other

Unknown/ not tracked

Section 7: Cultural Identity and Community Support

19. Ukrainian language and culture support (check all that apply and provide details)

Ukrainian language:

Classes in other minority languages spoken in Ukraine

Cultural celebrations:

Ukrainian community centres:

Ukrainian books/media:

Minority languages books/media

Connection with Ukrainian community: Yes / No

Religious services in Ukrainian:

Religious services in minority languages: Available / Not Available

Other:

Unknown/ not tracked

Section 8: Coordination and Case Management

20. Who is the primary person/ agency responsible for coordinating and monitoring services for children with disabilities?

National government ministry

Regional/local authorities

NGO/charitable organisation

Multiple agencies (specify)

Unknown/not tracked

21. How often are care plans reviewed?

Monthly

Quarterly

Bi-annually

Annually

As needed

Not reviewed

Unknown/ Not tracked

22. Is there a centralised database/tracking system for children with disabilities?

Yes / No / Under development/ Unknown/ Not tracked

Section 9: Capacity and Resources

23. Staffing adequacy

Are there sufficient social workers? Yes / No

Are there enough specialised disability staff? Yes / No

Are there sufficient Ukrainian-speaking Yes / No

Are there sufficient minority language-speaking staff?

Unknown/ Not tracked

24. Training needs for staff working with these children

Disability awareness training

Trauma-informed care

Cultural competency

Ukrainian and/or minority languages

Child protection

Communication methods

Other

Section 10: Challenges and Support Needs

25. Most urgent gaps/challenges (rank top 5 in order of priority)

Adequate housing/care placements

Specialised healthcare services

Educational support and inclusion

Assistive technology access

Qualified interpreters/Ukrainian speakers

Qualified interpreters or minority languages speakers

Foster families with disability experience

Funding/financial resources

Staff training and capacity

Coordination between agencies

Legal/documentation issues

Cultural/community connections

Mental health services

Other:

Unknown/ Not Tracked

26. What additional support would be most helpful? (rank in order of priority using numbers)

Financial assistance/funding

Technical expertise/guidance

Training programmes for staff

Policy guidance/frameworks

Equipment/assistive technology

Personnel/staffing support

Coordination mechanisms

Other, please specify

Section 11: Future Planning and Transition

27. For children approaching 18, what transition planning is available?

Independent living skills training

Further education support

Employment preparation

Continued care arrangements

Housing support

Other:

Unknown/ Not Tracked

28. When children of Ukraine with disabilities in your context reach the age of 18, what typically happens to them in terms of care, services, and legal protection?

They continue receiving disability-related support and services

They are transferred to adult disability or social protection services

They lose access to child-specific protections and services

They face increased risks of exclusion, homelessness, or exploitation

There is no clear transition policy or support mechanism in place

Other, please specify

Unknown/ not tracked

Section 12. National Legislation for Children with Disabilities

29. Has your country adopted specific legislation addressing the rights and needs of children with disabilities?

Yes, comprehensive legislation, please share the text of the legislation (in English if available).

Yes, partial provisions, please list the name(s) relevant legislation.

No specific legislation

Under development

Unknown/Not tracked

30. Do the legislative provisions apply to migrant and refugee children with disabilities?

Yes/ No

31. Additional comments or information:

Annex B: Survey Template for Children

***My Experience Survey* for children of Ukraine with disabilities living in Ukraine or living in a host country**

We Want to Hear from You!

The governments of Ukraine and other European countries want to help children and young people like you have a happy and good life.

To do this, they need to know how you are doing and what support you need to do this.

This survey will help us understand what life is like for you.

We will write a report using what you tell us.
We will share this report with the governments so they can make services better for you.

We won't tell anyone your name or where you live.

*This is called being **anonymous**.*

It means your answers are private, and no one will know it was you.

You can feel safe.

Thank you for telling us about your life!

You are helping make things better for children and young people like you.

About You

How old are you?

- ☐ 6-8 years old
- ☐ 9-12 years old
- ☐ 13-15 years old
- ☐ 16-17 years old

I am:

- ☐ A girl
- ☐ A boy
- ☐ Other

How I Feel

Most days I feel:

- ☐ Happy
- ☐ Okay
- ☐ Sad
- ☐ Worried
- ☐ Angry

The best thing about where I live now is:

Something that makes me worried is:

My Home

I live in Ukraine

OR

I live in _____ (host country)

Where do I live?

- ☐ With my family (parents, grandparents or other extended family members)
- ☐ With a foster family
- ☐ In a group home with other children
- ☐ In a bigger residential care facility
- ☐ Other:

I feel safe where I live:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Not often

The adults who take care of me are kind:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Not often

I like the place where I live:

- ☐ I love it
- ☐ I like it
- ☐ It's okay
- ☐ I don't like it

School and Learning

Do you go to school?

- ☐ Yes, every day
- ☐ Yes, sometimes
- ☐ No, but I want to
- ☐ No, and I don't want to

At school, I feel:

- ☐ Happy and included
- ☐ Okay [neutral]
- ☐ Left out or different
- ☐ Scared or worried

I get help when I need it at school:

- ☐ Always
- ☐ Sometimes
- ☐ Not often
- ☐ Never

Other kids are friendly to me:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Not often

What I like most about school:

What is hard for me at school:

My Health

When I need to see a doctor or nurse:

- ☐ It's easy to get help
- ☐ Sometimes it takes a while
- ☐ It's hard to get help
- ☐ I don't know

If I need special equipment (like glasses, hearing aids, or a wheelchair), I can get it:

- ☐ Yes, easily
- ☐ Yes, but it takes time
- ☐ It's very hard
- ☐ I don't need any special equipment

I understand what doctors and nurses tell me:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Almost never

Language and Culture

People I live with can speak my language:

- ☐ All the time
- ☐ Sometimes
- ☐ Almost never
- ☐ Never

I can celebrate my holidays and traditions:

- ☐ Yes, often
- ☐ Sometimes
- ☐ Almost never
- ☐ Never

I have books, music, or movies from my home country:

- ☐ Yes, many
- ☐ Yes, some
- ☐ Very few
- ☐ None

I feel connected to my culture:

- ☐ Very much
- ☐ Yes
- ☐ A little
- ☐ Not at all

Getting Help

When I have a problem, I can talk to someone:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Almost never

If someone is mean to me, I know who to tell:

- ☐ Yes
- ☐ Not sure
- ☐ No

Adults listen to what I say:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Almost never

I know how to ask for help when I need it:

- ☐ Yes, always
- ☐ Yes, usually
- ☐ Sometimes
- ☐ No, I don't know how

My Daily Life

I have enough food:

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Not often

I have clothes that fit me well:

- ☐ Yes, plenty
- ☐ Yes, enough
- ☐ Some, but I need more
- ☐ No, I need clothes

I have my own space and things:

- ☐ Yes, lots of space and things
- ☐ Yes, enough
- ☐ A little, but I want more
- ☐ No, not really

I have time to rest and relax:

- ☐ Yes, plenty of time
- ☐ Yes, enough time
- ☐ A little time
- ☐ No, I'm always busy

My Wishes

What would make me happier?

What do I want to be when I grow up?

If I could change one thing, it would be:

Something I want adults to know is:

My biggest dream is:

Thank You!

Your answers will help us make things better for you and other children.

Would you like to draw a picture of your experience?

- ☐ Yes
- ☐ No

Draw your picture here:

[Large empty box for drawing]

What does your picture show?

Survey completed with help from: _____ Date: _____

How did you feel about answering these questions?

- ☐ Good
- ☐ Okay
- ☐ It made me sad
- ☐ It made me worried

If you felt sad or worried, please talk to a trusted adult.

Annex C Synthesis Report: "My Experience Survey" for Children of Ukraine with Disabilities – Ukraine

Introduction

17 Ukrainian children with disabilities, ranging in age from six to seventeen, participated in a comprehensive survey about their daily lives during wartime. Their responses paint a complex picture of resilience amid ongoing challenges, revealing how the war shapes everything from their daily routines to their deepest dreams for the future.

The participants include 12 girls and five boys living in Ukraine with their biological families, adoptive families or foster care arrangements. Their ages span from early childhood through late adolescence, with half falling between nine and 12 years old, providing insights across different developmental stages during this unprecedented time. The children come from various regions across Ukraine, from the relative safety of western areas like Lviv to more threatened eastern regions, including Kharkiv, where bombardment remains a constant threat.

Living Through War

The psychological impact of the ongoing war permeates nearly every aspect of these children's lives, manifesting differently based on age, location, and individual circumstances. While some manage to maintain happiness and hope, others struggle with the constant threat of violence and separation from loved ones.

For younger children in safer areas, simple certainties provide comfort. One girl aged nine-12 finds solace in family presence, stating, "*The best thing about where I live now is that my mother, father, and my friends are around*." This sentiment repeatedly appears across responses, where family presence is the strongest anchor in an uncertain world.

However, the war takes a psychological toll. Air raid alerts create persistent anxiety, as one child simply notes that a lot of air raid alerts make them worried. A six-year-old boy describes his worry about explosions, while a nine-year-old girl mentions her concern about many explosions and the need to sit in a basement. The physical reality of seeking shelter has become normalised yet traumatic for these young lives.

The separation from military fathers cuts particularly deep. One young girl's wish captures this pain powerfully. She says, "*I wish my daddy were at home (he is a military man)*." This family fragmentation adds another layer of stress to children already managing disability-related challenges.

The most concerning responses come from teenagers, particularly those in heavily affected areas. The oldest respondent from Kharkiv presents an alarming picture, reporting feeling worried and angry most days. Her blunt reply, "Nothing!!!" when asked about the best thing about her living situation, speaks volumes about the depth of trauma experienced by some children in the most dangerous regions.

Despite these challenges, most children report feeling safe in their homes most of the time rather than always, indicating a baseline level of security tempered by wartime unpredictability. This qualified sense of safety reflects the complex reality of maintaining family stability while living under threat.

Disability-Related Challenges and Social Barriers

Beyond the universal challenges of war, these children face additional barriers due to societal attitudes toward disability. Eloquent testimony comes from a young girl who describes her concern about "*How strangers react to my disability, how they comment on it in an untactful manner as if I do not hear it and how the seniors give advice to my parents in public transport regarding my 'sickness.'*"

This same child expresses her desire for "[A] *social conscience, so disability was perceived as part of human diversity, not as something which requires the pity or isolation.*" Her message to adults carries significant weight, "*Disability does not impede a fulfilled and happy life*."

One young child's response when asked what they would like adults to know is powerfully simple, "*I exist*."

The practical challenges of obtaining necessary equipment compound these social barriers. Most children report significant difficulties accessing assistive devices, with half describing the process as very hard. This indicates systemic gaps in disability support services that have likely worsened due to wartime disruptions to healthcare and social services.

These accessibility challenges extend beyond equipment to daily social interactions, where children must navigate not only physical barriers but also societal misconceptions about disability. The combination of wartime stress and disability stigma creates a particularly complex environment for these young people to navigate.

School

Educational experiences reveal both the potential for schools to serve as refuges and the ways war disrupts even these relatively safe spaces. Most children who regularly attend school report feeling happy and included, suggesting that educational environments may offer some respite from broader social stigmas. One child particularly enjoys "*How the teacher explains during the classes and playing with classmates during the breaks*," highlighting the importance of both academic support and social connection.

A thirteen-year-old girl enthusiastically reports feeling happy and included at school and particularly enjoys school plays, while a nine-year-old girl enjoys music class. These responses suggest that creative and performance activities provide important emotional outlets during difficult times.

However, wartime realities intrude even into educational spaces. Children describe the difficulty of "sitting in a bomb shelter" during school hours and practical challenges like overcrowded canteens where "*All children from school gather there and are pushing so hard that it is impossible to eat.*" These details reveal how war transforms even routine school activities into potential sources of stress for children who may already face mobility or sensory challenges.

School attendance has become irregular for many, with disruptions affecting educational continuity. This presents both immediate academic challenges and long-term concerns for these children's development and future prospects. Some children feel left out or different at school and struggle with both social dynamics and academic subjects, indicating that while educational institutions continue to function, they may not always provide adequate support for children with disabilities during these difficult times.

Healthcare

Healthcare is a key area of concern, with access and communication barriers creating significant challenges. While some children report easy access to medical care, others face notable delays or difficulties. The differences in healthcare experiences likely reflect geographic disparities within Ukraine and the impact of wartime conditions on healthcare systems.

Even more concerning is the communication gap between children and healthcare professionals. Many children say that they only sometimes understand what doctors and nurses tell them, showing a healthcare system that struggles to provide disability-friendly communication. This obstacle is especially worrying because children with disabilities often need more complex medical care and clearer health information.

The finding suggests that healthcare providers may lack training in communicating effectively with children with disabilities, a problem that wartime pressures on medical services have likely exacerbated. For children who depend on specialised equipment or regular medical monitoring, these communication gaps can have serious implications for their health and well-being.

Hopes and Dreams

Perhaps most poignantly, the children's wishes and dreams reveal both the immediate impact of war and their enduring hope for the future. The youngest participants often express their desires in the simplest terms. When asked what would make him happier and what his biggest dream was, a six-year-old boy asked for peace both times. A nine-year-old girl echoes this sentiment, naming peace her greatest dream.

The most common wish expressed across all age groups is to end the war and achieve family reunification. Children dream of a world without war and a happy and peaceful childhood. These fundamental desires for safety and normalcy underscore how profoundly the war has disrupted their developmental experiences.

Yet even as they long for peace, these children maintain diverse aspirations for their futures. Their career ambitions span a remarkable range, from artistic pursuits such as painting and music to service roles in law enforcement, entertainment careers, and practical trades like sewing. One boy dreams of becoming a footballer, while another envisions himself as a train driver. A thirteen-year-old girl aspires to become an actress and singer, dreaming of appearing on The Voice television show.

One sixteen-year-old hopes to work as a translator and extracurricular teacher, and expresses strong feelings about Ukraine's future, with her biggest dream centring on Ukraine's development. This shows how personal aspirations have become intertwined with national hopes for recovery and growth.

These aspirations do not represent resignation to limited possibilities but rather embrace expansive visions of future potential. The children's ability to maintain hope and plan for diverse futures demonstrates remarkable resilience in the face of current challenges.

Identity and Connection

Despite the disruption in their lives, all participants maintain strong ties to Ukrainian culture and language. They report that the people they live with can speak their language all the time, and most have access to books, music, and films from their homeland. This cultural continuity offers vital stability and reinforces their sense of identity during a period when so much else feels uncertain.

The ability to celebrate holidays and traditions varies somewhat among participants, with some being able to do so often while others manage only sometimes. However, all express feeling connected to their culture to varying degrees, suggesting that cultural identity remains a source of strength and continuity even as other aspects of life remain disrupted.

Age-Specific Patterns

The youngest children in the survey demonstrate remarkable resilience and optimism. Their responses tend to be straightforward and immediate, focusing on family safety and simple pleasures. They clearly state their needs and wish without the complex layering of trauma evident in older children's responses.

Children in the middle age range, particularly those aged 9-12, often provide the most detailed and articulate responses. This group includes the strongest advocates for disability rights and social change, demonstrating a sophisticated understanding of social issues while maintaining strong family ties and balanced perspectives on their challenges.

The teenagers in the survey, especially those aged 13-17, display more concerning patterns of heightened worry, anger, and isolation. Their responses indicate they may be carrying a heavier psychological load, possibly due to increased awareness of their situations coupled with developmental challenges typical of adolescence, now complicated by war trauma.

Some older children find it difficult to express their wishes. A sixteen-year-old boy consistently replies with "I don't know" to questions about his future, possibly indicating emotional overwhelm or difficulty processing his current circumstances amidst an uncertain future.

Gender and Geographic Patterns

The girls in this survey demonstrate remarkable eloquence when expressing complex emotions about disability stigma and social justice. They tend to provide more detailed responses and display stronger connections to

cultural identity. Their advocacy for disability rights and social change indicates a sophisticated understanding of their societal position.

While equally thoughtful, the boys tend to focus more on practical aspirations and concrete goals. Their responses are often more concise and action-oriented, emphasising family connections and future career possibilities.

Geographic location within Ukraine clearly affects children's experiences. Those in eastern regions, especially Kharkiv, report higher levels of anxiety and more severe disruptions to daily routines. The ongoing threat of bombardment creates a constant atmosphere of stress that permeates their responses.

Children in western Ukraine, while still affected by the broader impacts of war, report feeling generally safer and maintaining more regular routines. However, even in these relatively secure areas, the war's psychological effects remain evident in children's worries and persistent dreams for peace.

Support Systems and Daily Life

The children's responses reveal generally functioning support systems, though with notable gaps. Most report that adults listen to what they say and that they can talk to someone when they have problems, though the consistency of this support varies. Family relationships appear to be the strongest source of stability, with children repeatedly emphasising the importance of parental presence and care.

Practical needs like food, clothing, and shelter are adequately met across all participants, with everyone reporting having enough food always and sufficient clothing. This suggests that despite wartime challenges, basic material needs are being addressed through family resources and support systems.

However, access to specialised support varies considerably. Some children have difficulty accessing help when needed, and communication with support providers is inconsistent. These gaps in support systems may reflect both the general strain war places on social services and specific challenges related to disability support.

Conclusion

These seventeen voices offer a window into the lived experiences of children with disabilities living in Ukraine during wartime. Their responses reveal extraordinary resilience alongside genuine struggle, hope for the future tempered by immediate fears of air raids and family separation, and the persistent human capacity to dream of better days even in the darkest circumstances.

While their basic needs are largely being met through family and community support, the psychological and social impacts of ongoing war permeate every aspect of their lives. The additional burden of navigating disability in a society that often misunderstands or stigmatises difference compounds their challenges; yet also reveals their remarkable strength and wisdom.

Most striking is how consistently these children express a simple yet profound desire for peace, regardless of age or location. From the six-year-old who draws pictures of peace to the teenager who dreams of Ukraine's development, their responses remind us that behind every conflict statistic are individual young people whose childhood experiences are being shaped by forces far beyond their control.

Their testimonies highlight urgent needs for trauma-informed mental health support, improved healthcare communication, continued educational inclusion, and broader social change regarding disability attitudes. Most importantly, these children's insights into disability, resilience, and hope provide valuable guidance for anyone working to support them. As one young advocate powerfully states, "*Disability does not impede a fulfilled and happy life,*" even in the most challenging circumstances. Their voices demand our attention and action to create the peaceful, inclusive world they envision and deserve.

Annex D Synthesis Report: "My Experience Survey" for Children of Ukraine with Disabilities – Poland

Introduction

In this section, synthesised responses from five Ukrainian children with disabilities, ages 6-12, currently living in Poland, are presented. The survey captures their experiences across housing, education, health, culture, and daily life, providing insights into their adaptation and well-being in their host country. The group includes three girls and two boys, with two children in the 6-8 age range and three in the 9-12 age range.

A Portrait of Resilience Amid Displacement

The five children surveyed illustrate remarkable resilience despite ongoing displacement challenges. Most say they feel happy on most days, yet their responses reveal the complex emotional landscape of young people adapting to life far from home. Their stories highlight both the successes and struggles of integration in Poland.

The youngest respondent, a boy aged 6 to 8, effectively captures the duality of his experience. While he describes feeling *"great"* most days and enjoys where he lives, mentioning *"a basketball court, people"* as the best aspects of his current situation, his deepest worry reveals the trauma that shadows even the happiest moments: *"Mom will be killed."* This haunting concern about family safety shows how the war's impact permeates even positive adaptation experiences.

Educational Journeys and Social Integration

School experiences vary greatly among children, often reflecting their age and personal circumstances. The educational environment serves as a key space for integration but also presents some of the most significant challenges these children encounter.

For some, school means acceptance and personal development. A girl aged 9-12 living in Poland feels *"Happy and included"* at school and appreciates the *"Kind teachers"* who support her. She enjoys the *"common room"* and can always get help. Similarly, a boy aged 6-8 in kindergarten loves the *"Food, [and that] I can bring toys,"* and generally feels supported by adults there.

However, other children struggle with social isolation and academic pressure. A 6–8-year old girl poignantly describes her difficulties: *"When I was called names or children did not make friends with me."* She feels *"Left out or different"* at school and expresses uncertainty about whom to tell when someone is mean to her. This social exclusion adds to the challenges of cultural adaptation.

The academic environment can be quite stressful. One girl aged 9 to 12 feels *"Scared or worried"* at school, specifically mentioning *"Scream / Yelling of a teacher"* as particularly hard to cope with. For another child, *"Grades at school"* serve as a continual source of worry, indicating that academic pressure increases displacement stress.

Healthcare Navigation and Physical Needs

Healthcare access presents a mixed picture for these children. While most do not require specialised medical equipment or assistive technologies, the system's responsiveness varies. Generally, families find that medical appointments require patience, with most reporting it *"sometimes takes a while"* to access care. For children who do need special equipment, the challenges can be more significant, with one girl indicating it's *"very hard"* to obtain necessary items.

Despite these systemic challenges, the children's basic physical needs are being met comprehensively. All report having enough food *"Always"* and adequate clothing. This foundation of material security provides stability even as they navigate other adaptation challenges.

Cultural Identity and Connection

One of the most positive aspects of these children's experiences is preserving their cultural identity. All live in environments where their native language is spoken regularly, with caregivers who can communicate with them *"all the time"* in their language. They consistently report being able to celebrate their holidays and traditions *"often,"* indicating that their host families and communities support cultural preservation.

However, access to Ukrainian cultural materials varies widely. While one child has *"many"* books, music, and movies from Ukraine, others have only *"some"* or *"very few."* This disparity may influence their ongoing connection to their culture and their sense of identity development during these formative years.

Dreams Shaped by Displacement

The children's aspirations reveal how displacement has shaped their perspectives while maintaining typical childhood dreams. Their career aspirations range from creative pursuits to practical goals. One girl aged 9-12 repeatedly mentions wanting to become *"A painter,"* expressing this dream both as what she wants to be when she grows up and her *"biggest dream."* Another girl aspires to be *"A Confectioner, an actress,"* while a boy aged 6-8 dreams of becoming *"A football player"* and wants to *"quickly become a football player."*

One boy's wishes include technology, with *"iPhone"* and *"iPhone 16"* symbolising immediate desires and long-term dreams. For others, aspirations focus on family reunification and security. One girl's most heartfelt wish is *"To meet my grandfather, grandmother, and my niece too,"* while another simply hopes that *"everybody would make friends with me, and the Ukrainians were around (close)."*

Perhaps most poignantly, one girl expresses the desire to *"Learn to walk,"* indicating that her disability adds another layer of challenge to her displacement experience. Her wish for *"my own space and meeting with grandmother and grandfather"* combines immediate practical needs with deep emotional longings.

Living Situations and Personal Space

Although all children feel safe in their current living arrangements, personal space remains a significant concern, especially for older children. Most live with families in what seem to be private housing setups, though the details vary. One child lives *"with a family in a rented flat"* in Krakow, while others mention living with family members.

The challenge of adequate personal space affects their sense of autonomy and privacy. One 9-12 year old girl reports having *"No, not really"* her own space and things, and identifies having *"my own space"* as something that would make her happier. Others indicate having only *"a little, but I want more"* personal space, suggesting that crowded living conditions may impact their well-being.

Age and Gender Patterns in Adaptation

Younger children tend to voice more immediate, concrete concerns about safety and material needs. The 6-8-year-old boy who dreams of buying *"a house"* illustrates how displacement has made housing security a conscious concern even for very young children. These younger respondents also demonstrate more direct emotional expression regarding fears for family safety.

Older children show more complex emotional reactions to their circumstances and have a greater awareness of social dynamics and academic pressures. They express more sophisticated concerns about peer relationships

and educational challenges, while also demonstrating a deeper understanding of their cultural identity and family separation.

Gender patterns also appear in their responses. The girls more often express desires for family reunification and show greater concern for social relationships and inclusion. They also more frequently aspire to caregiving or nurturing roles. The boys tend to focus more on physical activities, technology, and material objectives, although all children demonstrate the impact of displacement in their dreams and worries.

Moving Forward

These five children's voices reveal both the remarkable adaptability of young people and the ongoing needs that displacement creates. Their stories demonstrate successful preservation of cultural identity and establishing physical safety, while highlighting continued challenges in social integration, educational support, and family connection. Their resilience shines through their optimism and clear aspirations for the future, even as their responses reveal the complex emotional work of adaptation they continue to navigate daily.

The children's ability to share their struggles and hopes provides valuable insight into supportive strategies that respect their cultural identity while helping them integrate into new communities. Their voices act as powerful reminders that behind policy discussions about support to war-affected children are individual children striving to build new lives while preserving their Ukrainian heritage and family bonds.

Annex E Member State Survey Analysis: Austria

Country Name: Austria

Survey completed by: The Coordination unit for Ukrainian refugees of the Ministry of the Interior

Date: 2 July 2025, updated on 2 March 2026

Executive Summary

This survey from Austria reveals significant challenges in supporting children of Ukraine with disabilities, with substantial data gaps hindering comprehensive assessment. While Austria provides basic healthcare and educational entitlements, the lack of systematic tracking creates blind spots in understanding this vulnerable population's full needs and protection gaps.

Demographics and Current Situation

Austria hosted 462 children from Ukraine with severe disabilities receiving increased family allowances as of June 2025, though most appear to have parental care. Additionally, 315 Ukrainian children aged 0-17 hold Austrian disability identity cards, with unknown care arrangements. The age breakdown shows higher numbers of male children across all age groups, with the 6-10 age group being the largest (113 children total).

As of December 2025, the number of children from Ukraine with severe disabilities receiving increased family allowances decreased to 200. The reason behind this drop in numbers is that on 1 November 2025, new requirements for family allowance were introduced. Since then, receiving family allowance has been linked to ongoing employment or registration with the AMS (Public Employment Service Austria). This means that all displaced persons had to submit a new application to the federal department of finance, in order to continue receiving benefits.

However, there is an exception for parents of children with disabilities who receive increased family allowance. They are exempt from the additional requirement of registering with the AMS or being in ongoing employment. Due to the need to reapply, there have been and continue to be gaps in provision, as the responsible department of finance has received numerous applications at the same time.

For newly arrived families with children with disabilities, however, the new regulation also means additional bureaucratic hurdles. In addition to the medical reports that must be obtained or confirmed by healthcare professionals, the AMS has to confirm that these families are excepted from the additional requirements before an application can be submitted to the federal department of finance.

Data Gap: The survey cannot determine the number of children who arrived without parental care, a fundamental requirement for targeted support services.

Institutional Care Context

A unique aspect of Austria's response involves 83 evacuated children from Ukrainian care institutions and orphanages in two provinces. These children maintain their original care structures, with Ukrainian directors retaining custody.

In Tyrol, there have been isolated cases of children returning to Ukraine in the past. Recently, however, the children have refused to return to Ukraine, and this has been accepted by the Ukrainian authorities. There is currently no information regarding the return of the facilities in Tyrol and Upper Austria

However, some institutions have begun returning to Ukraine, including a complete orphanage with 52 children (including those with severe disabilities) in June 2025.

In September 2025, the association "Kleine Herzen" visited the facility from Burgenland, that had returned to Ukraine. As of September 2025, 15 children were still in the care of the facility while 37 children had been adopted or taken in by foster families

Education Access Challenges

The survey revealed gaps in educational data. While children are entitled to nine years of compulsory education with transportation support, no enrolment numbers are provided across any educational category. More broadly, there is a general lack of comprehensive and disaggregated data in the field of education and children with disabilities. Identified barriers include:

- Language barriers
- Lack of accessible facilities
- Transportation challenges

Data Gap: Complete absence of educational enrolment statistics prevents assessment of inclusion effectiveness or identification of children not receiving education.

Healthcare and Social Protection

Austria provides relatively comprehensive healthcare coverage, including:

- Free general healthcare equivalent to that of citizens
- Free medications
- Rehabilitation services

However, these services are not always fully accessible in practice, due to physical, communication, and systemic barriers. For example, due to limited financial and human resources, waiting times for mental health care can be very long in Austria. This can lead to a deterioration of a person's health, which is particularly harmful for children.

Furthermore, beneficiaries of temporary protection have no right to disability allowance, creating a two-tier system where some children receive enhanced support while others face limitations.

Protection and Safeguarding Concerns

The protection framework shows mixed coverage with Ukrainian-language helplines and online platforms available, but lacks:

- Ukrainian-speaking social workers
- Disability-trained child protection staff

Regular welfare monitoring

Data Gap: No tracking of safeguarding incidents or protection responses, creating significant accountability blind spots.

Legal Status and Documentation

83 children have recognised Ukrainian guardians, with zero appointed by Austrian authorities. This suggests reliance on existing Ukrainian care structures rather than integration into Austrian child protection systems.

Data Gap: The absence of data on the legal documentation status (temporary protection or pending applications) prevents an assessment of legal vulnerabilities.

Service Coordination and Quality

Austria employs a multi-level coordination approach involving the national government and regional authorities. However, several concerning gaps emerge:

- No centralised database for tracking children with disabilities and overall, data on children with disabilities is very limited
- No systematic care plan reviews
- Insufficient specialised disability staff

Transition Planning

For children approaching 18, Austria provides limited transition support across all areas (independent living, education, employment, housing). Most importantly, children lose access to child-specific protections at 18 without a clear transition policy, creating gaps in support.

Legislative Framework

Austria has constitutional provisions that guarantee equal treatment of children with and without disabilities, but gaps in implementation remain, especially in education. These provisions do not cover children with disabilities seeking temporary protection, causing legal protection gaps.

Priority Challenges and Resource Needs

The survey identifies multiple urgent needs but does not provide a prioritisation ranking, limiting strategic planning capability. Key challenges include staffing shortages in specialised disability services and the need for enhanced training in disability awareness, child protection, and communication methods.

Recommendations for Addressing Data Gaps

1. Immediate Data Collection: Establish systematic tracking of children without parental care, educational enrolment, and safeguarding incidents

2. Centralised Database: Develop a comprehensive tracking system for all children of Ukraine with disabilities

3. Regular Assessments: Implement quarterly care plan reviews and annual needs assessments

4. Legal Status Documentation: Survey legal documentation status to identify protection gaps

5. Outcome Monitoring: Track transition outcomes for children ageing out of care

6. Service Utilisation Data: Monitor healthcare, education, and social service usage patterns

Conclusion

While Austria demonstrates a commitment to supporting children of Ukraine with disabilities through healthcare access and institutional care arrangements, critical data gaps prevent a comprehensive assessment of needs, protection effectiveness, and service quality. The absence of systematic tracking, particularly for children without parental care, creates significant risks for this vulnerable population. Immediate investment in data collection and monitoring systems is essential to ensure adequate protection and support.

Additional comment from the survey responders

In view of the current expiry of the Displaced Persons Ordinance in March 2028, families with children with disabilities need prospects for staying in Austria. On the one hand, switching to the national residence permit RWR+ is not a realistic option for this group due to the high threshold requirements for granting it. On the other hand, returning to Ukraine is also not a realistic option for many families, as even if the war in Ukraine ends, adequate care and support will not be available immediately. It will take years to rebuild an adequate care structure (including medical, educational, and nursing care).

Annex F Member State Survey Analysis: The Republic of Moldova

Country Name: Republic of Moldova

Survey completed by: The Ministry of Labour and Social Protection, with the support of the Ministry of Internal Affairs, the Ministry of Health and the Ministry of Education and Research.

Date: 2 July 2025, updated on 23 February 2026

Executive Summary

This report examines the Republic of Moldova survey data concerning children of Ukraine with disabilities. The data highlights significant challenges in service provision, especially in language support and comprehensive disability evaluations, while also emphasising the Republic of Moldova's dedication to offering basic services and protective mechanisms for this vulnerable group.

Demographics and Current Situation

At the time of drafting of this report, the Republic of Moldova hosted 35 children of Ukraine with disabilities who arrived with parental care, with most having been in the country for more than two years, indicating these are established cases rather than recent arrivals. The disability profile includes physical disabilities, intellectual disabilities, and sensory impairments affecting both vision and hearing, though notably no children were reported with psycho-social disabilities, multiple disabilities, or autism spectrum disorders.

The living arrangements show a mixed approach to care provision. Children are placed across various settings, including large residential facilities (11-25 children), specialised and general foster care, kinship care, and emergency accommodation. This diversity suggests flexibility in placement options, though the reliance on larger residential settings may raise concerns about individualised care approaches.

Healthcare Access and Entitlements

The Republic of Moldova provides these children a comprehensive healthcare safety net, including free emergency care, medications, mental health services, and vision/hearing screening. Additional services encompass primary healthcare, outpatient specialised medical care, and age-appropriate sexual and reproductive health services. However, a critical gap exists in comprehensive disability assessments, with few children receiving proper evaluations within the Republic of Moldova's formal disability determination system.

The healthcare approach appears to prioritise immediate needs and basic services while struggling with the more complex requirement of formal disability recognition and assessment. This gap has significant implications for long-term service planning and benefit eligibility.

Protection Mechanisms and Safeguarding

The Republic of Moldova has established robust child protection systems specifically addressing the needs of children of Ukraine with disabilities. These include professional interpreters, disability-trained child protection staff, mandatory reporting systems, regular welfare monitoring, accessible complaint mechanisms, and trauma-informed care training for staff.

The protection framework demonstrates cultural sensitivity through language accommodation and specialised training, indicating awareness of the unique vulnerabilities faced by displaced children with disabilities. However, the survey reveals that safeguarding incident data is not systematically tracked, which limits the ability to assess the effectiveness of these protection mechanisms and identify emerging risks.

Legal Status and Social Protection

In accordance with Moldovan legislation, children in risk situations benefit from social protection without any discrimination, irrespective of any criteria. These children include foreign or stateless children who have entered the territory of the Republic of Moldova without being accompanied by an adult who is legally responsible for them or who have been left in the territory of the Republic of Moldova without legal documentation. However, for the purposes of this research, no Ukrainian children with disabilities were without parental care[18].

The Republic of Moldova provides comprehensive social assistance benefits including disability allowances, housing support, food assistance, clothing allowances, transportation support, assistive devices, and medications. Eligibility is determined through host country assessments rather than relying on Ukrainian documentation, demonstrating the Republic of Moldova's commitment to ensuring access to support services.

Assistive Technology and Equipment Access

Children access assistive devices through public health services and CSO partnerships, providing multiple pathways for equipment acquisition. However, significant barriers persist including cost limitations, device availability constraints, inadequate training on device use, and maintenance challenges. These barriers suggest that while basic access exists, the system struggles with sustainability and comprehensive support for assistive technology users.

18. In accordance with the provisions of Law No. 370/2023 on the rights of the child, in the Republic of Moldova, children enjoy protection without any discrimination, regardless of race, colour, sex, language, religion, political or other opinions, regardless of citizenship, ethnic or social origin, status by birth, material situation, degree and type of disability, specific aspects of their upbringing and education, their parents or legal representatives/guardians, regardless of their location (family, educational institution, social service, medical institution, community, etc.) or any other criterion.
It should also be noted that Law No. 140/2013 on the special protection of children at risk and children separated from their parents the category of foreign or stateless children who entered the territory of the Republic of Moldova without being accompanied by an adult who is legally responsible for them or who were left on the territory of the Republic of Moldova without a legal document was expressly regulated as a category of children at risk.
In the case of these children, the intersectoral cooperation mechanism applies, according to which children in the targeted category are referred to the guardianship authority responsible for ensuring their protection, in accordance with its duties.
At the same time, point 4^1 of the *Conditions for granting temporary protection to displaced persons from Ukraine*, approved by Government Decision No. 21/2023, expressly states that: unaccompanied children coming directly from Ukraine are subject to the same protection measures as children at risk and children separated from their parents, in accordance with the regulatory framework for the protection of children's rights in the Republic of Moldova.
The representatives of the Republic of Moldova informed that, according to information provided by local social assistance agencies, regarding unaccompanied Ukrainian children and children accompanied by unauthorised persons who arrived in the Republic of Moldova from Ukraine during the declaration of war, during 2025, the following were registered: 3 unaccompanied children and 1 unauthorised accompanied child (compared to 2024, when 11 unaccompanied children and 47 unauthorised accompanied children were registered).
All Ukrainian children benefited from social assistance measures provided for by national legislation for children at risk by ensuring the placement of the children concerned in social care services and providing the necessary assistance following an assessment of their individual needs.
These children were also assigned legal representatives, if they did not already have one. At the same time, since national legislation does not distinguish between the nationality and origin of children at risk, in accordance with the principle of non-discrimination, the representatives of the Republic of Moldova note that the number of Ukrainian children is not recorded in the required disaggregated format (Ukrainian guardians recognised by the host state, guardians appointed by the host state, temporary guardians appointed by the host state, no guardian recognised/appointed by the host state).

Cultural Identity and Community Integration

The Republic of Moldova demonstrates strong commitment to cultural preservation through Ukrainian language classes, cultural celebrations, community centers, and connections with the broader Ukrainian community. This approach recognises the importance of maintaining cultural identity while facilitating integration into Moldovan society.

Service Coordination and Case Management

The coordination model involves multiple agencies including national government ministries, regional/local authorities, and CSO/charitable organisations. Care plans are reviewed through a flexible schedule combining monthly, quarterly, and as-needed reviews. A centralised database exists for tracking children with disabilities, indicating systematic approaches to case management.

Resource and Capacity Challenges

While the Republic of Moldova reports adequate social workers and specialised disability staff capacity, a critical shortage exists among Ukrainian-speaking personnel. This language barrier significantly impacts service quality and cultural responsiveness. The primary training needs to focus on communication methods directly related to language challenges.

Priority Challenges and Support Needs

The most urgent challenges identified include:

- Educational support and inclusion
- Qualified interpreters and Ukrainian speakers
- Funding and financial resources
- Legal and documentation issues

Corresponding support priorities emphasise financial assistance, equipment/assistive technology, and improved coordination mechanisms.

Transition Planning and Future Considerations

The Republic of Moldova provides further education support for children approaching adulthood but appears to have limited comprehensive transition planning. When children reach 18, they lose access to child-specific protections while potentially accessing other forms of adult disability support. This transition represents a vulnerable period requiring enhanced planning and continuity of care.

Legislative Framework

The Republic of Moldova has adopted comprehensive legislation (Government Decision No. 21/2023) addressing temporary protection for displaced persons from Ukraine, with provisions explicitly applying to children with disabilities. This legal foundation provides the framework for service provision and the protection of rights.

Key Findings and Implications

Strengths:

- Comprehensive healthcare and social assistance provision
- Robust child protection mechanisms with cultural sensitivity
- Multiple care placement options
- Strong cultural identity preservation efforts
- Systematic case management and tracking

Critical Gaps:

- Inadequate Ukrainian language support among staff
- Limited formal disability assessments
- Barriers to assistive technology access and maintenance

Recommendations:

1. Investment in Ukrainian-speaking staff recruitment and training
2. Development of systematic disability assessment protocols
3. Strengthened assistive technology support systems
4. Improved data collection on safeguarding incidents and outcomes

Conclusion

This analysis reveals the Republic of Moldova's significant efforts to support children of Ukraine with disabilities while highlighting both critical areas requiring enhanced attention and resources to ensure comprehensive care and protection for this vulnerable population. The combination of strong foundational services with identified gaps provides a clear roadmap for targeted improvements in the care and support system.

Annex G Agenda of the CGU Special Thematic Hearing

Special Thematic Hearing: The impact of war on children of Ukraine with disabilities: risks, challenges and ways to mitigate harm

Strasbourg, 9 July 2025, Room 1, Palais

13:00 - 13:15	*Moderation: Agnes von Maravić, Head of the Children's Rights Division and Council of Europe Coordinator for the Rights of the Child* ***Setting the Scene – some opening remarks*** ▸ Professor Gerard Quinn, affiliated Scholar, Raoul Wallenberg Institute and Former UN Special Rapporteur on the Rights of Persons with Disabilities. Founding Director of the Centre for Disability Law & Policy at the National University of Ireland
13:15 - 14:15	***Presentation of a Mapping study*** ▸ Elayn Sammon, Independent Expert ***State of play in Ukraine: legislation, policies and practice*** ▸ Tetiana Lomakina, Advisor - Presidential Commissioner for Barrier-Free Environment (online) ▸ Iryna Tuliakova, Head of the Coordination Center on Family Upbringing and Childcare
14:15 - 14:25	***Short break***
14:25 - 15:40	***International and European standards protecting the rights of children with disabilities*** ▸ Pavlo Pushkar, Head of Division, Execution of ECtHR Judgements, The European Convention on Human Rights and Court case-law ▸ Gioia Scappucci, Head of the Collective Complaints Division, Social Rights Department, The European Social Charter ▸ Marianna Ianachevici, Member of the UN Committee on the Rights of the Child ▸ Jonas Ruškus, Former Member and Vice-chair of the UN Committee on the on the Rights of Persons with Disabilities ▸ Tetiana Rudenko, Senior Project Officer Office of Special Representative and Co-ordinator for Combating Trafficking in Human Beings (OSCE) (online) ***The role of independent human rights organisations*** ▸ Rhoda Garland, Commissioner for the Rights of Persons with Disability of Malta ▸ Michał Żłobecki, Director of International and Constitutional Affairs Department, Office of the Ombudsperson for Children in Poland ▸ Oksana Cherviakova, Representative of the Parliament Commissioner for Human Rights of Ukraine (online)

15:40 - 16:00	***Coffee break***
16:00 - 17:30	***The civil society's perspective in addressing risks and challenges for children of Ukraine with disabilities, amplified by the war*** ▸ Halyna Kurylo, Head of Disability Rights International Ukraine ▸ Andriy Kasimov, Director and Founder, Paralelni Svity (Parallel Worlds) charity organisation, Ukraine ▸ Yulia Boiko, member of a CSO created by parents of children with disabilities Rozpravleni Kryla (Spreaded Wings); Centre of Social Services and Rehabilitation Dzherelo (Source), Ukraine ▸ Maria Buchanowska, CEO and Co-founder, Patchwork NGO, Association of Immigrant Families of Persons with Disabilities, Poland ***Looking forward: ways to mitigate harm*** ▸ Jean Choi, Child Protection Specialist, UNICEF Ukraine ▸ Oleksandra Churkina, Child Protection Specialist, UNICEF Poland ***Closing of the hearing: reflections on the main findings*** ▸ Jennifer Schuetze-Reymann, Special Advisor, Council of Europe Consultation Group on the Children of Ukraine (CGU)

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