



Bridging the Gaps

Four studies of the situation of Ukrainian children with disabilities and their families since the war began

An extended summary

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Introduction

The full-scale invasion of Ukraine by Russia on the 24th of February, 2022, triggered the largest refugee crisis in Europe since World War II. Almost 8 million Ukrainian refugees have been registered across Europe, with 4.7 million having applied for Temporary Protection or similar national protection schemes across Europe. A further 6.5 million people are internally displaced within Ukraine.¹

Internally displaced and refugee children with disabilities tend to fall between the cracks in three systems. Migration systems are rarely configured to prioritise and address the needs and rights of children – or of persons with disabilities. Simultaneously, child protection systems may be insufficiently inclusive of children with disabilities and may struggle to fully include vulnerable migrant and refugee children. Moreover, in many countries, systems of support for persons with disabilities tend to be adult-focused.

Whilst data on refugees is routinely disaggregated by gender and age, this is still not the case with disability. As a result, refugees with disabilities have rarely been visible throughout the crisis. However, UNHCR's recent study on Ukrainian refugees across Europe, found that 13% of families sampled had at least one member with a disability and 9% had at least one member with a serious medical condition.²

The lack of consistent disaggregation of data by disability means that it is currently impossible for the Ukrainian government, receiving countries and international humanitarian response organisations to gauge the number of families who have evacuated together with their children with disabilities. Nevertheless, an estimated 2.2 million Ukrainian refugees are children³ and, according to UNICEF, an estimated 10% of children globally have a disability.⁴ Whilst it may be the case that fewer families of children with disabilities have evacuated, it is not unreasonable to suggest that that upwards of 200,000 children with disabilities from Ukraine may have sought refuge with their families in other countries.

Prior to the war, Ukraine had a relatively high rate of children separated from families and raised in the country's care system – possibly the highest rate in Europe. This included children in residential institutions and in a range of different types of foster families. Thousands of children from care

¹ <https://data.unhcr.org/en/situations/ukraine>

² UNHCR (2022) Lives on Hold: Profiles and Intentions of Refugees from Ukraine.

<https://data.unhcr.org/en/documents/details/94176>. Please note, this does not equate to 13% of refugees having disabilities and the exact percentage is still unknown.

³ <https://www.unicef.org/press-releases/one-hundred-days-war-ukraine-have-left-52-million-children-need-humanitarian>

⁴ <https://news.un.org/en/story/2021/11/1105412>

have been evacuated to other countries. It is likely that a high proportion of these children have disabilities, since there was a considerable over-representation of children with disabilities living in institutions before the war.⁵

On 4 March, 2022, for the first time in its history, the European Union activated the Temporary Protection Directive (TPD) to ease the challenges associated with a large wave of people rapidly fleeing the war in Ukraine and seeking refuge in European Union countries.⁶ Whilst this action made it possible for millions of people to seek safety rapidly, the lack of requirements for documentation at the borders with the EU meant that little data was collected on persons with disabilities – including children with disabilities. This makes it difficult to ascertain how many children with disabilities, their families and carers left the country. Gauging how far the refugee response systems catered adequately for and respected the rights of children with disabilities is also a challenge.

The international regulatory framework

Refugee and migrant children with disabilities are protected under international law by the Refugee Convention of 1951, the UN Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities (CRPD).⁷ These three conventions are supported and reinforced by a range of guidance, policies and regulations that relate specifically to the care and protection of vulnerable children or children at risk during times of war and crisis, including: the UN Guidelines for the Alternative Care of Children; UNHCR's Best Interest Procedures; the Alliance on Child Protection in Humanitarian Action' Minimum Standards; the Inter Agency Guiding Principles for Unaccompanied and Separated Children; and the Inter Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action. These have recently been complemented by the UN CRPD Guidelines on deinstitutionalization in emergencies (2022).⁸

This legislative and regulatory framework is consistently clear that:

⁵ The specific figures are discussed in some detail in Chapter 3 of this report

⁶ https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/temporary-protection_en

⁷ <https://www.unhcr.org/1951-refugee-convention.html>; <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child><https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

⁸ <https://digitallibrary.un.org/record/673583?ln=en>; <https://www.socialserviceworkforce.org/resources/2021-unhcr-best-interests-procedure-guidelines-assessing-and-determining-best-interests>; https://alliancecpa.org/en/CPMS_home; <https://www.unhcr.org/uk/protection/children/4098b3172/inter-agency-guiding-principles-unaccompanied-separated-children.html>; <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>; <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including>

- Access to existing services and the provision of specialised, targeted services and supports are required to prevent the separation of children from their families – including families on the move. Preventing family separation is a top priority – including for children with disabilities
- Where children have already been separated from families, some form of care will be needed to ensure that children are protected from serious harm and have all their basic needs met (including nurturing, emotional security and attachment-related needs). All care arrangements should be aimed towards family reunification wherever possible and safe
- As far as possible, children in need of care should be looked after in family-based care
- All children should have access to the same standards of care, without discrimination – this means that children with disabilities should be provided care and support services on an equal basis with children without disabilities. Therefore, as far as possible they should be provided family care, rather than institutionalisation. Rules on international adoption should be as rigorous for children with disabilities as for those without disabilities
- Within the context of non-discrimination, unaccompanied children requiring alternative care should be looked after within a country's national child protection system
- Placements in institutions should be an absolute last resort and for the shortest duration possible
- Countries that have still large institutions should design and implement care transformation or deinstitutionalisation programmes gradually to replace all institutions with inclusive universal services, targeted family support services and family-based care where necessary
- International adoption is not appropriate during times of mass migration due to war or other emergency.

Not only does the regulatory framework prioritise family care. Children themselves express this preference. Unaccompanied children and adolescents on the move who experience various forms of care and accommodation – from low quality reception through to high-quality residential care, semi-independent living and foster family care – consistently prefer foster family care.⁹ Despite this, evidence demonstrates that unaccompanied children on the move are overwhelmingly provided 'care' in institutional environments.¹⁰

In the context of the current situation of Ukrainian children with disabilities from institutions who have been internally displaced or evacuated abroad, several other key provisions apply. The UN Global Study on Children

⁹ Connellan, C. (2020) Rethinking Care: Improving Support for Unaccompanied Migrant, Asylum-seeking and Refugee Children. Lumos.

¹⁰ See for example: Connellan, C. Op. Cit.; UNICEF (2018) Protected on Paper? An analysis of Nordic country responses to asylum-seeking children.

Deprived of Liberty states that children should never be detained for the purposes of migration administration. The Study further defines certain types of institutionalisation as deprivation of liberty – particularly where children are kept in locked facilities or where children with disabilities or mental health issues are physically or medically restrained.¹¹ Furthermore, children with disabilities in institutions – particularly those with high support requirements – are frequently restrained, force-fed or subjected to other treatment that the UN Convention Against Torture (CAT) defines as “inhuman and degrading treatment.”¹² Both the CRC and the CRPD are clear that children’s rights and disability rights respectively continue to apply during a situation of war or other emergency and displacement.¹³

Incorporation of refugee and migrant children into national child protection systems

The challenges of ensuring appropriate care for children in the context of migration and refugee crises have been evident for some years. In 2016, the UN adopted the New York Declaration for Refugees and Migrants and paragraph 32 states:

“We will protect the human rights and fundamental freedoms of all refugee and migrant children, regardless of their status, and giving primary consideration at all times to the best interests of the child. ***This will apply particularly to unaccompanied children and those separated from their families; we will refer their care to the relevant national child protection authorities and other relevant authorities.*** We will comply with our obligations under the Convention on the Rights of the Child. We will work to provide for basic health, education and psychosocial development and for the registration of all births on our territories. We are determined to ensure that all children are receiving education within a few months of arrival, and we will prioritize budgetary provision to facilitate this, including support for host countries as required. We will strive to provide refugee and migrant children with a nurturing environment for the full realization of their rights and capabilities.”¹⁴ (Emphasis added).

However, according to UNHCR and UNICEF, achieving the inclusion of unaccompanied children in receiving countries’ child protection systems “has been challenging in practice. ***Consequently, the needs of refugees***

¹¹ <https://omnibook.com/view/e0623280-5656-42f8-9edf-5872f8f08562/page/1>

¹² <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading>

¹³ A full analysis of international law as it pertains to children with disabilities during the Ukraine crisis can be found in the Annex to the Special Rapporteur’s letter to the Ukrainian government (11 August, 2022) <https://www.ohchr.org/en/press-releases/2022/08/ukraine-un-experts-sound-alarm-situation-children-disabilities>; the UN CRPD Guidelines on deinstitutionalization, including in emergencies (2022) also further elucidates the regulatory framework.

<https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including>

¹⁴ New York Declaration for Refugees and Migrants UN Doc. A/Res/71/1 (2016).

https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf

are often addressed in parallel, often creating duplication of systems and services for refugee children. Using the national child protection system to address the needs of all children will avoid duplication of services and promote greater harmonization between child protection response in development and humanitarian situations.” (Emphasis added.)¹⁵

Therefore, clear guidance from the relevant international actors provides that **the inclusion of children in national child protection systems is a prerequisite to ensuring refugee and migrant children receive the care and support they need.** Full access to health, education and social protection should also help protect children from the risk of family separation. In the context of the current crisis, this should be a priority of the Ukrainian government, receiving country governments, the European Union, UN agencies and all others involved in the humanitarian response.

Research into the situation of Ukrainian refugee children with disabilities

Within this challenging context, the European Disability Forum (EDF) has completed four pieces of research on the impact of the war in Ukraine on children with disabilities. The research aims to make visible and provide a greater understanding of the situation of Ukrainian children with disabilities. This document provides an extended executive summary of each of the four reports. The reports investigated the following issues.

- REPORT 1: Ukrainian children with disabilities and their families seeking refuge
- REPORT 2: Ukrainian children with disabilities seeking refuge with their foster families
- REPORT 3: Evacuation and protection of children with disabilities from institutions
- REPORT 4: The risks and realities of inappropriate and illegal adoption of Ukrainian children with disabilities.

The document then draws together common themes from the four reports and provides a summary of the key conclusions and recommendations.

Methodology

The reports were produced based on a combination of: desk research; quantitative data analysis; key informant interviews; focus group discussions and financial analysis.

¹⁵ UNHCR and UNICEF (2017) Inclusion of Refugee Children in National Child Protection Systems: Guidance for Practitioners in East Africa. <https://www.unicef.org/esa/media/1991/file/UNHCR-UNICEF-2017-Inclusion-of-Refugee-Children-in-National-Child-Protection-Systems.pdf>

REPORT 1. In addition to desk research, a survey was carried out of birth families who evacuated from Ukraine across Europe, together with their children who have disabilities. Responses for 240 children were received. The survey covered the entire refugee journey – from their life in Ukraine before the war, through the entire process of evacuation, to their current situation in receiving countries. This provides rich quantitative data which elucidates how far the response respects the rights and addresses the needs of children with disabilities and their families. This is complemented by in-depth key informant interviews with seven mothers of children with disabilities. In addition, six mothers provided details for a financial analysis.

Limitations. The survey was disseminated through networks of contacts known to EDF and the researchers. It was only shared with known parents of children with disabilities who had evacuated. This was to reduce the risk of people who are not parents of children with disabilities completing the survey and distorting the data. However, this means the sample may not be fully representative. Furthermore, all data is self-reported. However, results have been triangulated with desk research and qualitative data.

REPORT 2: The research on foster families who evacuated together with children with disabilities is based on several data sources: desk research; a survey in Poland of NGOs supporting foster families; an in-depth survey into the refugee journey of foster families caring for 88 children; in-depth interviews with 3 foster mothers; and a focus group with eight foster children, including children with disabilities and their siblings.

Limitations. It was challenging to find a large number of foster families to complete the survey and therefore the sample may not be fully representative. Furthermore, all data is self-reported. However, results have been triangulated with desk research and the qualitative data.

REPORT 3: The research on children evacuated from institutions was carried out using desk research and key informant interviews. Interviews included: representatives of the Ukrainian governmental authorities and receiving country governments; representatives of civil society who were directly and indirectly involved in the evacuation of children; and representatives of civil society and governmental authorities in receiving countries, who are involved in supporting children evacuated from institutions.

Limitations. Statistics related to children in institutions are notoriously difficult to obtain – even outside an emergency context. Therefore, quantitative data is limited and difficult to verify. The circumstances did not allow for a direct observation of the situation of children with disabilities evacuated from institutions. Qualitative data regarding children's

experiences is reliant on descriptions provided by the adults involved in caring for them, introducing a risk of subjectivity. Important findings are only included where they have been corroborated by at least two independent sources.

REPORT 4: This report on the risks of inappropriate international adoption is based predominantly on desk research, plus a financial analysis. A small number of key informant interviews were used to verify some of the data.

Limitations. The financial analysis is largely based on data from before the war began, since annual accounts for 2022 will not be available until late 2023. This means it is not yet possible to estimate accurately the financial implications of the war for organisations linked with international adoption. Instead, the analysis only represents a snapshot of currently available data. Key findings of the report are only included if they are verified by at least two independent and credible sources.

Structure of the report

Chapters 1 – 4 summarise the most significant data and key findings from each report.

Chapter 5 provides a summary of the most important conclusions from the four reports, drawing together common themes. It provides recommendations for all key stakeholders.

SUMMARY OF REPORT 1: Ukrainian children with disabilities and their families seeking refuge

Supporting refugee families to remain together – and preventing their separation – is a fundamental tenet of international law related to refugees.¹⁶ The provision of support services throughout the refugee journey is usually geared towards achieving this. However, families of children with disabilities face additional challenges compared with their peers when evacuating and seeking refuge outside their home country.

The lack of consistent disaggregation of data by disability means that it is currently impossible for the Ukrainian government, receiving countries and international humanitarian response organisations to gauge accurately the number of families who have evacuated together with their children with disabilities. Nevertheless, an estimated 2.2 million Ukrainian refugees are children¹⁷ and, according to UNICEF, an estimated 10% of children globally have a disability.¹⁸ It may be the case that fewer families of children with disabilities have evacuated. However, it is not unreasonable to suggest that upwards of 200,000 children with disabilities from Ukraine may have sought refuge with their families in other countries. Because data on refugees is not, as a rule, disaggregated by disability, the experience of families who have evacuated from Ukraine together with their children with disabilities has been largely invisible.

EDF's research included an anonymous survey of Ukrainian families of children with disabilities who evacuated to other countries. The survey was completed by the children's parents. ***They provided responses for 240 children with disabilities.*** The key findings are as follows.

1.1 Profile of the families

Gender and age of parents. The overwhelming majority of respondents were women (95%) and 5% were men. Most were birth mothers of the children. 70% of the respondents were aged between 36 and 55 years, with 27% aged between 18 and 35 and just 1% over 55.

Size of families. 46% of the children with disabilities were the only child in their family, 41% had one sibling, whilst 13% of children were living in larger families (three or more children).

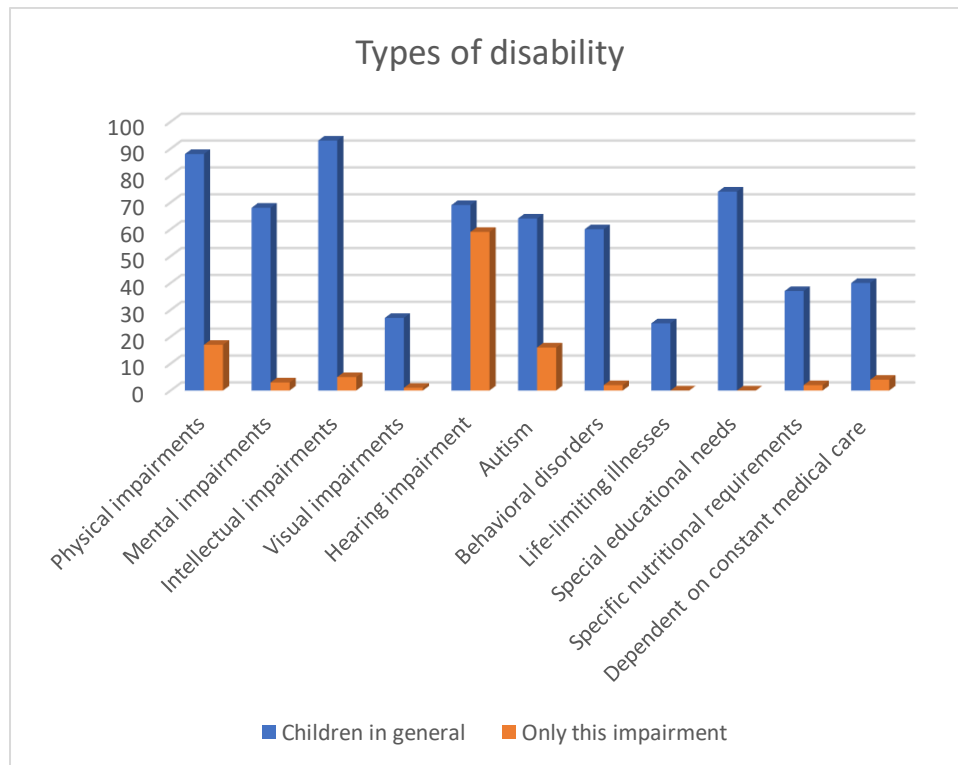
¹⁶ This is outlined in the introductory chapter to this report.

¹⁷ <https://www.unicef.org/press-releases/one-hundred-days-war-ukraine-have-left-52-million-children-need-humanitarian>

¹⁸ <https://news.un.org/en/story/2021/11/1105412>

Ages of the children with disabilities. 18% of the children were under the age of 5 years; 34% were aged between 6 and 10 years; 30% aged between 11 and 14; and 18% aged 15 – 17 years.

Children’s disabilities. The parents provided information about the types of disabilities their children have, as can be seen in the following graph.



It should be noted that 55% of the children have multiple disabilities.

Registered disability. 94% of the children have a registered disability in Ukraine. 65% have standard registration, whilst **29% have a registered disability, subgroup A**, which, according to Ukrainian legislation means **the child requires 24-hour care and support**.¹⁹ A further 2% of children are in the process of being registered and 4% do not have a registration of disability.

Geographical provenance. Almost 93% of children lived in cities. Of these, 31% lived in the city of Kyiv and the Kyiv region. Unsurprisingly, more than **82% of the children with disabilities and their families**

¹⁹ NB. When gathering data for this survey, it was decided to use the categories with which the parents would be familiar in Ukraine, rather than using the Washington Group Set of Questions. This is because the people who responded are aware their children have disabilities. In fact, most children included in this survey are officially registered in Ukraine as having a disability.

were evacuated from territories that were (or still are) occupied, or from regions that are under regular attack or threat of attack.

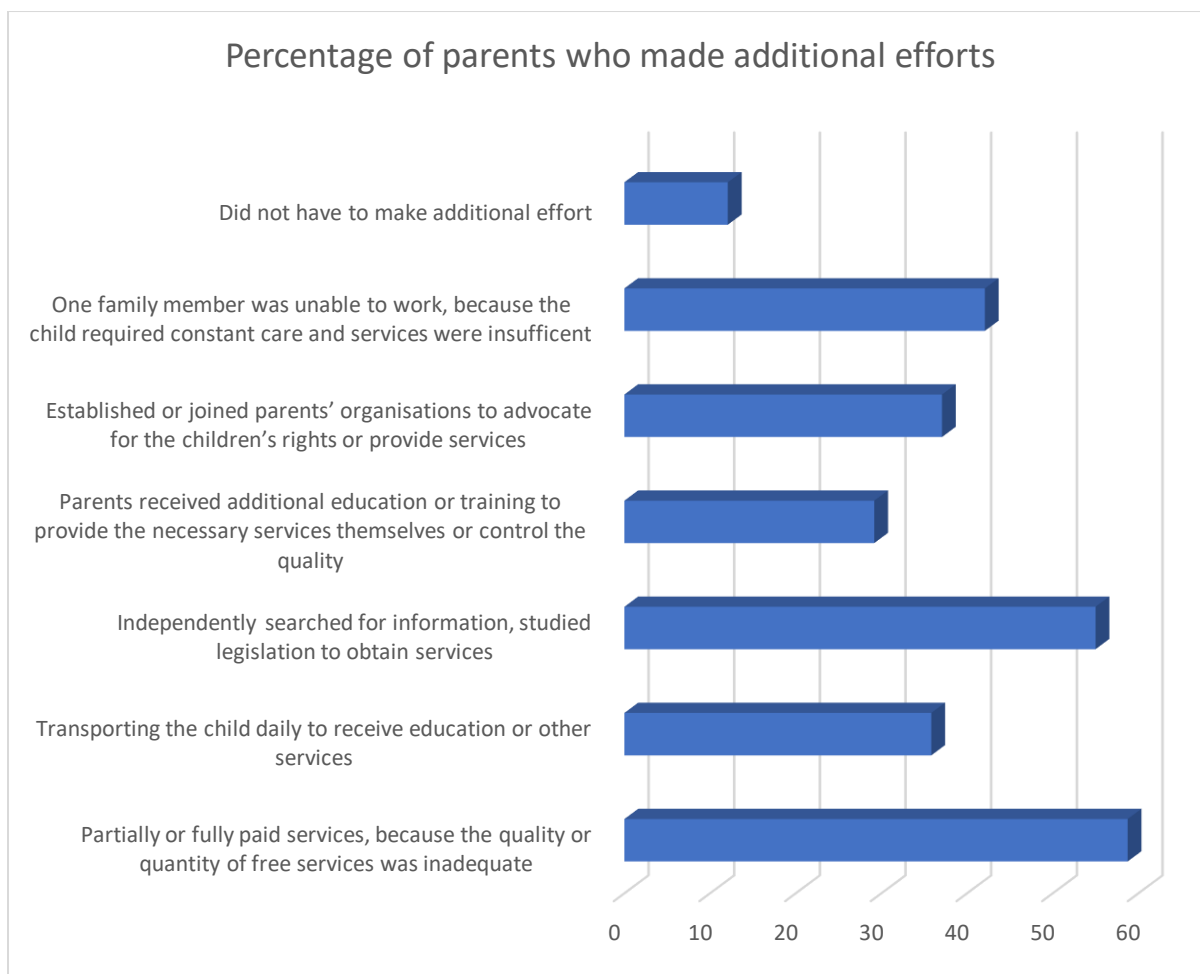
1.2 Life in Ukraine before the full-scale invasion

Support services. The survey asked parents about their life in Ukraine before the war and the support they received. More than 90% of children received disability payments and over 30% also received rehabilitation services and additional classes with specialists.

More parents were satisfied than dissatisfied with the services they received. They were most satisfied with the following services – in descending order of satisfaction: day care for children with disabilities, early intervention, training in educational and rehabilitation centres, additional classes with specialists, training in a special school, clubs and extracurricular activities.

Parents are least satisfied with the following services: education in special groups in kindergarten, education in a special school and temporary respite for parents.

Additional efforts by parents. Despite a general level of satisfaction with the services received from the authorities, before the war, 88% of parents surveyed had to make additional efforts to ensure their children received the support they required – as the following graph demonstrates.



Experience of institutionalisation. 33% of the children had experienced living in a residential institution for some time before the war – predominantly to receive education. This is significant because, although the children are likely to have good relationships with their parents, experiences of institutionalisation may have made an impact on the security of their attachment. This in turn can lead to heightened anxiety in stressful situations – which may exacerbate any other trauma faced by children.²⁰

1.3 The refugee journey

The survey asked families about their experiences of each stage of the refugee journey, from the decision to leave, the journey itself, to the present situation and their thoughts regarding their eventual return to Ukraine. A brief summary of the key findings is presented here.

²⁰ For definitive evidence of the impact of institutionalisation on children's abilities to form secure attachments and the subsequent detrimental impact on physical and mental health, see the Lancet Commission on the Institutionalisation and Deinstitutionalisation of Children (2020). <https://www.thelancet.com/commissions/deinstitutionalisation>

1.3.1 The decision to leave

Most of the parents interviewed for the research said they had not expected the war to affect their community or family and had therefore not prepared to evacuate abroad. Many families had doubts and hesitations before making the decision to leave. Whilst 25% of parents hesitated to leave because they were convinced the danger would soon pass, 51% had concerns directly related to their child's disability:

- Evacuating our child with disability seemed more stressful than staying in a dangerous area (22%)
- Refugee accommodation centres are not adapted for children with disabilities; we were unsure whether a host family would take a child with a disability (12%)
- We were not convinced that we would receive proper support services in the new country for our child with disabilities (17%).

23% of families had no doubts or hesitation about leaving.

In 98% of cases, families decided to leave due to threats to their children's lives or health. Reasons for leaving were expressed as follows:

- Active hostilities near or in the city of residence (46%)
- Occupation of the territory where they lived (4%)
- Constant sirens and alarms (21%)
- Mortal danger due to the actions of the occupiers (10%)
- Lack of access to medical, educational and rehabilitation services for children with disabilities, due to the changed circumstances since the war began (9%)
- Inability to meet basic needs – food, sleep, safety (6%)

It should be noted that less than 2% of families had previously planned to leave Ukraine and used this opportunity to fulfil that plan.²¹

1.3.2 Evacuation

A large majority of families left Ukraine in the first few weeks of the war – 22% left in February, 2022 and 64% left in March, with only a trickle from April onwards.

Families heard about the possibility of evacuation from a variety of sources. 55% heard from social media or the internet; 53% heard from colleagues, relatives and personal contacts (including through social media, hence the

²¹ Subsequently, these families stated that, having left the country (for Italy, Poland and France), their child's support system in Ukraine was better than the current situation.

overlap). 27% heard from specific internet chat groups for families of children with disabilities and 17% received information from Organisations of Persons with Disabilities (OPDs). Only 8% heard from services involved with their children's care or from local authorities. Only 6% found out information on evacuation from the television.

In terms of assistance with evacuation, 40% were helped by relatives and friends; 30% received assistance from volunteers; 11% were helped by OPDs and only 7% were assisted by local authorities. 23% said they received no help, but arranged everything by themselves.

Whilst 37% of families said they did not need any specific additional assistance due to their child's disability, most families required a range of supports, as follows:

- 17% needed an additional companion to support children with reduced mobility or with challenging behaviours
- 10% required accessible transport for wheelchair users
- 19% required accessible toilets on route
- 7% required assistive devices
- 4% required stretchers to transport their children safely
- 4% required medical support, such as ventilators, for children with life-limiting conditions.

37% of families also required additional funding for tickets, fuel and food on the journey.

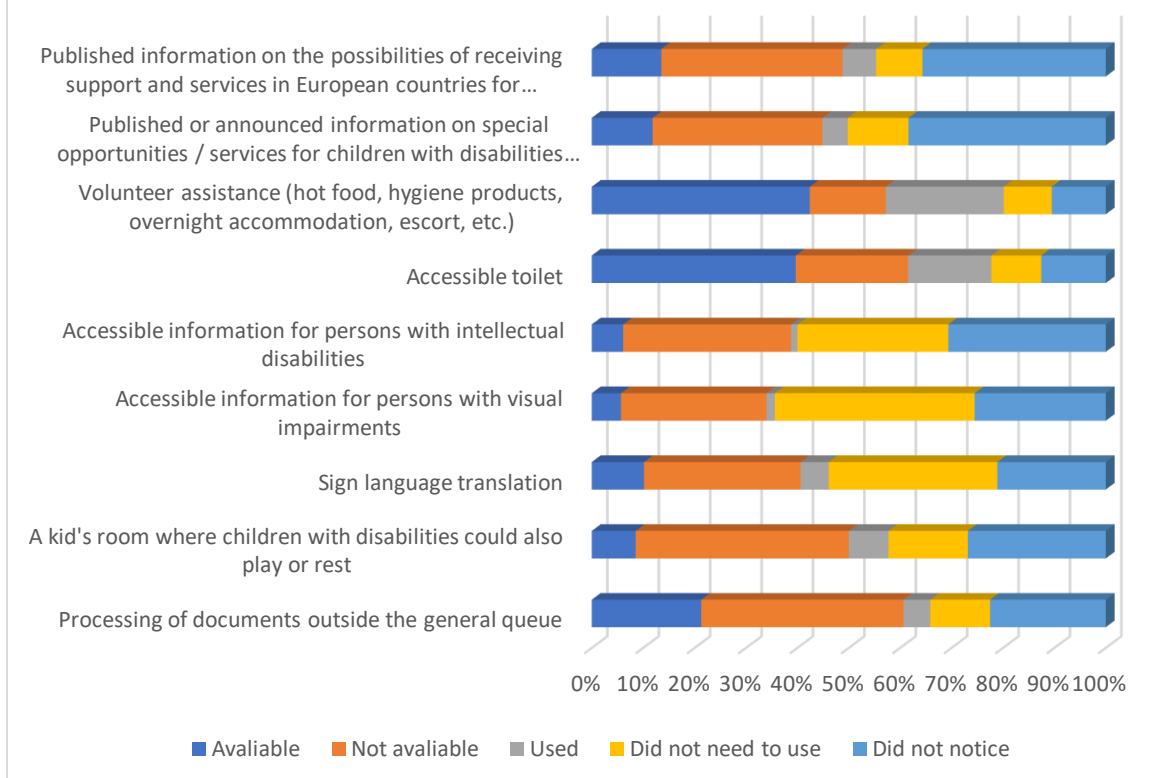
The journey to the border was long, gruelling and, at times, perilous for many families. Only 12% of families reached the border within six hours. In 26% of cases the journey to the border took between 7 and 24 hours; for 41% of families the journey took between 25 and 72 hours; and in 21% of cases the journey lasted longer than 72 hours. These are exceptionally long journeys for any child, but especially challenging for children with disabilities.

1.3.3 Crossing the border

For many families, crossing the border was a further gruelling experience. Whilst 53% of families crossed in less than six hours, 35% spent between 7 and 12 hours and a further 20% spent between 13 and 48 hours crossing the border, with 4% taking more than 48 hours.

According to the families, the provision of inclusive services at the border was variable, as the following graph attests.

Targeted services for families with children with disabilities during crossing the border on the Ukrainian side



On the other side of the border, entering the transit or receiving country, a similar picture of services and supports was found by the families. Whilst 23% said there was a process to fast-track them through the queue, 42% said that was not available. The most commonly available service was accessible toilets (in 52% of cases) and volunteer assistance (food, hygiene, accommodation) – in 53% of cases. Sign language interpretation and accessible information appeared to be lacking in many instances.

1.3.4 Choice of destination country

Families decided to evacuate to certain countries for a variety of reasons. 32% had received invitations from relatives and friends; 30% chose a country because of its proximity to Ukraine; 21% because they were evacuated there in an organised group; and for 19% the country was chosen because of its services for children with disabilities. Only 10% based their choice on employment prospects and only 7% on their knowledge of the official language.

Whilst 36% percent did not transit through another country on route to their final destination, 33% transited through Poland, 9% through

Romania, 7% through Slovakia, 6% through Hungary and 5% through Moldova.

As their final destination, respondents have sought refuge in many countries across the European Union and other European countries such as Switzerland and the UK. The largest number are in Poland (35%) and Germany (20%), with 5% in Italy and 4% each in the Czech Republic and France.

1.3.5 Registration in country

Respondents were asked if they were required to provide any specific information about their child's disability when registering in the receiving country. Only 37% were required to do so, with 63% saying this information was not required.

This is a missed opportunity, as the point of registration could have been utilised both to refer parents to services and supports for their children and to collect data on children with disabilities.

1.3.6 Registration of disability

When respondents were asked if their child was officially registered in the receiving country as having a disability, only 23% said yes, with 34% in the process of registering. 15% said that the country does not provide for the registration of disability for persons who are there under the Temporary Protection Directive. 7% said they did not need to register their child as having a disability; 3% said they wanted to register their child as having a disability, but did not know how to do this. A further 14% were unsure whether their child was registered as having a disability or not.

This is of concern, since sustainable provision of inclusive and targeted health, education and social services for children with disabilities is difficult, if not impossible, without official registration.

1.4 Experience of living in the new country

In most cases, families say their experience of living in the new country is broadly positive. Respondents were asked how far they agreed with a series of statements and their answers were as follows.

- 87% strongly agreed or agreed that: *My family has always felt safe in the accommodation*
- 77% strongly agreed or agreed that: *The accommodation was sufficiently accessible for my child with disabilities to move around freely*

- 73% agreed that: *We had sufficient access to the specific food my child needs*
- 55% strongly agreed or agreed that: *There was sufficient medical care or medication made available.* However, 27% disagreed or strongly disagreed with this statement.
- Unfortunately, a significant minority (24%) strongly agreed or agreed that: *We were under pressure to leave the accommodation before we had found somewhere else.*

1.4.1 Institutionalisation

The overwhelming majority of children with disabilities (91%) have not been placed in institutions in the receiving country. However, 9% of children have been institutionalised because of their disability.

1.4.2 Accessing education for children with disabilities

Only 19% of respondents said they faced no barriers in accessing education for their children with disabilities. The greatest challenges faced were: language barriers (47%); long waiting lists to be assessed and registered for special education; a lack of specialists (eg psychologists, speech and language therapists, SEN teachers) in the area to which the family had moved (16%); and the need to provide additional documents, such as medical reports, to access additional support during education (15%).

1.4.3 Accessing social assistance for children with disabilities

A significant minority (36%) said they did not face any barriers when trying to access social assistance. However, 42% said there was a lack of accessible information regarding available social services; 20% said that the points of delivery of social assistance support were often inaccessible or situated at some distance, with no accessible transport; 22% faced inconsistent procedures related to obtaining social assistance and 8% said they faced intolerance and a lack of awareness regarding disability among the social workers providing assistance.

1.4.4 Accessing medical services for children with disabilities

Families faced significant barriers in accessing medical care for their children with disabilities:

- Excessively long waiting lists for consultations and diagnosis (57%)
- Lack of specialist medical care in the area where the family settled and the need to travel considerable distances to access medical care (32%)
- Language barriers and no access to interpreters (43%)

- Absence of medicines to which the child is accustomed or which are the most effective (12%)
- Lack of expertise in providing medical care to children with disabilities (7%)
- Refusal to provide medical services until medical insurance had been issued (7%)
- In 2% of cases, families faced a negative attitude or discrimination against persons with disabilities.

Only 16% said they faced no barriers.

1.4.5 Inclusion in the community

The majority of respondents (58%) said the community is very welcoming of persons with disabilities and that they did not feel excluded. 24% said it depends on individuals and they have faced some discrimination.

Unfortunately, 12% said they did not feel included in the community and 2% said they had faced aggressions and threats of violence which had left them feeling unsafe.

1.4.6 Comparison with Ukraine

Respondents were asked to compare their experience of receiving services for children with disabilities in Ukraine with their experience in the receiving country. Their answers were as follows.

- From every perspective it was much better in Ukraine – 10%
- Although I had to use my own resources and efforts to obtain services in Ukraine, they were still better there and more responsive to my child's needs – 29%
- It was more or less the same in Ukraine, but we had to pay for everything and organise it all ourselves – 21%
- With a few exceptions, services abroad are better – 5%
- There is no comparison – everything is much better abroad – 6%

26% of respondents did not wish to answer the question.

1.5 Plans for return to Ukraine

Whilst most people feel safe in the receiving countries and are immensely grateful for the welcome they have been given, the desire to return to their homes in Ukraine is strong. Respondents were asked when they plan to return to Ukraine.

- 10% said: when hostilities end in my community

- 51% said: when the war is over
- 7% said: when services for children with disabilities improve in my community
- 3% said: when our destroyed home has been repaired or rebuilt
- 4% said: as soon as possible
- 5% had already returned to Ukraine
- Only 16% said they currently had no plans to return.

1.6 In essence

The survey and interviews found the following. In Ukraine before the war, families made extraordinary efforts to ensure their children with disabilities received the care and support they needed. They were more satisfied than dissatisfied with the support services they received from the state authorities. They had created family and community networks to ensure the children were fully included in the community and could develop to their full potential.

Few families were prepared for the war and, initially, many had concerns about evacuating – knowing how difficult it would be for their children with disabilities to endure the journey and fearing what awaited them in a strange country.

However, most decided to leave due to the real threat of harm due to bombing, shelling or occupation.

Their choice of destination was based largely on relationships – with family, friends or civil society organisations in the receiving country – or on the proximity to Ukraine, which would make return easier.

Evacuation was exceptionally challenging for many families. Some were assisted by state bodies; most by family, friends and volunteers. Some stated that they had to fend for themselves and received no support to evacuate. Journeys were long and perilous – in some cases, lasting many days. Experiences at the border were variable. In some cases, inclusive facilities were available to provide support to their children with disabilities. In others, no adapted or targeted support was available.

Whilst families were immensely grateful to receiving countries, many have faced significant challenges in accessing healthcare, education and other support services for their children with disabilities. Most families believe that their support systems in Ukraine were better than their current situation in the receiving country.

This is of considerable concern. Countries are obliged under international law to include children in health, education and social services. Refugee children with disabilities who are not fully included are likely to be

disproportionately affected. Families are living under considerable stress due to the traumas they experienced during the war. The lack of their usual support systems are likely to increase that stress. This risks a deterioration in the care families provide their own children and, in some instances, may even lead to separation and institutionalisation.

An overwhelming majority wish to return to Ukraine once the war is over.

SUMMARY OF REPORT 2: Foster families seeking refuge abroad together with children with disabilities

An estimated 14,000 children were living in various types of foster families in Ukraine before the war. There is no available disaggregated data on how many of the foster children had disabilities.

According to recent data provided by the Ukrainian National Social Service (NSS), since the war began, more than 4,400 foster children have been evacuated in total. This includes 758 foster families who have evacuated abroad together with 3,187 foster children.

This means that an estimate 31% of children in foster families in Ukraine have evacuated. 8% have evacuated inside Ukraine and 23% have evacuated abroad.

According to NSS, this includes:

- 332 large foster families – Family Type Children’s Homes²² – looking after 2,331 children. On average, each family is caring for 7 children
- 426 foster families - looking after 856 children. On average, each family is caring for 2 children.²³

EDF undertook an anonymized survey of foster families who evacuated abroad. Responses were received for 88 foster children – which represents approximately 3% of the foster children evacuated abroad.

2.1 Profile of the families who responded

Foster Parents. The overwhelming majority of respondents were the legal guardians of the children in their care (94%). 19% of the respondents were aged between 36 and 45 years, with 69% aged between 46 and 55 and 12% over 55.

Gender. 94% of the foster parents who responded were female.

²² Family Type Children’s Homes were developed across the Soviet Union from the mid-1980s onwards, as a move towards more family-based care. In most instances, a married couple would be hired by the state authorities to provide family care for a large group of children – often up to 15. The family would be provided a house and, sometimes, a car or other material goods. Although Family Type Children’s Homes were a considerable improvement on large state institutions, they varied in quality. In recent years, former Soviet countries have moved away from this model towards smaller foster families that can provide a higher level of individualised care for children. However, Ukraine still has a large number of children in these very large foster families. For more information about the history of Family Type Children’s Homes, see: Mulheir, G, Marginean, L and Rotaru, L., (2008) Healing the Past. Building the Future: Family Type Homes in the Republic of Moldova.

²³ Key informant interview with the NSS and SURge team. November, 2022

Disability. 15% of the foster children involved in the survey had disabilities.

Size of families. For reasons discussed earlier, many of the foster families from Ukraine are large families. On average, each family who responded had more than five children. The smallest family was caring for one child, whilst the largest was caring for ten children.

Type of foster care. 50% of children with disabilities live in family-type children's homes, 44% live in a foster family, and 6% live in guardianship care.

Ages of the children with disabilities. 22% of the children were aged between 4 and 6 years; 29% were aged between 7 and 10 years; 21% aged between 11 and 14; 21% aged 15 – 17 years; and 7 percent were age 18.

Children's disabilities. The foster parents provided information about types of disabilities, as follows. 18% of children have special educational needs, 18% have mental impairments, 18% have intellectual impairments, 16% have behavioural disorders, 16% have specific nutritional requirements, 11% have physical impairments, and 3% are dependent on constant medical care to address life-limiting and life-threatening conditions.

Registered disability. 86% of the children have a registered disability in Ukraine. 72% have standard registration, whilst **14% have a registered disability, subgroup A**, which, according to Ukrainian legislation means **the child requires 24-hour care and support**. A further 7% of children are in the process of being registered and 7% do not have a registration of disability.

Geographical provenance. 50% of children lived in cities. Of these, 18% lived in the city of Kyiv and the Kyiv region. 25% of children lived in urban villages and the remaining 25% in villages.

2.2 Life in Ukraine before the full-scale invasion

Support services. The survey asked foster parents about their life in Ukraine before the war and the support they received. 47% of children with disabilities received disability payments. 14% of families received support and monitoring from state social workers, 11% received housing, 4% received in-kind provision of goods, and 3% received a car.

28% of the families reported being a member of a local foster parents' organisation. In addition to the support received from the state, families

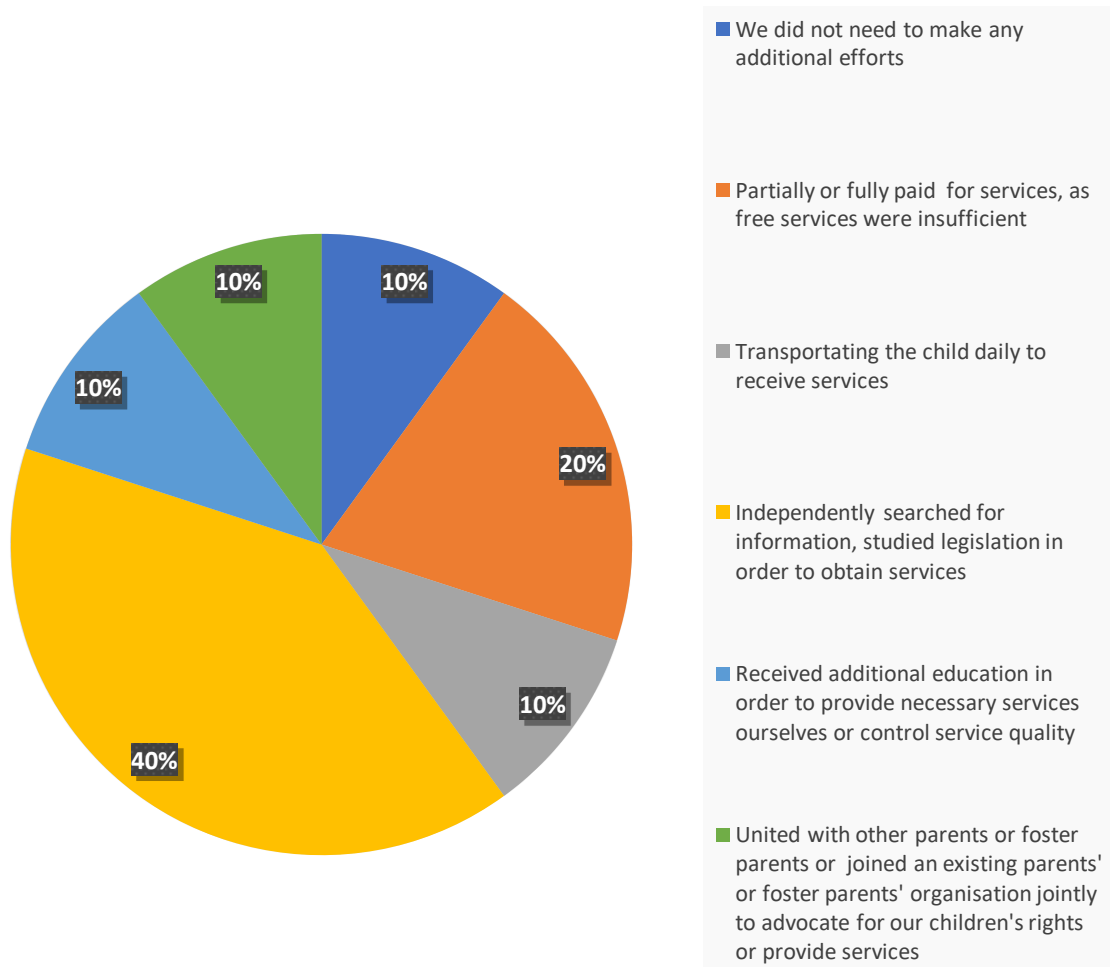
received support from a variety of different NGOs. 28% of families received additional in-kind support such as food, transportation, clothing, and medical equipment, 17% received extra activities for their children, 6% received scholarships, 6% received help such as tutors and babysitters, 5% received holidays for their children, and 5% received additional financial support.

Foster parents were most satisfied with the following services for their foster children with disabilities – in descending order of satisfaction: inclusive education in mainstream school, income (including salaries, allocations, and special payments), additional classes with specialists, support and monitoring by state social workers, education in special schools and educational and rehabilitation centers, special education in mainstream schools, and after school activities.

Foster parents were least satisfied with the following services: rehabilitation services, early intervention services for children with disabilities, education in special groups in kindergarten, additional support for children at home, training on trauma and the impact of institutionalisation, training on addressing the needs of children with disabilities, medical care, day care for children with disabilities, and temporary respite for parents.

Additional efforts by parents. Despite a general level of satisfaction with the services received from the authorities and NGOs, before the war, 90% of foster parents had to make additional efforts to ensure their foster children received the support they required – as the following graph demonstrates.

Additional efforts of foster parents



Experience of institutionalisation. 100% of the foster children had experienced living in a residential institution for some time before the war. 37% of the children were in a children's home, 25% in a baby home, 25% in a specialised baby home, and 13% in a centre for social and psychological rehabilitation. Research shows that children with experiences of institutionalisation often struggle with secure attachment. While they may have good relationships with their foster parents, their past experience of institutionalisation could exacerbate the trauma and anxiety of fleeing due to the war. This may induce greater feelings of insecurity than might be experienced by their peers who had not been institutionalised.

2.3 The refugee journey

The survey asked families about their experiences of each stage of the refugee journey, from the decision to leave, through the journey itself, to the present situation, as well as their thoughts regarding their eventual return to Ukraine. A brief summary of the key findings is presented here.

2.3.1 The decision to leave

Many families had doubts and hesitations before making the decision to leave. Whilst 27% of parents hesitated to leave because they were convinced the danger would soon pass, 20% had concerns directly related to their children:

- Evacuating with a large number of children seemed more stressful than staying in a dangerous area (13%)
- Refugee accommodation centers are not adapted for children with disabilities; we were unsure we could find a place suitable to our family. (7%)

53% of families had no doubts or hesitation about leaving.

Reasons for leaving:

- Active hostilities near or in the city of residence (46%)
- Occupation of the territory where they lived (20%)
- Constant sirens and alarms (7%)
- Mortal danger due to the actions of the occupiers (13%)
- Lack of access to medical, educational and rehabilitation services for children with disabilities, due to the changed circumstances since the war began (7%)
- Instructed to evacuate by the state or military authorities (7%)

2.3.2 Evacuation

Most foster families left Ukraine in the first few weeks of the war – 27% left in February 2022 and 37% left in March. There was a considerably reduced flow of families from April onwards.

Families heard about the possibility of evacuation from a variety of sources. 18% heard from social media or the internet (14% heard from specific internet chat groups for families of children with disabilities), 56% heard from colleagues, relatives and personal contacts, and 17% received information from OPDs. 23% heard from services involved with their

children's care or from local authorities, 5% from church and 4% heard information on evacuation on the television.

17% of families were helped to evacuate by relatives and friends; 22% received assistance from volunteers; 11% were assisted by churches; 6% were helped by children's rights NGOs, and only 5% were assisted by local authorities. 39% said they received no help and arranged everything by themselves.

82% of foster families report evacuating with all birth, adopted, and foster children under 18; 6% with parents and other relatives; 6% with their husband or wife; and 5% with others. This means, in most cases, a single foster parent (usually the mother) evacuated together with large groups of children.

35% of foster families said they did not need any specific additional assistance due to their child's disability. However, most families required a range of supports, as follows:

- 35% required special transport for large groups
- 5% required accessible toilets on route
- 5% required special transport for persons with physical impairments

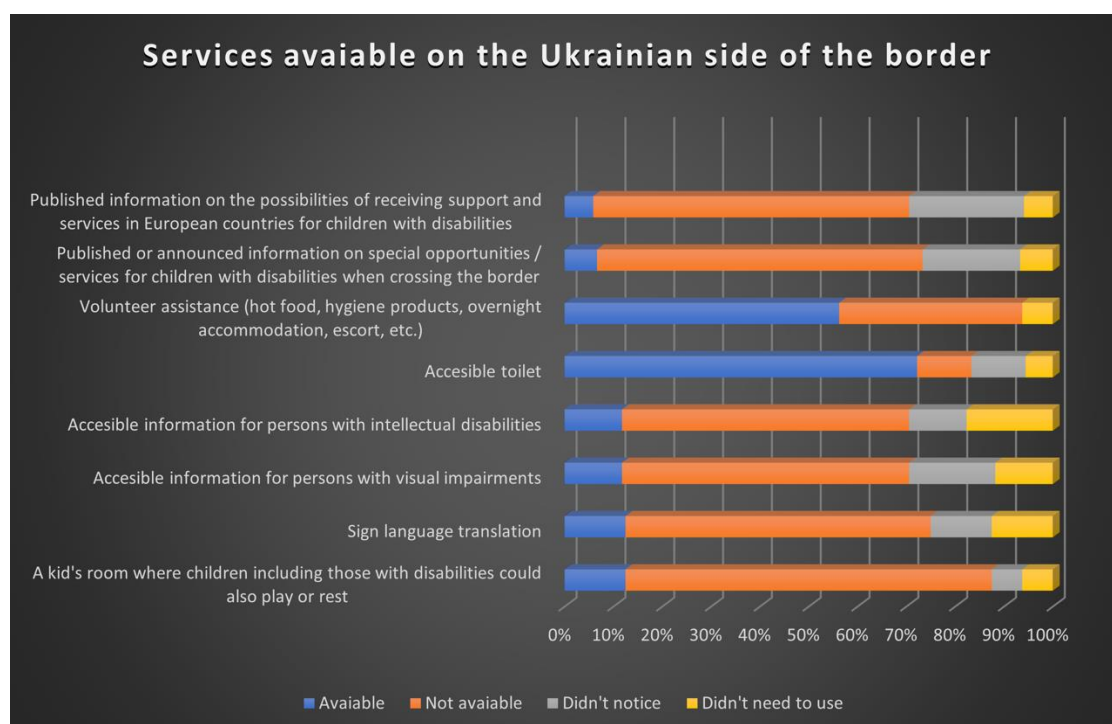
20% of foster families also required additional funding for tickets, fuel and food on the journey.

The journey to the border was long and difficult for many foster families. Only 6% of families reached the border within twelve hours. 31% of families report the journey to the border took between 13 and 24 hours, 25% report taking between 25 and 48 hours, and for 38% of families the journey took over 72 hours.

2.3.3 Crossing the border

For many foster families, crossing the border was a slow process. Whilst 25% of families crossed in less than three hours, 50% spent between 3 and 6 hours and 25% spent between 7 and 12 hours crossing the border.

According to the families, the provision of inclusive services at the border was variable, as the following graph attests.



16% of foster families report receiving no support services at the border and a further 10% did not need services and thus did not seek them out. 21% received support from volunteers from different countries, 21% from international organisations (UNHCR, UNICEF, Red Cross, etc), 16% from NGOs, and 16% from local citizens.

On the other side of the border, entering the transit or receiving country, a similar picture of services and supports was found by the families. Whilst 18% said there was a process to fast-track them through the queue, 65% said that was not available. The foster families were large (on average, more than 5 children in each family), 15% of foster children had disabilities and most were travelling with just one foster parent. In these circumstances, the lack of fast-track procedures was a serious oversight.

The most commonly available service was accessible toilets (in 91% of cases) and volunteer assistance (food, hygiene, accommodation) – in 72% of cases. Published information on supports available for children with

disabilities was not found by most foster families; sign language interpretation and accessible information appeared to be lacking in many instances.

2.3.4 Choice of hosting country

Families decided to evacuate to specific countries for a variety of reasons. 9% had received invitations from relatives and friends and 24% received invitations from foster care support organisations; 24% chose a country because of its proximity to Ukraine; 14% because they were evacuated there in an organised group; and for 10% the country was chosen because of its services for children with disabilities or for foster families. Only 5% based their choice on employment prospects and another 5% on the amount of social and financial support for refugees.

The majority of foster families in the study stayed in Poland (50%). 19% of foster families went to Germany, 13% to Switzerland, 6% to the United Kingdom, 6% to Lithuania, and 6% to the Czech Republic.

2.3.4 Experience in transit countries

40% percent of foster families spent less than 24 hours in another country on route to their final destination; 50% spent 1 to 3 days; and 10% spent over one month in a transit country. While in the transit country 23% of foster families had not option but to sleep outdoors (on the street or in a park); 23% slept in a refugee centre; 8% stayed in a host family; and 8% in a free hotel. 38% of families did not need accommodation as they were in transit countries for less than one day.

2.3.4 Settling in the new country

Families report settling in a variety of accommodation upon arrival in the host country. 44% were in a separate house or apartment; 31% in a refugee centre; 13% in a residential institution (orphanage, children's home); 6% in a free hotel; and 6% in a hotel paid for by the family. 13% of families report paying for accommodation on their own; in 27% of cases, accommodation is paid for by the host country; 20% by local authorities, 7% by business representatives; and 6% by NGOs. 27% of families did not know who was paying for their accommodation.

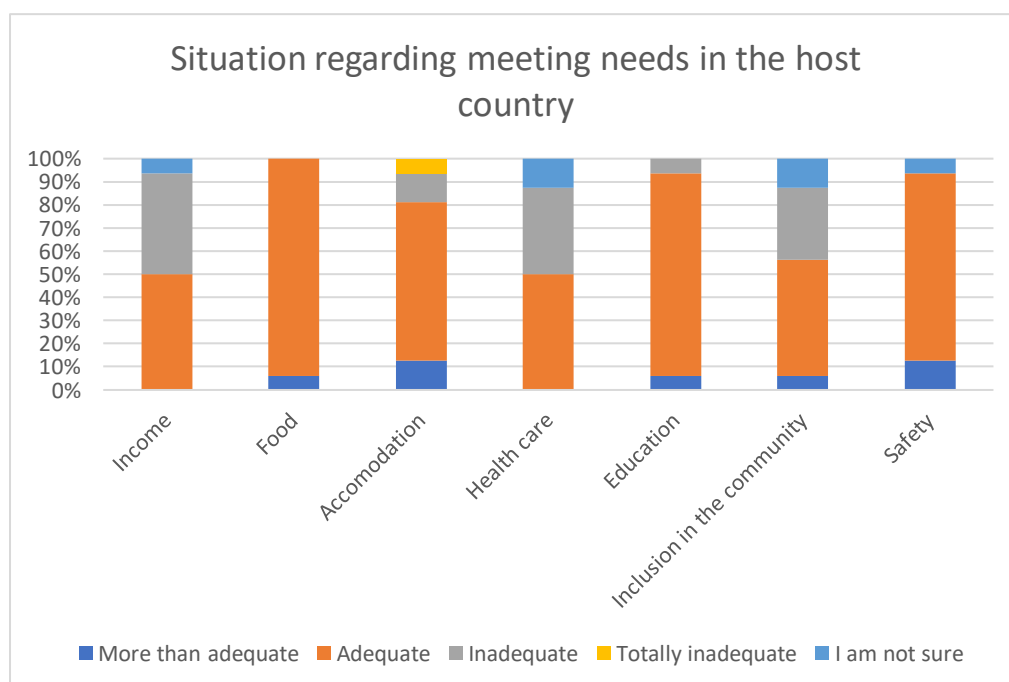
Most of the foster families report always feeling safe in the accommodation in the host countries. Over 60% of families say that accommodation was sufficiently accessible for their child with a disability to move around freely, catered to their child's specific needs, and provided sufficient access to specific foods. However, 50% of foster families felt pressure to leave the accommodation before they had found another place to stay.

Most foster families are not included in the host country's child protection system.

56% of families do not know if the children they are raising are registered in the host country as having disabilities. 22% of foster families report that the host country does not provide for the appropriate registration of such a status for refugees or temporarily protected persons. Only 22% of children are registered as having a disability in their host country. Of the 22% of children registered, over 35% took over one month to receive official status.

2.4 Experience of living in the new country

Most families feel that their needs are being met adequately in host countries as seen in the graph below:



However, almost half the families felt that income and access to healthcare were inadequate and did not feel included in the community. Those who did feel income and access to healthcare were adequate were predominantly the families supported by civil society organisations.

Whilst 56% of families report having medical insurance or knowing medical insurance is in progress, 19% of families do not have insurance and 25% do not know.

28% of foster families report being provided with cash assistance and 17% receive in-kind goods in their host countries. Other services include voucher assistance, consultations for social services, job search consultations, and assistance in the search for housing.

2.4.1 Access to medical services

All the foster families report receiving some form of health care services in the host country. 47% had a consultation with a family doctor, 21% consulted with a specialist, 16% used emergency services, and 16% received a diagnosis or took tests.

Although the families received health services, there were some barriers to services reported by the foster families. 47% of foster families report very long waits for consultations with doctors or diagnosis; 16% report a language barrier; 11% report lack of services in their area and the need to travel for services; 5% report refusal to provide services before receiving medical insurance; and 5% report the services being unaffordable.

Only 11% of foster families report no barriers in accessing medical care in their host country.

21% of foster families report receiving psychological support free of charge and an additional 14% report they will receive support soon. 36% of families report their children need psychological support, but this has not been offered in the host country. 29% of families refused because they do not find it necessary.

2.4.2 Access to social services

All foster families report having enough food for their family. 50% are able to pay for the food themselves and 50% are provided with enough food by various organisations.

95% of foster families are receiving various types of support from NGOs in the host countries. 25% are provided goods in kind; 18% of foster families are provided language classes; 25% with holidays for the children or family; 10% with additional financial support; 10% with psychological support; and 5% with childcare, shopping, and other services.

Foster families have the opportunity to participate in a variety of leisure activities in their host countries. 38% of children have participated in holiday camps; 19% in sports activities; 12% in musical activities; and 12% in other creative activities. 19% of families report only participating in activities with other Ukrainian children.

Whilst 61% of foster families report no barriers to receiving social assistance, 22% found inconsistency of procedures for obtaining social assistance; 11% report lack of information in an accessible form; and 6% report language barriers.

2.4.3 Access to education

The majority of foster children with disabilities are receiving educational services in the host country. 33% are studying online using the Ukrainian curriculum; 28% in segregated education in a mainstream school; 28% in inclusive education in a mainstream school; and 5% in a special school. 6% of families report no educational services being offered for children with disabilities in the host country.

There are some barriers to education for foster families with children with disabilities in host countries. 21% report a language barrier; 16% report a lack of specialised services in their place of residence; 5% report referral to special education although the family believes child should be in inclusive education; and 5% report referral to inclusive education although the family believes child should be in special school.

2.4.4 Comparison with Ukraine

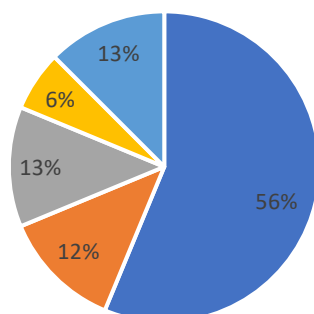
Foster families taking part in this survey were asked to compare services between Ukraine and the host country. 36% of foster families report things were generally the same in Ukraine, although they had to pay for everything themselves. 14% say although they had to use their own resources and efforts to obtain services in Ukraine, they were still better there and more responsive to their child's needs. Another 14% say with rare exceptions, abroad is better for their child. 7% of families report it was much better in Ukraine and 29% say it is much better abroad.

57% of foster families report feeling included in their new community, 36% say it depends on the situation and they sometimes face rejection. Only 7% of respondents say they do not feel included in the host community.

2.5 Plans for return to Ukraine

Despite the fact that many families felt that services for their children were better in the host country, overwhelmingly, the families want to return to Ukraine – and some have already returned – as the following graph demonstrates. Notably, some families want to see improved services and be assured their homes are safe before they feel able to return.

When do you plan to return to Ukraine



- When the war in Ukraine ends
- When services for children with disabilities improve in our home community, so as not to lead to a lower standard of care for the child
- When our home that was destroyed will be rebuilt and safe
- Currently, we do not plan to return to Ukraine
- We have already returned to Ukraine

2.6 Finances

Snapshot research of the support provided in Poland by NGOs found that, on average, they were spending €188 per child per month to support Ukrainian foster families.

The average cost in Poland to support a foster family is usually around €581 per child per month.²⁴

Clearly, therefore, if they were included in the child protection system and provided support on an equal basis with Polish foster families, the Ukrainian families would be in a position to provide much better and more secure care for their children.

Since insecurity of income was one of the main concerns for about 50% of the foster families, this is a key issue. Without secure support, there is a risk that the quality of care to children will reduce – potentially even leading

²⁴ Journal of Laws 2020, item 821. Information from the Council of Ministers on the implementation in 2019 legislation of 9 June 2011 on family support and the foster care system.
file:///C:/Users/annab/Downloads/Informacja_Rady_Ministrów_o_realizacji_w_roku_2020_ustawy_z_dnia_9_czerwca_2011_o_wspieraniu_rodziny_i_systemie_pieczy_zastępczej.pdf - page 31

to a risk of family separation and institutionalisation, which would compound the trauma the children have already faced.

It should be noted that the cost to the Polish state to keep children in foster families is about half the cost of an institutional placement (on average, €1,163).²⁵

2.7 In essence

Similar to birth families, the foster families made extraordinary efforts to flee the country. However, many were travelling with large groups of children, including children with disabilities and some children who require twenty-four-hour care and support. Journeys were long, stressful and difficult, especially for children with disabilities and, in particular, those with difficulties in understanding and communication.

Most foster families in the study had not been included in the child protection system of the receiving countries. Because they care for large groups of children – and because many are currently the sole parent caring for the child – most are unable to earn an income. Without the support of civil society organisations, many would not be able to house, feed or clothe the foster children. This means the quality of foster family care is likely to be largely dependent upon the capacity of the supporting organisation. In some instances, supporting organisations have provided additional carers to work alongside the larger foster families, to ensure a more individualized approach can be provided.

Evidence suggests the amount of money provided by civil society does not match what they would receive if included in the child protection system. This is not sustainable in the medium term and is likely to increase the stress faced by foster families – particularly over the winter and as the cost of living increases.

In addition, it must not be forgotten that the foster children were in the care of the Ukrainian state, with all the legal protection that affords. This includes regular monitoring of the children's care to ensure it adequately meets their needs. These children should receive a similar level of legal

²⁵ The calculation was made by taking an average of the costs published by a range of local authorities (Voivodeships) in Poland. The sources are:

https://bip.lubuskie.uw.gov.pl/polityka_spooleczna/rejestry_placowek

<https://www.gov.pl/web/uw-mazowiecki/opracowania-i-wykazy>

<https://bip.powiat.slupsk.pl/dokumenty/14729>

<https://www.bip.powiat.otwocki.pl/plik,25982,zarządzenie-nr-9-2022-w-sprawie-ustalenia-wydatkow-przeznaczonych-na-utrzymanie-dziecka-w-placowkach-opiekunczo-wychowawczych-na-terenie-powiatu-otwockiego-w-2022-roku.pdf>

<https://www.bip.powiat.poznan.pl/plik,2371,12402,19-pdf.pdf>

http://www.mops.radom.pl/index.php?option=com_content&task=view&id=229&Itemid=120

https://biuletyninformacjipublicznej.pl/pcprwolsztyn/pliki/program_rozwoju_pieczny_2019-2021.pdf

protection in the receiving countries – which can only be achieved by including the children officially in the care system and registering the foster parents officially as foster parents in the receiving country. This process should be accompanied by an immediate individual assessment for each child.

This is not a straightforward process and will require additional capacity and finances. Nevertheless, it is an essential step to ensuring Ukrainian refugee children – particularly those with disabilities – receive adequate care on an equal basis with children who are citizens.

Most foster parents and children want to return to Ukraine once the war is over. Ensuring good enough support services – particularly for children with disabilities – should be a priority in Ukraine’s recovery plans, so that all structures are in place to welcome foster families and children home when peace comes.

SUMMARY OF REPORT 3: The evacuation of children with disabilities from institutions

This report is based on a combination of desk research and key informant interviews.

3.1 The harm of institutionalisation

Residential institutions are usually established with the aim of protecting and caring for children who do not have families or cannot safely live with their families. However, scientific evidence dating back almost a century has demonstrated that separating children from families and raising them in an institutional environment is inherently harmful. Definitive global evidence of this harm – and also of the benefits of deinstitutionalisation – was provided in 2020 by the Lancet Commission.²⁶

In summary, institutionalisation:

- has a profoundly negative impact on early brain development
- causes severe developmental delays and challenging behaviours and can exacerbate the impact of disability
- exposes children to a considerably higher risk of all forms of abuse, including trafficking than children raised in a family environment. These risks are higher for children with disabilities
- considerably increases the risk of mortality for children compared with their peers raised in families. This risk is much higher for children with disabilities
- results in lifelong negative effects. Adults who were raised in institutions are much more likely than their peers raised in families: to be reliant upon state support; to suffer mental and physical health difficulties; to be involved in criminal activity; or even to take their own lives.

Moreover, children from institutions are at a higher risk than their peers raised in families of being trafficked or being subject to inappropriate international adoption.²⁷

Globally, children with disabilities are over-represented in institutions and are at increased risks of all forms of harm and abuse than their peers – including, in some circumstances, a disproportionately high risk of

²⁶ For definitive evidence of the impact of institutionalisation on children's abilities to form secure attachments and the subsequent detrimental impact on physical and mental health, see the Lancet Commission on the Institutionalisation and Deinstitutionalisation of Children (2020). <https://www.thelancet.com/commissions/deinstitutionalisation>

²⁷ <https://www.ispcan.org/wp-content/uploads/ispcan/link/link.16.1.english.pdf>

avoidable mortality.²⁸ Children with disabilities are more likely to experience restraint and neglect that is prohibited both as inhuman and degrading treatment and as deprivation of liberty.²⁹

Evidence of the harm caused by institutionalisation – and the denial of rights under the CRC and CRPD – has led to the development of a robust international legal and policy framework encouraging countries to deinstitutionalise their child protection systems.³⁰

In the current situation of the war in Ukraine, thousands of children have been evacuated from institutions. Consequently, risks associated with institutionalisation now intersect with the risks and vulnerabilities of unaccompanied children seeking refuge. As a result, this particular group of children are exceptionally vulnerable. The level of risk increases in particular for children with disabilities evacuated from institutions. This is because children with disabilities who have been institutionalised are generally at a higher risk of harm, abuse and preventable mortality than their peers without disabilities.³¹

In addition, those who experience difficulty with communication and understanding are likely to find the experience of evacuation more traumatic. And children who have high support requirements and who rarely leave their cots are likely to be traumatised simply by moving out of the institution, as this is outside their normal experience.

3.2 Purpose of this report

This report aims to synthesise available information on refugee children with disabilities evacuated from institutions, both internally in Ukraine and to other countries. It is hoped this will provide a clearer picture of the situation of these exceptionally vulnerable children.

It further aims to highlight specific risks to children, with some granularity, as well as identifying protective factors and good practices. It explores the interpretation of the legal framework to protect and support refugee children with disabilities evacuated from institutions.

The report provides recommendations to improve the care and support of Ukrainian refugee children with disabilities evacuated from institutions. It also provides recommendations for improved planning and provision of

²⁸ Lancet Commission (2020) Op. Cit.

²⁹ UN Global Study on Children Deprived of Liberty (2019). <https://omnibook.com/view/e0623280-5656-42f8-9edf-5872f8f08562/page/1>

³⁰ See for example: <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including>; <https://www.ungeneva.org/en/news-media/meeting-summary/2022/08/experts-committee-rights-child-commend-ukraine-its-commitment>; <https://www.ohchr.org/en/press-releases/2022/08/ukraine-un-experts-sound-alarm-situation-children-disabilities>

³¹ See for example: Lancet Commission (2019) Op. Cit.; Lumos report on Bulgaria: <https://www.wearelumos.org/resources/analysis-financing-deinstitutionalisation-process-bulgaria/>

support for children with disabilities from a country's care system who become caught up in future refugee and forced migration crises.

3.3 Children in institutions in Ukraine before the war

Before the war, Ukraine had arguably the highest rate of institutionalisation of children in Europe. Many countries struggle to ascertain accurate statistics on institutionalisation.³² Ukraine is no exception. The responsibility for residential institutions for children sits with different government ministries (at least health, education and social policy), and considerable authority is devolved to the regional level. This – together with challenges with definitions – has led to differences of opinion on the numbers and characteristics of children living in residential institutions. This includes a lack of clarity on the number of children with disabilities living in institutions.

3.3.1 Numbers of children in institutions before the war

According to the latest data provided by the Ukrainian government's National Social Services (NSS), there were 68,000 registered children classified as being deprived of parental care or orphans and 35,000 registered children classified as having difficult life circumstances living in institutions before the full-scale invasion. This is a total of 103,000 children.³³

UNICEF reports that approximately half of the children in Ukrainian institutions have disabilities.³⁴ However, recent presentations by the Ukrainian government put the proportion of children with disabilities in institutions at 18%.

Data collected in 2021 by the Presidential Ombudsman together with the Lumos Foundation paint a considerably different picture. According to this data, in 2021:

- 91,509 children were enrolled in 673 residential institutions.
- Baby institutions – under the Ministry of Health – housed 2,436 children (3%).
- Children's care homes, managed by the Ministry of Social Policy, housed 3,942 children (4%).

³² For more information on the data challenges related to institutionalisation of children globally, see: Desmond, C, Watt, K, Saha, A, Huang, J and Lu, C (2020) Prevalence and number of children living in institutional care: global, regional, and country estimates. *The Lancet Child and Adolescent Health*, Vol. 4, Issue 5.
<https://www.sciencedirect.com/science/article/abs/pii/S2352464220300225>

³³ Information provided by NSS and Surge

³⁴ <https://graphics.reuters.com/UKRAINE-CRISIS/ORPHANS/dwprkxzwwvm/>

- Residential facilities of different types were under the direction of the Ministry of Education and Science, with 85,131 children registered (93%).³⁵

However, 46,021 (50%) of the children were enrolled in special schools, but only attended special education during the day and did not remain in the institutions overnight. They went home to their families at the end of the day. If this data is correct, then the current figure of more than 100,000 children in institutions before the war is incorrect.

3.3.2 Over-representation of children with disabilities in institutions

Of the 45,488 children who were resident in institutions, more than 90% had living parents with whom they had a relationship. 32,776 (72%) of the resident children had disabilities, disaggregated as follows:

- 18,193 – with intellectual disabilities (56%)
- 5,050 – with hearing impairments (15%)
- 4,530 – with visual impairments (14%)
- 3,058 – with speech and language disorders (9%)
- 1,945 – with physical disabilities (6%).

This information is significant, as it would suggest that the overwhelming majority of children in institutions were living in residential special schools, predominantly to receive education. This is presumably due to the unavailability of inclusive education in their local communities.

However, there are clearly discrepancies regarding the numbers of children living in institutions and, in particular, how many have disabilities. There is a need for an improvement in the collection and disaggregation of data, which first requires an agreement on definitions. Nevertheless, data would suggest there is a clear over-representation of children with disabilities in institutions in Ukraine.

3.3.3 Conditions in institutions before the war

Before the war, many institutions in Ukraine had the characteristics associated with poor-quality care, likely to result in a lasting negative impact on health, development and future life chances. These characteristics include: large facilities with large numbers of children living together; lack of personalised spaces; and too few personnel to provide any

³⁵ Data collected by the President's Ombudsman and the Lumos Foundation January 2021. It should be noted that there will have been some changes to this data by the time the war broke out in 2022. However, it is probably the most reliable source of data disaggregated by disability and is therefore used here to highlight the discrepancies regarding statistics on disability.

form of individualised care.³⁶ Children with disabilities were at an increased risk of harm as a result of the quality of care in institutions.

Disability Rights International (DRI) found that many children with disabilities in Ukrainian institutions were “left in physical restraints or kept in beds and cribs where their arms and legs atrophy from disuse.” In many institutions they found children were subjected to forced labour.³⁷

3.3.4 Progress on deinstitutionalisation before the war

In recent years in Ukraine, considerable progress had been made towards developing the political will and a national strategy for deinstitutionalization. In 2017, the government adopted the National Strategy of Reforming the System of Institutional Care and Upbringing of Children (2017 – 2026), accompanied by actions plans, the second of which was enacted in June 2020.³⁸

In February 2021, UNICEF raised its concerns regarding potential changes to the strategy. It highlighted recommendations for Ukraine from “the United Nations Committee on the Rights of the Child [which] reiterated the criticality of urgent implementation of comprehensive DI reform.” UNICEF noted that, often the reasons children are sent to live in care are “poverty, disability, abuse or neglect, as well as lack of access to quality special or inclusive education, or limited access to health, social and other family-support services in their communities.”³⁹

However, in June 2021, the national strategy was amended by the Cabinet of Ministers. Most significantly, the new strategy excluded residential special schools, education and rehabilitation centres and residential sanatorium schools from the deinstitutionalisation process. This means tens of thousands of institutionalised children were no longer included in the deinstitutionalisation strategy.⁴⁰ This despite the fact that research showed that 92% of the children had a living parent.⁴¹

3.4 The Refugee Journey

In the first days and weeks of the war, whilst families across Ukraine were making decisions about how and where to evacuate their children to safety, the authorities responsible for children in care had to make decisions

³⁶ See for example: <https://www.coe.int/en/web/kyiv/-/press-release-ukrainian-psycho-neurological-institutions-de-institutionalisation-should-be-pursued-understaffing-and-overcrowding-addressed#>

³⁷ <https://www.driadvocacy.org/wp-content/uploads/No-Way-Home-final.pdf>

³⁸ A worrisome U-turn on ending the institutionalisation of children in Ukraine (2021).

https://www.eurochild.org/uploads/2021/10/Joint-Statement_Care-reform-in-Ukraine_October-2021.pdf

³⁹ <https://www.unicef.org/ukraine/en/press-releases/unicef-urges-government-ukraine-continue-deinstitutionalization-reform-line-approved>

⁴⁰ Ibid

⁴¹ https://www.hopeandhomes.org/wp-content/uploads/2022/03/The-illusion-of-protection_eng.pdf

regarding tens of thousands of children. As noted earlier, the majority of children in institutions in Ukraine lived in residential special schools, predominantly due to a lack of inclusive education in the community. Therefore, these children had been institutionalised for reasons other than child protection concerns.

3.4.1 The first weeks of the war - reunification and evacuation

Reunification

During the Covid pandemic, considerable numbers of children had been returned to their families, due to the risks of living in concentrated numbers in institutions. Lessons learned during that process informed a rapid reunification programme. According to government data, in the first weeks of the war, the authorities managed to reunite 31,000 children from institutions with their families (the overwhelming majority of whom were children from residential schools).⁴² It is not known how many of those children had disabilities, but given that a high percentage came from residential special schools, it is likely a majority were children with disabilities.

It would appear there were no specific requirements for families to inform the authorities if they decided to evacuate abroad with their children. Therefore, there are some concerns regarding the risks of such a rapid reunification without individual evaluation and a robust system of follow-up.⁴³ It should be noted that EDF's research on families of children with disabilities who evacuated found that 33% had lived in institutions before the war – predominantly for the purposes of education.⁴⁴ This demonstrates that at least some of the reunited children and families are likely to have evacuated abroad.

However, according to the NSS, they have undertaken painstaking work, together with the SURGe project⁴⁵, to create a database of all the children who were in care before the war – and to ensure that they know where all the children are now.

Much of this reunification took place at the decision of individual institutions and local authorities. In many instances, they were supported by NGOs to ensure that reunited families had access to support services to ensure their children would have adequate care and would be safe.

⁴² Ukrainian Ministry of Social Policy Press Release, 19 March 2022: "since the beginning of the large-scale Russian invasion of Ukraine from institutions with 24-hour stay, 30,582 children have been returned back to the care of parents or other legal representatives. [Of these] 30,078 are from institutions under the Ministry of Education and Science; 95 children are from institutions under the Ministry of Health; and 409 from institutions under the Ministry of Social Policy"

⁴³ Special Rapporteurs' Letter to the Ukrainian government. (29 July, 2022). AL UKR 2/2022 .

<https://www.ohchr.org/en/press-releases/2022/08/ukraine-un-experts-sound-alarm-situation-children-disabilities>

⁴⁴ See Chapter 1 of this report

⁴⁵ <https://www.alineainternational.com/?s=surge>

Evacuation

In the first weeks of the war, mass evacuations of children from institutions took place. Many were organised by civil society organisations working in cooperation with local authorities and institution directors. At this point, in the initial chaos of the war, government oversight of this process was limited. Thousands of children were evacuated within Ukraine and to other countries.

Numbers of children evacuated from institutions

Because of the open borders, data collected as children left the country is patchy, making it difficult to track their movements. The government set about creating a database of children who had evacuated, but this was a challenging task, taking months. The National Social Services (NSS) in cooperation with the SURGe project, have undertaken that painstaking task.

According to the Ukrainian Ministry of Social Policy's press release on 10 May 2022,⁴⁶ since the introduction of Martial Law, more than 6,400 children who had been permanently resident in institutions twenty-four hours a day – and who could not be immediately reunited with their families – were evacuated, both inside Ukraine and abroad. By June, the government's figures suggested that, "282 orphanages out of 706 evacuated all or some of their children abroad or within Ukraine. Overall, 6,506 children were evacuated—**2,278** to other regions of **Ukraine** and **4,228 to other countries**."⁴⁷

The most recent figures provided by the NSS state that 4,071 children have been evacuated abroad from 175 institutions.⁴⁸ It should be noted that there is a discrepancy between the figures provided in June and in November.

NSS is confident that they have accurate data on the numbers of children evacuated from institutions and knowledge of their location. However, the speed, ad hoc nature and complexity of the initial phase of evacuation did present a risk that children might go missing. There is evidence in previous migration and refugee crises in Europe of links between institutionalization, refugee children and trafficking.⁴⁹

⁴⁶ Ukrainian Ministry of Social Policy Press release 10 May, 2022. <https://www.msp.gov.ua/news/21816.html>

⁴⁷ Ukraine Media Centre. 1 June 2022. <https://t.me/UkraineMediaCenterKyiv/1392>

⁴⁸ Interview with NSS. November 2022

⁴⁹ See for example: Lumos (2020) Cracks in the System: Child Trafficking in the Context of Institutional Care in Europe. https://lumos.contentfiles.net/media/documents/document/2020/06/Lumos_Cracks_in_the_system_Report_Web_v1Arpq.pdf NB. This issue is covered in more detail in Chapter 4 of this report.

3.4.2 The decision to leave

According to NSS, the decision to evacuate children from institutions should be taken according to Decree Number 385 of the Cabinet of Ministers, enacted in March. However, NSS further state that, “unfortunately, we were not prepared before the full-scale invasion and this procedure did not start from the first day of the full-scale invasion and the first day of evacuation of children. That is why some children from institutions and from family type care were evacuated without regard to this regulation. But since March it is fully and legally in effect.”

According to the procedure, “the decision on the evacuation of children from institutions is taken by the head of the facility... which is then approved by the regional military administration. In case of evacuation abroad, the military administration seeks additional approval from the National Social Service agency.”⁵⁰

This means that the vast majority of children were evacuated outside these regulations, as most evacuations took place during the first few weeks of the war.

Decisions to leave were largely at the instigation of institution directors or local authorities in areas at risk. One civil society representative pointed out that, in the first days and weeks, it was assumed that the whole of Ukraine would be rapidly overrun by Russian forces.⁵¹ Therefore, initially, institution directors anywhere in the country might have decided that remaining in situ was unsafe.

In late March, a director of a children’s home in Nizhyn weighed what to do with the children in her care. Some families came to collect their children, but seven were left behind. They evacuated and three days after they left, the Russians moved on Nizhyn. The evacuation was terrifying for the children who “could hear the gunfire and explosions.”⁵²

Data provided by a range of representatives of government and civil society suggest that, with some exceptions, children with the highest support requirements were predominantly evacuated inside Ukraine or, in some cases, were not moved at all from institutions in unsafe areas.

One interviewee asked an institution director why a certain group of children with high support requirements were being left behind. The institution director responded using a pejorative term to describe the

⁵⁰ NSS interview, November, 2022. The regulations on evacuation can be found here: https://drive.google.com/file/d/1no5kyvMXCS_AhEEZ5IieXIsEVcUhiVH_/view

⁵¹ Key informant interview. October, 2022

⁵² <https://www.macaubusiness.com/fleeing-war-ukraines-orphans-face-trafficking-threat/>

children, implying that the children were of 'low intellect', saying they did not need to be evacuated – and that it would be complicated because of their needs.

Some civil society organisations worked together with medical charities and the Ukrainian Railways company to ensure that all children could be evacuated from institutions – including those with high support requirements. The Ukrainian Railways organised designated carriages and arranged for the children to meet the train two stations before the main station where all other refugees would be boarding, so that children with high support requirements would be less stressed by the experience.

It would appear those efforts may have been exceptional. There are other examples of children with high support requirements being left behind. In one case, an institution for children with disabilities had 100 children before the full-scale war. Directly following the invasion 30 of the children, those with lowest support requirements, were evacuated to Poland. Those with the highest support requirements were not evacuated. Following this, 50 children from the eastern part of Ukraine were brought to this institution, making the current number of residents 120.⁵³

This means the level of care is likely to be poorer than previously. Therefore, the children with the greatest requirement for individualised care are the least likely to receive it.

At another children's home, a director struggled to decide what to do with "nearly 100 disabled and sometimes terminally-ill children." The director described many offers from abroad for help to evacuate, but due to the level of extensive care the children need, she decided they were better off staying put in their "well-equipped hospital tended to by an army of volunteers."⁵⁴

In other examples, several institutions have been amalgamated – with babies, children with disabilities and older children all housed together, with insufficient carers. One interviewee mentioned an institution now housing 1,800 children and adults with disabilities who, apparently, had nowhere else to go.

Many evacuated children from institutions in Eastern Ukraine have been placed in institutions in Western Ukraine. These institutions are now well over capacity. Many Ukrainian personnel from institutions have resigned so they can evacuate with their own families. This means children are left

⁵³ Key informant interview, October, 2022

⁵⁴ INSERT REF

with far too few carers – during the evacuation process and once they have moved to the new institutions.⁵⁵

These findings are confirmed by the UN CRC in their Concluding observations on the combined fifth and sixth periodic reports of Ukraine. The Committee raised concerns regarding the care of children with disabilities, particularly those with high support needs. The report acknowledges children with disabilities in institutions have suffered years of emotional neglect and abusive practices and have not been included in the country's deinstitutionalisation process. Since the full-scale invasion, children with high support needs have largely been left behind in State institutions where, the committee notes, "in some instances [they] have been tied down or left in beds in near total inactivity, and held in dark, poorly ventilated rooms with limited hygiene services."⁵⁶

Children left behind in institutions in occupied territories faced a range of different threats. According to one interviewee, 12 children with disabilities were removed from an institution in Kherson by a Russian medical team and taken to Crimea, without authorisation. The institution was told they were being sent to receive specialist care, but local authorities have received information that the children were placed in psychiatric institutions in the villages and countryside, where they are unlikely to receive proper care.

3.4.3 The choice of destination country, the journey and crossing the border

Institution directors and local authorities who decided to evacuate children from institutions reached out to anyone they knew who they thought could help. This included civil society organisations – particularly those who had been involved in assisting similar, smaller-scale evacuations in 2014 when parts of Donetsk and Luhansk were occupied. It also included directors of other institutions in Ukraine and organisations abroad that had supported the institutions in some way. Ukrainian civil society organisations also reached out to contacts abroad and, rapidly, offers of support came in, with foreign NGOs arranging to meet children at the Ukrainian border and take them on to their next destination. Therefore, the choice of destination country was based largely on previously forged personal relationships.

The arduous journey to the border was not without many unique challenges for those in search of safety. For a group of individuals evacuating from two

⁵⁵ Disability Rights International (2022) Left Behind in the War: Dangers Facing Children with Disabilities In Ukraine's Orphanages <https://www.driadvocacy.org/new-report-left-behind-in-the-war-dangers-facing-children-with-disabilities-in-ukraines-orphanages/>

⁵⁶ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FCO%2FUKR%2FCO%2F5-6&Lang=en

institutions for persons with disabilities in Kyiv, on their journey toward the Polish border they encountered “miles-long lines of cars carrying other refugees from Ukraine fleeing toward safety in the European Union.” This group decided to re-route for Hungary in the hopes of finding safety. The children struggled on the long bus ride. According to the institution director, they “all need special care and support.”⁵⁷

Because there were no requirements for border checks in several neighbouring countries, no data was initially recorded on groups of children crossing the border. However, news reports and information from interviews provide a sense of the urgency, chaos and complexity associated with the evacuation. And this should be remembered in the context of the largest refugee crisis in Europe since World War II. By 31 March, 2022, more than 4 million Ukrainians had fled the country, with the majority entering EU countries.⁵⁸ Here are some examples

In early March, children aged between one and three – all with serious medical conditions – left Kharkiv’s Hippocrates Care Centre. They travelled for thirty hours by, cars, trains and buses, while shells fell close by. Kharkiv, only 54 kilometres from the Russian border, was an early target of the invasion.⁵⁹

A Scottish charity evacuated 52 Ukrainian children from an institution to Scotland via Poland. They temporarily stayed in a hotel in Poland with the support of “Fundacja Leny Grochowskiej, a Polish organisation providing free accommodation and food for hundreds of refugees.”⁶⁰

The Catholic relief organisation, Caritas, said that 200 individuals from two orphanages for people with disabilities would be “placed in rehabilitation centers in the southwestern Polish city of Opole after completing the 350-mile drive” from where they arrived in Hungary.⁶¹

The Save Ukraine centre evacuated thousands of vulnerable Ukrainians – including children from institutions, persons with disabilities, older person and families at risk. The platform became an “information hub” for “vulnerable and less mobile citizens” who needed evacuation support.⁶² According to USAID, they helped the centre evacuate up to 500 people daily.⁶³

⁵⁷ <https://www.cbsnews.com/news/ukraine-orphans-disabilities-fleeing-kyiv/>

⁵⁸ See for example: <https://www.schengenvisainfo.com/news/timeline-of-ukrainian-refugees-reaching-eu-countries-amid-russian-invasion/>; and <https://data.unhcr.org/en/situations/ukraine>

⁵⁹ <https://www.bbc.com/news/world-europe-60648735>

⁶⁰ <https://www.bbc.com/news/uk-scotland-scotland-politics-60787601>

⁶¹ <https://www.cbsnews.com/news/ukraine-orphans-disabilities-fleeing-kyiv/>

⁶² <https://medium.com/usaid-2030/the-hotline-that-evacuated-13-000-ukrainians-counting-378c59b90f2c>

⁶³ <https://medium.com/usaid-2030/the-hotline-that-evacuated-13-000-ukrainians-counting-378c59b90f2c>

Aerial Recovery, a group of former US military veterans, claimed on 10 April "Over 600 orphaned children have been evacuated by the volunteers since the war began more than six weeks ago. Despite recent warnings that the already deadly war is expected to become even more brutal, the volunteers say they aren't going anywhere."⁶⁴ They worked with Ukraine's Defense Ministry and Salam, a charity helping refugees. They evacuated 478 children they refer to as orphans, and "have at least another thousand to go."⁶⁵

Soon after the Russian invasion commenced, a U.S. based nonprofit, The Glow Mission, which claims to have "[served] orphans, widows, and the needy in Ukraine since 2016"⁶⁶ "raced to get Ukrainian orphans and aged-out orphans to safety." The founder and her spouse worked with Ukrainian contacts to evacuate the children and teenagers they care for in eastern Ukraine.⁶⁷

A Christian charity based in the United States took part in the evacuation of nearly 1,200 orphans. New Horizons for Children, "led by a clinical psychologist who has worked for years with traumatized youth," began work in Ukraine in 2009. An organisation representative described the region in which New Horizons for Children is working, stating, "we've been just continually evacuating more and more kids."⁶⁸

A child fleeing Ukraine with 250 other children from the orphanage where he lived traveled for days, "first northwest by train to Poland and then by bus through the Czech Republic and Austria," finally arriving in northern Italy. He will remain housed in a hotel with the others from the orphanage "until the war is over."⁶⁹

In March, "112 Ukrainian children with families, orphans and children with disabilities left for the Austrian city of Innsbruck. This is the second group of young Ukrainians sent to Austria under the agreement between governor of Tyrol Günther Platter, the Embassy of Ukraine in the Republic of Austria and the First Lady Olena Zelenska." The group includes children who were living in training and rehabilitation centers, special and sanatorium schools,

⁶⁴ <https://www.foxnews.com/world/volunteers-evacuate-orphaned-ukrainian-children-modern-day-holocaust>

⁶⁵ <https://www.voanews.com/a/no-place-for-a-kid-says-us-veteran-who-s-rescuing-ukraine-s-orphans-/6493259.html>

⁶⁶ <https://glowmission.org>

⁶⁷ <https://www.wncn.com/article/news/politics/north-carolina-politics/north-carolina-based-nonprofit-ukraine-orphans-russia-war-charlotte/275-689fefe7-d747-4e65-9969-8c8c54cf0b75>

⁶⁸ <https://www.christianpost.com/news/christian-group-rescues-ukrainian-orphans.html>

⁶⁹ <https://www.thegazette.com/news/hiawatha-family-clings-to-hope-for-fourth-ukrainian-adoption-after-teen-escapes-to-italy/?amp=1>

along with children who are brought up in families and children with disabilities.⁷⁰

3.4.5 Registering and accessing services in-country

In the context of this rapid, ad hoc, mass evacuation, the Ukrainian government was understandably concerned about the risks of trafficking and of children disappearing. Consequently, they enacted regulations and procedures regarding the continued evacuation of children from institutions. This introduced a process by which the institution personnel must officially register all the children who have entered the country and inform the Ukrainian consulate of the children's presence. The regulations also stipulated that children must be kept together in their groups – however large – and therefore placed in institutions in the receiving countries.⁷¹

The decision to keep groups of children together may have assisted the government in keeping track of children. The intention was to keep them safe and ensure they have proper care. However, it has also resulted in the following unintended negative consequences.

Firstly, children remain institutionalised, which is inherently harmful. Secondly, receiving countries have had to increase numbers in institutions, reopen old institutions or use inappropriate, makeshift facilities in order to respect the Ukrainian government regulations. This is because few countries in Europe have large institutions for children, as most have implemented a deinstitutionalisation process. Thirdly, the quality of care provided in these makeshift institutions is largely dependent on the level of interest from the state and the provision of philanthropy by private individuals or NGOs.

Quality of care

There is no systematic monitoring of the safety and quality of care for children evacuated abroad from Ukrainian institutions. Various news reports suggest that some children arrived in a poor state of health, with the signs of neglect associated with poor quality institutional care. In one case, an organisation caring for 40 children said that every child needed significant dental treatment.⁷² In another case, a group of children aged 5 to 18 with intellectual disabilities were placed in an institution that does not usually care for children with disabilities. Institution staff say they are

⁷⁰ <https://www.president.gov.ua/en/news/112-ukrayinskih-ditej-sirit-i-ditej-z-invalidnistyu-virusnil-73825>

⁷¹ The regulations on evacuation can be found here:
https://drive.google.com/file/d/1no5kyvMXCS_AhEEZ5IieXIsEVcUhiVH_/view

⁷² <https://www.opendemocracy.net/en/odr/what-happened-to-ukrainian-children-in-care-who-fled-to-poland/>

learning how to respond, supporting the Ukrainian caregivers to ensure the children have the right medical care and social activities.⁷³ In the summer of 2022, the Ukrainian government undertook a monitoring visit to several countries to visit children who had been evacuated from institutions. Despite the ad hoc nature of institutions, large numbers housed together and insufficient staffing levels, according to one interviewee, the government did not feel they could ask for more, since the countries had provided so much support to Ukrainian refugees.

The government is confident it knows the whereabouts of each child evacuated from institutions in Ukraine. However, knowing where children are does not automatically make them safe. The challenge of monitoring the individual care and protection of each of these children is an impossible task for the government of Ukraine.

Firstly, they are at some physical distance from the children. Consular personnel are insufficient in number and training to follow the children up appropriately. Secondly, the government's data collection systems for children in institutions are only now becoming fully updated. At the time of data collection for this report, NSS still did not have information on which evacuated children have disabilities. Thirdly, Ukraine's capacity to monitor children in the institutional system before the war was limited. It is not credible to expect the authorities to have the capacity to monitor children in other countries.

If children evacuated from institutions were included in countries' child protection systems, they would be obliged to collect data on the children regularly. This could be shared with the Ukrainian government, which would be likely to improve the monitoring data available, to assist Ukraine in participating in decision-making about the children – and in preparing them to return to Ukraine when peace comes.

Inclusion – or not – in the child protection system

Some countries have included the institutionalised children in their child protection systems, but others have not. In the latter case, the children exist in a parallel, informal, largely unregulated system and are not subject to the same level of protection and rights as other children in their care systems. Outside the system of care, there is no mechanism for monitoring or enforcing minimum standards of care.

According to some interviewees, examples of inappropriate institutional conditions include the following.

⁷³ <https://www.forbes.com/sites/unicefusa/2022/06/02/a-welcome-in-romania-for-ukrainian-children-with-disabilities/?sh=a54c40311706>

In one case, an estimated 700 children are being kept together in a hotel with too few carers. The mix of children is also inappropriate, placing children at risk. Babies, children with disabilities, children with chronic communicable illnesses and older children from juvenile justice facilities are all living together.⁷⁴

In another case, old institutions for children that had been closed down as part of a deinstitutionalisation process have been reopened to house the children. In one example, 40 children were evacuated to Łódź and housed in two former institutions. "Łódź's towering orphanage buildings, with iron bars on the windows and rusty swings in the garden, had been abandoned as a relic of a bygone era until Russia's war against Ukraine brought them new life."⁷⁵

In several countries, there are reports of children being looked after by local civil society organisations, without the full oversight of that country's responsible governmental or local authorities.⁷⁶

In their joint statement of The UN CRC and CRPD, called upon "the governments of all countries hosting children with disabilities who were evacuated from Ukrainian institutions to fully include all children evacuated from the Ukrainian residential care system in their national child protection systems and ensure they are provided access to care, protection, health and education services on an equal basis with others."⁷⁷

However, there are challenges in agreeing whether or not children evacuated from foster families or from institutions should be included in the child protection system. One interviewee stated that their country is used to taking 'unaccompanied' refugee and migrant children into their care system. But because the children from institutions are accompanied by their carers, the governments are unsure whether the children are truly 'unaccompanied' and therefore require inclusion in the case system. They also cited a wish to cooperate with the Ukrainian government and not take legal action regarding children without their agreement.

Whilst this is understandable, because the children were in care in Ukraine, they were already deemed vulnerable and in need of the state's protection. Since the children are no longer on the territory of Ukraine, they can no longer receive that protection. Therefore, they should be included in the receiving country's care system, to ensure they receive all the protection the law provides. And the examples in this report demonstrate that their

⁷⁴ Key informant interviews

⁷⁵ <https://www.opendemocracy.net/en/odr/what-happened-to-ukrainian-children-in-care-who-fled-to-poland/>

⁷⁶ Key informant interviews

⁷⁷ Joint statement by the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities on Ukrainian children with disabilities (7 October, 2022) <https://reliefweb.int/report/ukraine/joint-statement-committee-rights-child-and-committee-rights-persons-disabilities-ukrainian-children-disabilities>

current status in an unofficial and therefore unregulated system places them at heightened risk of harm, abuse and neglect. In addition, abiding by the Ukrainian government's regulations that insist on keeping the children institutionalised violates the children's rights, exposes them to continued harm that is likely to have lifelong negative effects and denies them the opportunity to be provided high-quality family care.

3.4.7 Inclusion in the community

One of the reasons institutions are harmful to children is because they tend to result in isolation and exclusion from the community. With too few personnel, children are rarely taken outside the grounds. Children with disabilities and limited mobility often do not leave the building.

The Ukrainian government is concerned to ensure that children are only cared for by Ukrainian carers, to ensure they maintain their language and cultural heritage – and to ensure they are ready to return to Ukraine. However, this may further exacerbate the isolation of institutionalization.

Some children from institutions have been included in community activities – and those who have been included in countries' child protection systems are more likely to be part of community life. However, this is dependent upon the support provided by the local authorities or civil society organisations. In this regard, the CRC and CRPD recommend the following:

"Immediately organize individual support needs assessments for children, including for those with high support requirements who were evacuated from Ukraine and accommodate them in accessible shelters and family settings; and implement individual plans to develop community-based services that are available and accessible to Ukrainian children with disabilities;

"Invest urgently in the development of a temporary foster family programme for Ukrainian refugee children currently living in institutional settings, with a preference for assigning foster families from the Ukrainian diaspora and refugee communities, and ensuring continued access to the children's language and culture."⁷⁸

If the CRC and CRPD's recommendations were implemented, this would automatically improve inclusion in the community, whilst also ensuring children maintained their language and cultural heritage.

⁷⁸ Joint statement by the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities on Ukrainian children with disabilities (7 October, 2022) <https://reliefweb.int/report/ukraine/joint-statement-committee-rights-child-and-committee-rights-persons-disabilities-ukrainian-children-disabilities>

3.5 Plans for return to Ukraine

All parties agree that, once the war is over, as far as possible, evacuated children should be returned to Ukraine. However, the circumstances of that return should be based on individual assessments of the best interests of each child.

Despite the ongoing and escalating war and the impact of winter, there have been some recent cases of children returned to Ukraine inappropriately, in circumstances that do not take into account of the best interests of each individual child.

According to NSS, "Ukraine decree number 974... provides for the rights of the custodial care agents - local government bodies - to take decisions on the feasibility of return of children in case of emergency which takes place at the place of their relocation or evacuation. By this procedure 34 decisions of the return of institutions were already taken. 17 were returned from other countries and 17 were returned to their original location from their evacuation within Ukraine."⁷⁹

In an attempt to provide better regulation of the process of return, the Ukrainian government is developing a draft regulation. The Key components are as follows.

- The procedure makes it possible for children to be returned from abroad before hostilities end only in exceptional circumstances, such as an emergency
- The institution to which the children return must be at some distance from the borders with Russia and Belarus and from the frontline of hostilities
- The building must be at a defined distance from strategic objects that may be targets for Russia. It must also have a bomb shelter
- The facility will be assessed by a military committee which will then decide whether the children can return.

However, NSS further elaborated that "Ukraine does not have proper resources to carry out proper assessment every child that is abroad" and therefore decided that the procedure would have a "compromise", such that, "before a return takes place, the head of the facility or any other adult which accompanies the children abroad will submit information on each child which will enumerate information on the child's health, disability [and] services [and treatment] on rehabilitation, social, and other kinds of services which will need follow up or continuation in Ukraine."⁸⁰

⁷⁹ Interview with NSS and Surge team

⁸⁰ Interview with NSS and Surge team

It is concerning that children evacuated from institutions are being returned to Ukraine, particularly with the onset of winter and the recent Russian attacks on the power and energy systems.

In one instance at least, according to representatives of civil society in the Czech Republic, children were returned to an institution in Zhytomyr, Ukraine, from a relatively safe and supported environment. The children had not been included in the child protection system in the Czech Republic and, therefore, the Czech government had no official authority over the children's care. However, local NGOs and the Czech authorities were providing considerable support to the group of children, including housing, additional personnel (as too few had travelled with the children), food and other necessary items.

The decision to return the children appears not to have been made in the best interests of children. According to interviewees, there are concerns that the director of the institution who had remained in Ukraine was worried the empty institution might be closed and the personnel might lose their jobs. He therefore instigated the return of the children, without undertaking individual assessments of the children's needs.

The group included six children with high support requirements, who needed to be transported by ambulance, due to their fragile state of health.⁸¹

This case is of great concern and warrants urgent investigation. If, indeed, children with high support requirements have been returned, comprehensive individual assessments are urgently required. All children from institutions can be traumatised by unprepared moves – and the more moves a child experiences, the more traumatised they become. As well as the impact on mental health, this can have a significant impact on physical health and on behaviours: self-harming, aggression towards others, eating and sleeping difficulties are commonly noted in children moved suddenly from one institution to another. For children with high support requirements, the impact can be even greater. Increased self-harming may be managed by restraining children physically or through the use of psychotropic medication – practices that have been described as inhuman and degrading treatment. At times, unprepared moves for children with high support requirements result in increased mortality.

There is a significant provision of international law that pertains here. The Special Rapporteurs' letter to the Ukrainian government states: "We wish to recall that the CAT also provides for the protection against the non-refoulement of persons to situations where they may face torture and ill-treatment. This provision may be relevantly invoked in the instances in

⁸¹ Key informant interviews

which, should institutionalized children with disabilities who are received by other countries and placed in families and communities, would be forced to return to institutions once the conflict is over.⁸²

Because NSS's new regulation allows for return without individual assessment of children's needs and rights, there is a real danger that return will place children – particularly those with disabilities at serious risk of harm and contravene their rights under international law.

3.6 Children with high support requirements

Children with high support requirements – especially those who remain in Ukraine, but also potentially some of those who have been evacuated – are at a high risk of preventable mortality, particularly this winter. There is an urgent need for a rapid triage assessment of these children to identify which children require urgent medical evacuation. Countries across Europe with greater resources should offer to take children who need medical evacuation to survive the winter.

For those who will not be evacuated, there is an urgent need to develop intensive support plans to improve their health and development and reduce the risk of mortality over the winter.

“Winterization” plans involve repairing damaged buildings and providing alternative sources of heating where energy supplies have been cut. In addition, there is a focus on “personal insulation - warm winter clothes, thermal underwear, blankets, quilts.”⁸³

However, reports from before the war – and since the war started – demonstrate that there are children with high support requirements in institutions who evidence a typical form of institutional neglect.

A lack of sufficient personnel makes it impossible to provide individualised care and support. Children may lie in their beds or cots all day, with virtually no stimulation. A lack of sufficient personnel time means children may not receive sufficient food and, as a result, suffer from severe malnutrition. Furthermore, a lack of nappies (or the personnel time to change nappies regularly) can result in children being left in wet clothes and beds for hours at a time.

In such circumstances, the provision of warm clothes and blankets may be of limited assistance. What is also urgently required is a significant increase

⁸² Special Rapporteurs' Letter to the Ukrainian government. (29 July, 2022). AL UKR 2/2022 .

<https://www.ohchr.org/en/press-releases/2022/08/ukraine-un-experts-sound-alarm-situation-children-disabilities>

⁸³ See for example: <https://sheltercluster.org/ukraine/documents/shelter-cluster-winterization-recommendations20222023>; <https://www.usaid.gov/news-information/press-releases/nov-8-2022-usaid-announces-additional-25-million-winterization-assistance-ukraine>; https://www.unhcr.org/ua/wp-content/uploads/sites/38/2018/12/2018-11-UNHCR-Ukraine-Winterization-Update-FINAL_ENG.pdf

in the number of personnel who can provide individualised care and attention to ensure children are well-fed, are warm and dry and are provided stimulation, human interaction and opportunities to play, learn and develop.

Winterization plans – both inside and outside Ukraine – should urgently address this issue. They should focus on the recruitment and training of additional care personnel for the children with the highest support needs to help them survive the winter.

3.6.1 Regulations hampering necessary evacuation

In some instances, necessary evacuation of children was not possible, as the receiving country could not accept the Ukrainian government regulations insisting on keeping children together, since their care system could not accommodate large groups of children together as this would be contrary to their standards of care for children. In one case, a country was asked by NSS to take 100 children and infants with disabilities. The country wanted to help but would have had to break the children into groups. As a result, the children were not evacuated to that country.

3.7 Finances

The primary motivation behind improving systems of care must always be reducing risk of harm and improving access to rights for children. However, the financial implications are not insignificant. Institutions are consistently proven to be expensive as well as harmful. Therefore, this report provides initial thoughts on the finances involved with supporting children evacuated from institutions.

This report demonstrates that children evacuated from institutions to other countries must be included in the child protection systems of those countries. This process should result in improved care for children and, as far as possible, children should be provided with family-based care. This should improve quality of care, reduce risk of harm and improve developmental outcomes for children. The benefit of family care for children with disabilities is likely to be even greater, since they face a greater risk of harm in institutional settings than children without disabilities.

3.7.1 Supporting children evacuated to countries outside Ukraine

Because many of the children evacuated abroad from institutions are not included in the child protection system, their support is reliant upon donations. The quality of that support is likely to vary greatly – partially due to available funds.

Once children are included in receiving countries' child protection systems, they will be obliged to fund the children's care on an equal basis with other children.

In Poland, for example, there are an estimated 2,000 Ukrainian children currently living in institutional settings. **If they continue to be institutionalised** once included in the child protection system, the annual cost to the state⁸⁴ is likely to be approximately **€28,000,000**.⁸⁵

However, if 90% of those children were placed in **family care**, the total annual cost would reduce by 45% to approximately **€15,300,000**.⁸⁶

These costs are significant for several reasons:

- Firstly, certain countries – in particular Poland – have taken the largest share of children evacuated from institutions. Once children are included in the child protection system, these countries' care budget will increase significantly. Committing resources to an intensive programme of individualised assessments and the rapid scale up of high-quality temporary foster family care will result not only in significantly improved care for children, but will also considerably reduce the financial impact
- Secondly, there is a need for the European Union and other international donors to provide additional support to Poland and other countries to ensure these services can be provided adequately. Without this support, there is a risk that children will remain in substandard care for even more prolonged periods of time.
- Thirdly, whilst providing funds to support Ukrainian children in care in EU countries is essential, regulations on the use of EU funds require, as far as possible, the provision of family care, not institutions. Therefore, the EU should set conditions for the use of humanitarian and other EU funding to support Ukrainian children evacuated from institutions to EU countries.

3.7.2 Supporting children evacuated inside Ukraine

There appears to be some concern at the level of the Ukrainian government regarding the children evacuated from institutions who were placed in other institutions in Ukraine. With UNICEF's support, more than a thousand new

⁸⁴ Annual costs have been calculated, since it is unlikely that Ukrainian children will be in a position to return safely to the country's care system within twelve months. It is therefore important to plan for the increased costs of care

⁸⁵ Calculation based on costs of institutional care according to the Polish government and local authorities. See the report on foster family care above for data sources. €1,163 per month x 12 months x 2,000 children = €27,912,000

⁸⁶ Calculation based on costs of institutional care and family care according to the Polish government and local authorities. See the report on foster family care above for data sources. Institutional care projected costs: €1,163 per month x 12 months x 200 children = €2,791,200. Family care projected costs: €581 per month x 12 months x 1,800 children = €12,549,600. Total: €2,791,200 + €12,549,600 = €15,340,800.

foster families have been trained.⁸⁷ The Minister of Social Policy recently mentioned an initiative to raise funds to pay for housing for foster families, so that children can be moved from institutions.⁸⁸

This, however, raises questions regarding the current budget for children's institutions. According to one report, the annual budget for children's institutions is **\$117,460,000 USD**.⁸⁹ However, this may be an underestimate.

If the figures for 2021 are correct, an estimated 46,000 children lived in 24-hour care. Another report that year by the Commissioner for Children's Rights suggested that the annual cost to care for a child in an institution was an estimated €5,000.⁹⁰

If this is the case, **the budget for children's institutional care in 2021** was likely to be **around €230,000,000**.

31,000 children were reunited with their families and over 4,000 children were evacuated abroad. This provides opportunities to redirect the current budget to support reunited families and invest in scaling up family care for children currently living in institutions. Ukraine is of course suffering severe financial constraints because of the war. However, thinking more innovatively about the budget now could provide an opportunity to redirect finances. Any loans or donations from the international community to support the state budget at this time of crisis should question how much of that funding is being used to maintain empty institutions.⁹¹

3.8 In essence

The situation of children evacuated from institutions demonstrates that, once separated from families, children are at a much higher risk of harm and neglect. Institutionalisation itself is inherently harmful. Once the war began, the evacuation of children from institutions initially took place in an ad hoc, chaotic manner. Children were dependent upon the connections of institution directors and the NGOs and philanthropists who supported institutions. Children with disabilities – particularly children with high support requirements – were more likely to be left behind in war zones, or

⁸⁷ <https://www.unicef.org/ukraine/en/press-releases/thousands-trained-shelter-children-separated-families-ukraine>

⁸⁸ Minister of Social Policy's speech at EDF's Roundtable on Ukrainian children with disabilities, 28 November, 2022

⁸⁹ <https://www.bbc.com/news/disability-62226636>

⁹⁰ The average annual costs at the time were UAH 200,000 – equivalent to US \$5,400.

<https://graphics.reuters.com/UKRAINE-CRISIS/ORPHANS/dwpkrxzwvm/>

⁹¹ It is understood that Ukraine is still paying institutional personnel and this report does not recommend that those personnel should be dismissed during the war. However, other institutional costs could be redirected now and careful planning could be initiated to retrain personnel to work in a future deinstitutionalised system- as foster parents, family support workers, teaching assistants, inter alia

moved to other institutions inside Ukraine, which are overcrowded and understaffed.

The government's understandable desire to regulate and control the situation – and to ensure no children went missing – has resulted in unintended negative consequences. Their regulations insist that children must remain together in their groups. This has led to inappropriate and ad hoc living conditions for large groups of children, placing them at increased risk of harm and denying them their right to live in family care.

The evidence gathered for this report suggests the continued insistence on this regulation has hampered efforts to evacuate some groups of children in urgent need.

Contrary to their responsibilities under international law, some receiving countries have not included these children in their child protection systems. It appears there is some confusion over whether this is necessary since the children are not 'unaccompanied' in the usual sense for refugee children.

However, it is clear that the children were in the care of the Ukrainian state before they evacuated – and they are living in institutions with carers who are not their family. Therefore, they should be formally included in the child protection systems of the receiving countries. Currently, children live in a parallel, informal system, that involves some support from the state, but is heavily dependent upon philanthropy. As a result, the standard of care provided varies dramatically, depending upon the capacity of the philanthropic organisations to respond.

In effect, receiving countries that have not included children evacuated from institutions in their child protection systems are neglecting their duties under the CRC and CRPD as well as their commitments under the Global Compact on Refugees.

Because children have not been fully included in the child protection system, there have been some instances of inappropriate return of children to Ukraine – including children with high support requirements. These decisions have not been made in the best interests of children and were not based on individual assessments. As a result, children have been placed at heightened risk of harm due to additional unnecessary moves, as well as being returned to unsafe, inadequate conditions.

Children with high support requirements who have been left behind in institutions in Ukraine – or placed in ad hoc institutional conditions in other countries – are likely to be at a high risk of mortality this winter. With Russia's recent attacks on Ukraine's power supplies, the UN is predicting another wave of refugees. Further evacuation may be necessary for which, as yet, there appear to be no systematic plans.

SUMMARY OF REPORT 4: The risks and realities of inappropriate and illegal adoption

4.1 International adoption in the context of war, disaster and crisis

For more than a century, cases of illegal and inappropriate international adoption of children have been noted, particularly during times of war and emergency.⁹²

Forced adoptions have occurred in many parts of the world throughout history. The Chilean government estimates up to 20,000 babies were illegally adopted to Europe and the US under the rule of Augusto Pinochet in the 1970's and 80's.⁹³ During World War II, the Nazis kidnapped thousands of Polish children. The children were sent to institutions "where they were forced to learn German and their names were Germanized."⁹⁴

In the UK during the "1950s, 60s and 70s, new mothers were coerced into giving up their babies in arrangements facilitated by the church, charities, and the government. The young unmarried women were not considered "suitable" parents by society or their families, and their babies were given to married couples who were."⁹⁵

Concerns regarding this issue were addressed in a UN joint statement earlier this year, which noted, that such illegal adoptions might involve "fraud in the declaration of adoptability, falsification of official documents or coercion, lack of proper consent by biological parents, improper financial gain by intermediaries and related corruption." The statement called on states to, "take all necessary measures to address root causes of such practices. This can be done, *inter alia*, by strengthening and further investing in effective national child protection systems and by increasing support to vulnerable families in particular single mothers in situations of economic hardship, from rural areas or belonging to indigenous communities. Alternative childcare measures shall respect the principle of subsidiarity and ensure the best interests of the child is the paramount consideration. States shall ensure birth registration for every child. Furthermore, States should provide effective protection of migrant, asylum seeking, refugee and internally displaced children, of children with disabilities as well as of children victims of armed conflict and natural disasters, including climate-related disasters, who are at higher risk of

⁹² For a detailed analysis of this topic, see: Zahra, Tara (2011). *The Lost Children. Reconstructing Europe's Families after World War II.* Harvard University Press. Cambridge, Massachusetts and London, England

⁹³ <https://time.news/chile-illegal-adoption-thousands-of-babies-snatched-from-their-families/>

⁹⁴ <https://www.dw.com/en/the-children-the-nazis-stole-in-poland-for-gotten-victims/a-52739589>

⁹⁵ <https://www.theguardian.com/society/2022/mar/20/we-were-human-beings-uk-families-seek-apology-over-historic-forced-adoptions>

being separated from their parents. In such circumstances States should consider placing moratoria on intercountry adoptions.”⁹⁶

Furthermore, the CRC and CRPD’s joint statement on Ukrainian children with disabilities states that, “the Committees support the effort of the Ukrainian government to ensure evacuated children do not go missing, are not adopted by persons in other countries and will return to Ukraine once the war is over. In this regard, the Committees note the moratorium on inter-country adoption under the conditions of Martial Law.”

4.2 Links between institutionalisation, refugee children and trafficking

According to a 2020 report by Lumos, entitled *Cracks in the System*, “thousands of refugee children were unaccounted for with many feared to have been trafficked. Evidence suggests that traffickers may use residential care home systems where unaccompanied children are often placed as “holding pens” in order to target children.”⁹⁷

This highlights potentially severe risks to evacuated institutionalized children. *Cracks in the System* warns that “children trafficked into institutions may be used for financial profit, forced labor, and sexual exploitation within the institution, while those trafficked from may be coerced by a perpetrator and forced into sexual or labor exploitation, illegally adopted, or used for other forms of exploitation.”⁹⁸

4.3 Russian deportations and forced adoptions during the current war

Since Russia’s invasion of Ukraine began in February, it is reported that thousands of Ukrainian children have been transferred to Russia to be adopted and become citizens.⁹⁹ Ukrainians who fled their hometowns seeking safety were, at times, “intercepted” by pro-Russia forces and “forcibly deported” to Russia.¹⁰⁰ Although Russian law prohibits adoption of foreign citizens, President Putin signed a decree making it easier for Russian citizens to adopt Ukrainian children. While some of the children had been living in Ukrainian orphanages or group homes, many have relatives or

⁹⁶ UN Joint Statement on Illegal Intercountry Adoptions. 29 September, 2022. https://www.ohchr.org/sites/default/files/documents/hrbodies/ced/2022-09-29/JointstatementICA_HR_28September2022.pdf

⁹⁷https://lumos.contentfiles.net/media/documents/document/2020/06/Lumos_Cracks_in_the_system_Report_Web_v1Alrp_g.pdf

⁹⁸https://lumos.contentfiles.net/media/documents/document/2020/06/Lumos_Cracks_in_the_system_Report_Web_v1Alrp_g.pdf

⁹⁹ <https://www.nytimes.com/2022/10/22/world/europe/ukraine-children-russia-adoptions.html>

¹⁰⁰ <https://www.washingtonpost.com/world/2022/09/01/russia-ukraine-filtration-forced-transfer/>

guardians who want them back. Putin's decree makes it difficult for Ukraine and relatives to ensure the children who were transported to Russia can return to their home country.

According to the Ukrainian government, as of November 14, 2022, 11,129 children were deported to the Russian Federation, the Republic of Belarus, or "forcibly relocated to the temporarily occupied territories in Ukraine." Only 103 have been returned.¹⁰¹ The forced transfer of children, if the intention is to destroy a national group, may be an act of genocide under international law.¹⁰² According to Ukrainian reports, the children are in classes teaching them to be proud of Russia, and Russia has a register of "suitable Russian families...and pays them for each child who gets citizenship- up to \$1,000 for those with disabilities."¹⁰³

4.4 International adoption from Ukraine before the war

International adoption processes can take many years to complete, but the Ukraine adoption programme usually takes less than one year, making it a popular country from which to adopt. Prior to the war, approximately 200 children from institutions were in the process of adoption to the United States, and fewer than 50 to all other countries.¹⁰⁴ Since the war, only a handful of these adoptions have moved forward.

In 2020, a total of 247 children were Internationally adopted from Ukraine.¹⁰⁵ According to the most recent data available, 211 children were adopted from Ukraine to the United States.¹⁰⁶ The remaining 36 children were adopted to other countries including Canada, Spain and Italy.

Of children considered 'available' for international adoption across the world, children with disabilities are disproportionately over-represented. This is also true of Ukraine.

Ukraine's law on international adoption states that for a child to be eligible for international adoption, they must have first been found eligible for domestic adoption and listed on the local register for 14 months. After the 14-month period, the child's name is added to the international adoption register and the child becomes eligible for international adoption. Ukrainian law requires children be at least five years old before becoming eligible for

¹⁰¹ document shared by President's advisor on Children's Rights

¹⁰² <https://apnews.com/article/ukrainian-children-russia-7493cb22c9086c6293c1ac7986d85ef6>

¹⁰³ <https://apnews.com/article/ukrainian-children-russia-7493cb22c9086c6293c1ac7986d85ef6>

¹⁰⁴ <https://www.kyivpost.com/ukraine-politics/bureaucracy-stifles-adoption-of-many-ukrainian-children.html2>

¹⁰⁵ <https://www.kyivpost.com/ukraine-politics/bureaucracy-stifles-adoption-of-many-ukrainian-children.html2>

¹⁰⁶ <https://travel.state.gov/content/travel/en/InterCountry-Adoption/InterCountry-Adoption-Country-Information/Ukraine.html>

international adoption, with certain exemptions including children with disabilities, relative adoptions, and sibling group adoptions.¹⁰⁷

Ukraine provides a list of health issues and disabilities, last updated in September, 2021, that allow Ukrainian children to be adopted internationally before they have been on the national registry for 14 months and before their fifth birthday. The list includes blindness, hearing loss, spina bifida, epilepsy, autism and hundreds of other health issues and disabilities.¹⁰⁸ This could be interpreted as trying to prioritise the care of children with disabilities. In reality, it means that children with disabilities are more likely to be separated permanently from their families, communities and cultural heritage.

Moreover, there is evidence that presenting as a prospective internationally adoptive family for children with disabilities may be beneficial, even if that is not the intention. *An Open Door* Adoption Agency provides the following information and guidance to adoptive parents travelling to Ukraine:

*"It is Ukraine's practice to first offer older or special needs children to each family. At first you may be told that these are the only children available. Please understand that this is their effort to find families for all children. Graciously select and visit one of these children, then other younger and healthier children will be offered to you once you return to the State Department for Adoption and Protection of Rights of the Child (SDA). You are completely free to decline any child and request others. Within the limits of children available at the time, you will be offered children until you find the right child for your family."*¹⁰⁹

The government of Ukraine only authorises adoptions of children by government referral; families are not legally allowed to preselect specific children based on photo, description, or any other method. There are, however, several organisations in the USA, such as Reece's Rainbow, promoting adoption of children with disabilities that have websites with photo listings of children available for adoption. The listings include a short description of their medical needs, photo, age, gender, time on registry, diagnosis and background. Often, there are adoption grants available from donors for a family willing to take a child with disabilities; the grants range from \$25 USD to more than \$20,000 USD.

It should be noted that much of the language used around international adoption demonstrates that the process is about families 'selecting' children who have become 'available'. This is contrary to best practice, where any

¹⁰⁷ <https://travel.state.gov/content/travel/en/Intercountry-Adoption/Intercountry-Adoption-Country-Information/Ukraine.html>

¹⁰⁸ <https://static1.squarespace.com/static/5d9f3a6de19b2467b961f91a/t/614770a6f3d1530576c0253f/1632071846556/Special+needs+under+age+5.pdf>

¹⁰⁹ <https://www.opendooradoption.org/adoption-services/international-adoptions/ukraine/>

adoption should be about finding the right family for the child – not about finding a child for a family.

4.5 History of international adoption in the USA

Whilst the UN has taken a clear and strong stance against international adoption during war or disaster – for all the reasons outlined above, the USA has not ratified the CRC or the CRPD. As such, the approach in the USA tends to differ somewhat from agreed UN and European approaches.

International adoption to the USA began in considerable numbers in 1955 when Henry and Bertha Holt convinced the US Congress to pass an act allowing them to adopt Korean war orphans.¹¹⁰ They went on to found Holt International Children's services, providing international adoption services in large numbers. Since then, children affected by war, natural disasters and crises have repeatedly been internationally adopted to the USA, despite serious concerns regarding the practices involved.

During the Vietnam War, adoption agencies and advocates petitioned the US government to allow Vietnamese orphans to be evacuated. On 4 April 1955, US President Gerald Ford ordered the evacuation of over 3,000 children, who were then adopted into US families. Many of these children were not, in fact, orphans.¹¹¹

After Nicolae Ceausescu was overthrown in the 1989 revolution, the media picked up the story of the state of Romanian orphanages which encouraged many families to adopt children from Romania.¹¹² "Many children were initially paroled into the U.S. by Immigration and Naturalization Services, this practice was stopped after it was revealed that many of the children were not really orphans."¹¹³ International adoption from Romania was deemed to be such an egregious infringement of children's rights that the European Union included improvements in this system in conditions for accession to the EU.¹¹⁴

¹¹⁰ Private Law 475, 1955. An Act for the Relief of Certain Korean War Orphans.

<https://www.govinfo.gov/content/pkg/STATUTE-69/pdf/STATUTE-69-PgA161-3.pdf>; For analysis of the legal context, see: Winslow, R. (2012). Immigration Law and Improvised Policy in the Making of International Adoption, 1948-1961. *Journal of Policy History*, 24(2), 319-349. doi:10.1017/S0898030612000061; and The Adoption History Project. <https://pages.uoregon.edu/adoption/people/holt.htm>

¹¹¹ <https://www.fordlibrarymuseum.gov/museum/exhibits/babylift/photography/>

¹¹² <https://www.theglobeandmail.com/news/world/one-sure-consequence-of-disaster-adoption/article4305005/>

¹¹³ many children were initially paroled into the U.S. by Immigration and Naturalization Services (INS, now CIS), this practice was stopped after it was revealed that many of the children were not really orphans.

¹¹⁴ <https://casw.umn.edu/featured/international-adoption-from-romania-a-timeline-2-of-5/>

4.6 The current status of international adoption from Ukraine

While Ukrainian adoptions were halted immediately following the Russian invasion, as of 27 May 2022, courts in Ukraine were allowing some adoption cases with official referrals to move forward, as confirmed by The National Social Service.¹¹⁵

In March 2022, International organisations, including Save the Children, called for an “immediate ban on international adoptions of children uprooted by the war in Ukraine to protect them from further risk of harm at the hands of traffickers or child abusers until appropriate safeguards are in place.”¹¹⁶ The statement warned that “during mass movement of refugees, well-meaning people may attempt to ‘rescue’ children from the crisis-affected area in the mistaken belief that they will be better cared for in other environments.”¹¹⁷

The Ukrainian government has taken a strong stance against international adoption during this time, stating that “the National Social Service is not currently considering cases and is not providing consent and/or permits for the adoption of children by foreigners or by citizens of Ukraine who reside beyond its borders.”¹¹⁸ There are, however, many groups with ties to institutions and foreign agencies, especially in the USA, putting pressure on the government to change this position and allow international adoptions and child hosting to move forward.

4.7 Money in international adoption, temporary hosting and institutionalisation

Ukraine is the number one sending country of children to the USA for international adoption and temporary hosting. In recent years, approximately 250 Ukrainian children are internationally adopted per year, with most of the children going to families in the USA. Although the total number of children is small, the industry is large. It includes not only adoption, but also child hosting, mission trips, and other activities from humanitarian aid organizations. Millions of dollars are at play.

Before the war, an estimated 46,000 children lived in more than 700 institutions in Ukraine. According to recent reports, Institutions in Ukraine are funded by the state at over **\$117,460,000 USD** annually.¹¹⁹

¹¹⁵ <https://travel.state.gov/content/travel/en/News/Intercountry-Adoption-News/judicial-adoption-hearings-in-ukraine.html>

¹¹⁶ <https://www.savethechildren.net/news/ukraine-crisis-save-children-calls-immediate-halt-intercountry-adoptions-keep-children-safe>

¹¹⁷ <https://www.savethechildren.net/news/ukraine-crisis-save-children-calls-immediate-halt-intercountry-adoptions-keep-children-safe>

¹¹⁸ <https://travel.state.gov/content/travel/en/News/Intercountry-Adoption-News/ukraine-ministry-of-social-policy-statements-on-child-safeguards.html>

¹¹⁹ <https://www.bbc.com/news/disability-62226636>

On top of state funding, institutions also receive money through international aid, including through adoption agencies, not for profit organizations, hosting agencies, mission trips, NGOs, and churches. An in depth 2014 analysis by Hope and Homes for Children of sponsor funding for Ukrainian residential facilities, including direct funding, building repairs, supplies, and activities, amounted to **\$4,627,000 USD**.¹²⁰

The financial analysis conducted as part of this research considered a small sample of adoption agencies, hosting agencies, and non-governmental organizations from the US who support institutions in Ukraine. This research found a total of **\$17,701,455 USD** donated in 2019. The significant increase in funding from 2014 to 2019 suggests a high level of donor interest in Ukraine's institutions. With the prevalence of fundraisers and charity drives currently being promoted to assist with war relief, it is likely these numbers will be greater in 2022 and beyond.

Small organisations, with small annual budgets before the war, are currently raising funds to support institutions, temporary hosting and international adoption. With only four organizations reporting the amount of money they have raised since the war began, the total has already reached over **3 million USD**. This illustrates the risk that organisations will continue to support institutional care through the war and in the future.

In fact, *New Horizons for Children* is already in the planning stages of building a new group of institutions following the war and are currently raising funds for this mission, claiming to have "a memorandum of understanding [with the Ukraine government] to care for all the orphaned children needing evacuation and shelter."¹²¹ This organisation has historically been involved in child hosting and encourages international adoption. Their website states "we are now hoping to create a centralized village of orphanages."¹²²

It might be expected that the presence of international adoption would reduce the numbers of children in institutions. In fact, the opposite is true, where significant sums are involved in the adoption industry. Because most prospective adoptive families want babies or young children, there is a need for a steady supply. The process of deinstitutionalisation dries up that supply of 'available' children.¹²³ It would appear that many organisations involved in international adoption actively resist deinstitutionalisation and support the establishment and expansion of institutional care.

¹²⁰ <https://bettercarenetwork.org/sites/default/files/The%20illusion%20of%20protection.pdf>

¹²¹ <https://nhfc.org/ukraine-crisis/>

¹²² <https://nhfc.org/ukraine-crisis/>

¹²³ In Romania for example, following the ban on international adoption and an investment in deinstitutionalisation, the country was able to reduce the numbers in institutions by more than 90% and to end completely the institutionalisation of babies and young children. <https://casw.umn.edu/featured/international-adoption-from-romania-a-timeline-2-of-5/>

4.8 Pressure from the USA to reopen international adoption

As of July 2022, 21,392 individuals in the US sent a message to their Congressperson asking that they issue a formal request to the then Ukrainian Minister of Social Policy. They petitioned the Minister to authorize the temporary placement of children in the adoption process or those that had been in hosting programs with American families until they can safely be returned, and their adoption processes can resume. They also request the US government immediately grant temporary non-immigrant visas for 300 children.¹²⁴

An additional 15,301 individuals have signed a petition on change.org urging President Biden to grant these 'orphans' new visas to return to the United States to stay with their host families; work closely with existing Ukrainian authorities to ensure the requisite travel authorizations are granted; and continue to work with Ukrainian authorities to find ways to expedite the international adoption process. They note that Ukraine is requiring all children remain in Europe, but suggest "instead of relocating these kids to countries around Europe and in "possible makeshift" institutions, these kids should be able to return to homes that they have been previously hosted in." They remind the President that this coordination can be done through the Office of Children's Issues which already has working relationships with adoption service providers and the relevant Ukrainian authorities.¹²⁵

As a result of this pressure, many congresspeople signed a joint letter to the Secretary of State, Antony Blinken, requesting the demands of the prospective adoptive parents be met.¹²⁶

On 9 June 2022, the State Department addressed questions from American citizens requesting help adopting or hosting Ukrainian orphans noting that they "continue to receive many inquiries from U.S. citizens concerned about the plight of Ukrainian children and share this concern." The State Department confirms that they "are in regular communication with the Ukrainian government and continue to convey that U.S. families are interested in completing adoptions in process and in providing safe haven to Ukrainian children, when in the children's best interest." Ukrainian officials have clearly stated that they prefer the children to remain in close geographic proximity to Ukraine and will not authorize any temporary travel

¹²⁴ <https://www.petition2congress.com/ctas/act-now-ukraine-orphans>

¹²⁵ <https://www.change.org/p/reunite-ukrainian-orphans-thier-american-host-families>

¹²⁶ <https://emmer.house.gov/cache/files/5/5/552f0972-34fe-4dfb-8526-422e74e4fe5a/ECDCEB445EAAF654865CB9212972D402.2022-03-22-ltr-caucus-adoption-to-state-re-ukraine-adoptions-n-children-w-us-host-families-final-signed-.pdf>

to the United States, in line with international standards for unaccompanied and separated children in emergencies.”¹²⁷

History demonstrates that when US citizens put pressure on their local representatives, Congress, or the President to bring children to the US during or after war or disaster, it results in children being separated from family and culture. This has never been a temporary fix, as few children are ever returned to their birth family or country. When there is enough pressure on the US government, they in turn often put pressure on the other country to relax adoption or visa laws for children in institutions.

4.9 Risks with international adoption

There are no guarantees that an adoption will be successful. Children who have been adversely affected by institutionalisation, particularly those who did not form healthy attachments as infants, are likely to manifest developmental delays and challenging behaviors. Without the right preparation or support, adoptive families may not be ready to respond effectively to these challenges.

Statistics in the USA show that some international adoptions fail, leading to disruption or dissolution. “Adoption disruption occurs when an adoption process is stopped after the child is placed in an adoptive home but before being finalized and dissolution is when an adoption ends after it has been finalized legally.”¹²⁸ Adoptive parents in the US report insufficient services and support, specifically from the agencies from which they adopted. Mental health services for adopted children are also reported to be difficult to navigate or obtain. When an adoption disrupts or dissolves, children frequently end up in some type of residential care. Residential Treatment Centers (RTCs) can be unsafe, abusive environments where children lack the support of a family.

US states are not required to publish data on children adopted internationally that end in disruption, dissolution, or enter state foster care. Of the 50 United States, 37 declined to report data for children that entered foster care after international adoption in 2020.

The Child Welfare Information Gateway reports disruption rates ranging from 10 to 25 percent and notes that accurate data on dissolutions is hard to find. When a child is legally adopted, their records may be closed, first and last names may be changed, and any identifying information may be

¹²⁷ <https://travel.state.gov/content/travel/en/News/Intercountry-Adoption-News/updated---information-for-u-s--citizens-in-the-process-of-adopti0.html>

¹²⁸ <https://www.childwelfare.gov/topics/adoption/adopt-parenting/disruption/>

legally altered.¹²⁹ In some international adoptions, physical documents with the child's original name may not even exist.

Families of children adopted internationally report a lack of services and support from adoption agencies once adoptions are finalized. When issues arise, they often have no place to turn for help, leading some adoptions to be dissolved. Paying for necessary services in the US can be difficult, as insurance does not always cover everything needed, including mental health care or pre-existing conditions.

When all options are exhausted, a family may petition a court to relinquish parental rights, although some families choose not to go through a formal adoption dissolution, and instead seek a private custody transfer, often called rehoming, through an adoption agency, lawyer, the internet, or even word of mouth.

Families looking to rehome children most often take to the internet to find a solution. Through Facebook groups, social media, and other forums, and without oversight from government or child welfare systems, they may transfer the child through a "power of attorney or notarized statement." In these transfers, the child's new caretaker(s) are not required to undergo criminal background checks or provide clearances.¹³⁰ According to a 2013 Reuters Investigates article, this "is a largely lawless marketplace. Often, the children are treated as chattel, and the needs of parents are put ahead of the welfare of the orphans they brought to America."¹³¹

Legal rehoming, or readoption, is also widespread throughout the US, it is done through an adoption agency or attorney and goes through an official adoption process. Some adoption agencies have programs developed specifically for readoption, and most of the children listed as available for adoption were initially internationally adopted.¹³²

Children with disabilities, especially those adopted internationally, are at considerable risk of re-entering the care system, whether a residential facility, foster care, or a new adoptive family as the services to care for them are often lacking.

4.10 In essence

Available evidence suggests that thousands of Ukrainian children – including children from institutions and children with disabilities – have been forcibly deported and placed in families in Russia, many with a view to adoption. It is likely that many of the Russian 'adoptive parents' are

¹²⁹ https://www.childwelfare.gov/pubPDFs/s_disrup.pdf

¹³⁰ <https://www.childwelfare.gov/news-events/adoptiontriad/editions/aug2019/>

¹³¹ <https://www.reuters.com/investigates/adoption/#article/part1>

¹³² INSERT REF

well-intended and believe they are 'saving orphans'. However, most of these children have known families and, therefore, adoption is inappropriate and illegal as it is likely to sever all ties with their family, community and cultural heritage. It is significant that additional funding is made available to Russian families who adopt children with disabilities.

At the same time, a similar narrative is at play amongst proponents of international adoption in the USA. In the last decade, many children have been adopted from Ukraine to the USA. Standards that apply to children without disabilities are relaxed to make the adoption of children with disabilities easier. Whilst this might be interpreted as beneficial for the children, in fact it means that children with disabilities are less likely to be reunited with their birth families and more likely to have all ties with their family, community and cultural heritage permanently severed. International adoption to the USA is challenging in many ways. There is no systematic follow-up of adopted children, but where follow-up exists, 10% to 25% of international adoptions break down. In these circumstances, many internationally adopted children end up in an unregulated system of Residential Treatment Centers, or are 'rehomed' or 'readopted'.

Repeated changes of placement are harmful to children, compounding the traumas they have already experienced due to institutionalization. Such trauma and anxiety are likely to be even worse for children with disabilities, particularly those with difficulties in understanding and communicating.

The Ukrainian government has rightly suspended international adoption during the period of Martial Law. Nevertheless, considerable pressure is exerted by Congresspeople on the US State Department, expressing their desire for international adoption to be opened up. At a time when Ukraine is heavily dependent on external support to defend itself against the Russian attack, any pressure to resume international adoption is highly inappropriate.

There is also a potentially dangerous loophole. There is pressure to reopen 'temporary hosting' of Ukrainian children in American families. This is an unregulated activity that is closely linked to international adoption. If it is reopened in the current circumstances, it is likely to result in some Ukrainian children's ties with their families, communities and cultural heritage being permanently severed.

Large sums of money are involved in international adoption and in fundraising for children in Ukrainian institutions. These sums are likely to distort decision-making and leave children open to the real risk of trafficking. Donations should instead be aimed at services that prevent family separation and promote reunification.

5. Conclusions and recommendations

5.1 Conclusions

In addition to the conclusions provided at the end of each report summary in the previous four chapters, common themes have emerged from an overview of all four reports.

Family is protection. Children living in birth families and foster families are considerably better protected than children living in institutions. While all children who evacuated faced risks and hardship during the journey, the presence of their parents and foster parents reduced the impact of those risks. Moreover, families strive tirelessly to navigate their way through complex systems to ensure their children receive the support they require. Children from institutions were often transported with too few carers and placed in unsafe and ad hoc institutional environments that cannot meet their needs and expose them to risk. It is worthy of note that, eight months on from the start of the war, most families and foster families report that their children with disabilities are included in their new communities and are mostly accessing the services they require. Many children evacuated from institutions remain stuck in the ad hoc, inappropriate and unsafe institutional conditions in which they were placed immediately after evacuation.

Gender. It is worthy of note that the care and support of children with disabilities – in families, foster families and institutions – is gendered. Although most of the birth and foster families were not officially single parents, the majority left Ukraine as the sole parent caring for their children.

Services at borders. The experience at borders was mixed. In many instances, services were insufficiently accessible and inclusive for children with disabilities. Learning from these experiences should inform planning for improved services as Europe prepares for another wave of refugees.

Inclusion in formal systems reduces risk. Refugee children with disabilities have a right to be included in education, health and social protection systems on an equal basis with children who are citizens. Access to these support services have ensured that the overwhelming majority of birth families who participated in this research felt safe and included in their new communities. Foster families who had been officially included in the child protection system of the receiving country had more access to adequate services and supports than those who had not been included. Children in institutions who were not included in child protection systems remained at a high risk of abuse and neglect. They are also more likely to

be the subject of arbitrary decisions that are not made in their best interest and that may compromise their safety.

Some confusion as to whether refugee children from another country's care system should be included in the child protection system, as they are not truly 'unaccompanied', in that most have evacuated with their foster parents or institutional carers. However, because they were 'in care' in Ukraine and are not accompanied by their parents or extended family, they should be included in the receiving country's care system, to ensure they receive all the protection the law provides.

Where this does not happen, the children live in a parallel system, largely dependent on philanthropy.

Reliance on philanthropy has risks as well as benefits. Undoubtedly, the work of NGOs and philanthropists was instrumental in supporting evacuation – particularly of children from the care system. This support continues to be vital. However, whenever the protection and care of children is dependent predominantly on philanthropy – and where that protection is delivered in an informal, parallel system – children will be exposed to varying quality of care. They are also at increased risk of harm from individuals with nefarious intent.

Institutions are not protective environments. The Ukrainian government instigated regulations that insisted children evacuated from institutions must remain institutionalised. This was partially due to a common belief that children in institutions are safe because we know where they are. The opposite is true. Institutions are inherently harmful and family-based care reduces risk of abuse, neglect, harm, developmental delays, exclusion from the community and avoidable deaths.

Children with high support requirements are left behind. A consistent occurrence in many countries is that children who require the greatest support and protection are, in fact, exposed to the greatest risk of harm. This is also true of the current situation of children with high support requirements from Ukrainian institutions. This is, at least in part, due to outdated discriminatory attitudes that view children with high support requirements as of less importance than other children.

Return. Most birth families, foster families and their children want to return to Ukraine, once the war is over and their home have been rebuilt. Despite all the challenges of life, there truly is no place like home. However, inappropriate return of children evacuated from institution has been taking place, reasons for which are not based on individual assessments of best interests. Moreover, returned children may be at a heightened risk of harm and even preventable mortality.

Money. The support of Ukrainian refugees with disabilities is complex – particularly for those who were already separated from families and living in institutions before the war. However, there is a great deal of money in the formal and informal systems of support – but there is a need to direct this money better. Moreover, money becomes a pull factor that can distort decision-making and appropriate service provision. If money is raised or allocated to institutions, children will be placed in institutions. The considerable sums involved in international adoption can stimulate illegal and inappropriate practices. Governments, NGOs and donors involved in providing care and support for Ukrainian children with disabilities should consider how far their resources might be redirected to support families and provide family care. In this regard, EU funding regulations regarding deinstitutionalisation should also apply to the provision of humanitarian services for Ukrainian children with disabilities.

5.2 Recommendations

5.2.1 Re: Improving the care of children evacuated from Ukraine's care system – and those left behind

- Instigate an immediate, rapid triage assessment of children with the highest support requirements and improve individualised care, to prevent further harm and mortality
- Prioritise a coordinated evacuation for children at high risk of mortality this winter, whose state of health cannot be stabilised in the current situation.
- Repeal the regulations that insist all evacuated children must remain together in groups
- Include all children in receiving countries' child protection systems
- Carry out individual assessments of all children evacuated from the Ukrainian care system
- Prioritise the development of temporary foster family care – with a focus on recruiting families from the Ukrainian diaspora or refugee community
- Do not return any children who were evacuated from the care system until after the winter, unless an individual, expert assessment has found that return is demonstrably in their best interests.

5.2.3 Re: Strengthening and improving the Temporary Protection Directive

- Carry out a comparative review of the implementation of Temporary Protection and identify good practices in the inclusion and support of children with disabilities and their families

- Develop a guidance document for the implementation of Temporary Protection and disseminate among all member states' relevant authorities to improve practice.

5.2.4 Re: Improving supports and services along the refugee journey

- Commit resources to solving the data challenge of ensuring all statistics on refugees are disaggregated by disability
- Develop a suite of accessible and inclusive services to be deployed at every border point
- Create specific teams at strategic points - borders, consulates and departments where refugees register for Temporary Protection. The teams should be trained to collect data on disability and ensure children with disabilities and their families are referred to appropriate support services
- When planning refugee response, designate a specific fund to address the requirements of refugees with disabilities.

5.2.5 Re: Plans for recovery and rebuilding after the war

- Ensure all plans are disability inclusive. In particular, rebuilding the education system should focus on the development of inclusive education; social services should focus on enhanced cash transfers for children with disabilities to prevent family separation and the development of family support services; health services should prioritise the specific health requirements of children with disabilities; and communications campaigns should be developed to reduce stigma and discrimination against children with disabilities.
- No funds should be used to rebuild or renovate residential institutions. Instead, funds should be invested in: making universal services accessible and inclusive; scaling up support services for families of children with disabilities; and developing foster family care for children with disabilities.

As the winter deepens, with the likelihood of a new wave of refugees from Ukraine to Europe, it is hoped that the findings of this research and its recommendations will assist in improving the response and ensuring it is more targeted to the requirements and rights of children with disabilities, their families and carers.

With concerted, coordinated effort right now, it should be possible to reduce the risk of preventable mortality among children with the highest support requirements who are currently being left behind.

Document credits

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