



The Rights of Persons with Disabilities who are Institutionalised in Wartime: Research Findings

This report has been produced with the financial support of the European Disability Forum.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the funders of the report. The funders can not be held responsible for them.

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The rights of persons with disabilities institutionalised in wartime: research findings. Kyiv, 2023. – 103 p.

This report contains the results of research carried out on the operation of inpatient facilities for persons with disabilities in Ukraine during the war.

The international and national regulatory framework for persons with disabilities, including legislation adopted since Russia's full-scale invasion of Ukraine, is considered separately.

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Table of acronyms

Acronym	Full name
CBH	Children's boarding house
CMU	Cabinet of Ministers of Ukraine
EU	European Union
IDP	Internally displaced person
MSEC	Medical and Social Expert Commission
NSHU	National Service for Health of Ukraine
PACE	Parliamentary Assembly of the Council of Europe
PNBH	Psychoneurological boarding house
UAH	Ukrainian hryvnia
UN	United Nations
USSR	Union of Soviet Socialist Republics
WHO	World Health Organization
WPA	World Psychiatric Association

Introduction

Since the beginning of the full-scale war in Ukraine on 24 February 2022, the situation in most of the country's territory has become dangerous and unpredictable. The shelling of neighbourhoods, houses, kindergartens, hospitals and other civil infrastructure facilities, the wounding and killing of thousands of civilians, and limited access to medical care and social services have all significantly affected Ukrainians' quality of life. For some categories, the war in Ukraine has become a matter of life and death. In particular, it has affected more than 2.7 million persons with disabilities.

Persons with disabilities residing in state inpatient facilities for permanent care are among the most vulnerable in the war. Their safety, evacuation possibilities and access to social and medical services mostly depend on the decisions and capabilities of local authorities, and the management of specific institutions. At the beginning of 2022, there were 157 psychoneurological boarding houses (PNBHs), 89 boarding houses for elderly citizens and persons with disabilities, 313 inpatient departments for permanent or temporary residence in territorial social service centres (provision of social services) and 36 children's boarding houses (CBHs). Some of these have been damaged or destroyed as a result of shelling by the Russian army, and a large part were or are under temporary occupation in Donetsk, Zaporizhzhya, Luhansk, Kharkiv, Kyiv, Kherson and other regions. Individual institutions or groups of clients have been relocated to safer regions, which has led to overcrowding and a deterioration of living conditions for persons with disabilities.

This research project has made it possible to identify the state of residential institutions for persons with disabilities, to investigate the institutions' experiences of functioning in wartime and to analyse their key problems and needs in war conditions.

Methodology

1 Analysis of international and national documents regulating the protection of the rights of persons with disabilities in Ukraine. Particular attention was paid to the legal framework adopted by the authorities of Ukraine to ensure the protection of the rights of persons with disabilities in inpatient institutions during the war.

- 2 Collection of statistical data on the number of places available in inpatient facilities, the number of damaged and evacuated facilities, and the number of facilities under temporary occupation.
- 3 Implementation of onsite monitoring of compliance with the rights of persons with disabilities in the inpatient institutions of Ukraine's social protection system. 20 such institutions were visited, each with a different experience of the war: some had experienced temporary occupation and/or active hostilities nearby, some had received internally displaced persons (IDPs), and some had themselves been forced to evacuate to safer territories in Ukraine.
- 4 Interviews with managers, employees (medical personnel, social workers, psychologists, kitchen workers, etc.) and clients of the institutions visited. In total, 65 interviews were conducted (32 with clients).
- 5 A total of 20 in-depth interviews with experts (public servants, social service providers and representatives of civil society organisations engaged in the protection of the rights of persons with disabilities and public monitoring of custodial settings in Ukraine).

Inpatient facilities in Ukraine where adults with disabilities are or may be housed, and that are subject to monitoring:

Psychoneurological boarding house – a stationary residential institution for social protection, established for the temporary or permanent residence/stay of persons with persistent intellectual and/or mental disorders who, due to their health, require external care, social and household services, the provision of medical assistance, social services and a complex range of rehabilitation measures, and for whom, according to the conclusions of the medical commission with the participation of a psychiatrist, a stay in a boarding house is not contraindicated¹.

Boarding house for elderly citizens and persons with disabilities – a stationary residential institution of social protection, established for round-the-clock

¹ <https://zakon.rada.gov.ua/laws/show/957-2016-%D0%BF#Text>

residence (stay) and care of elderly citizens and persons who, due to their health, need external care, social, household and medical maintenance, social services and a complex range of rehabilitation measures².

Youth department of an orphanage boarding house – a department to which young people aged 18 to 35 are transferred or accepted for state maintenance; persons with disabilities of the first and second groups with psychoneurological diseases, for whom a stay in the youth department of the home is not contraindicated due to their state of health, regardless of the presence of parents, guardian(s) or relatives obliged to support them by law³.

Stationary branch of a territorial centre of social services (provision of social services) for permanent or temporary residence – a branch of a territorial centre, established to provide social services to citizens who are in difficult life circumstances and need outside help, at the place of residence, in the conditions of a stationary, temporary or day stay⁴.

Visits were made to the following institutions:

Institution	Location
Atynskiy PNBH	Sumska Region
Borodyanskiy PNBH with geriatric branch	Kyiv Region
Vynogradivskiy PNBH	Khmelnitskiy Region
Gelmyazivskiy PNBH	Cherkasy Region
Gorbanivskiy geriatric boarding house for veterans of war and labour	Poltava City
Dunayevetskiy PNBH	Khmelnitskiy Region

² <https://zakon.rada.gov.ua/laws/show/772-2020-%D0%BF#Text>

³ <https://www.kmu.gov.ua/npas/243237372>

⁴ <https://zakon.rada.gov.ua/laws/show/z0676-08#Text>

Institution	Location
Zhovtneviy PNBH	Cherkasy Region
Zamglayskiy PNBH	Chernihiv Region
Kobelyatskiy PNBH	Poltava Region
Lebedinskiy PNBH	Sumska Region
Lischinivskiy PNBH	Poltava City
Luybetskiy PNBH	Chernihivska Region
Mokrokagarlytskiy PNBH	Cherkasy Region
Novobiletskiy PNBH	Kyiv City
Novosanzharskiy CBH	Poltava Region
Pushcha-Vodytskiy PNBH	Kyiv City
Smilyanskiy PNBH	Cherkasy Region
Stationary department for permanent or temporary residence of the territorial social service centre of Dykanka settlement council	Poltava Region
Dunayevetskiy PNBH	Khmelnitskiy Region
Zhovtneviy PNBH	Cherkasy Region

Regulatory and legal compliance with the rights of persons with disabilities

General problems and positive changes

A significant number of persons with disabilities live in Ukraine, as in the whole world. Many of these persons, in particular those with mental disorders, live in places of institutional care. According to statistics of the Ministry of Social Policy of Ukraine, in 2021 approximately 230,000 patients received inpatient psychiatric care in psychiatric care facilities. A total of 43,265 clients with mental disorders and disabilities, and the elderly, received social and medical services in 282 care institutions.

The reason for this situation in care institutions, which are the responsibility of the state, is the **insufficiency of the state's efforts to carry out deinstitutionalisation and to create social services at the community level.**

Human rights activists have identified barriers preventing persons with disabilities from living in society on an equal footing with others. Barriers to the provision of mental health services (care) exist in the following forms:

- Lack of specialists and services for mental health protection in communities (community-based mental health services);
- Mental health facilities and services often being located in large cities, which also hinders access to services for persons living outside cities or in rural areas;
- The fact that residents of psychiatric institutions are far from their own communities, indicating that they are deprived of communication, care and support from their families and friends.

At the same time, the state has taken successive steps to improve the situation with respect to the rights of persons with disabilities. A number of important legislative acts have been adopted, which should lead to the reform of the system of providing social, medical and other services to persons with disabilities at their place of residence.

Definition of disability in international and national legislation

According to Article 1 of the Law of Ukraine on the Rehabilitation of Persons with Disabilities in Ukraine⁵, a person with a disability is defined as an adult with a stable limitation of life activity, who has been diagnosed with a disability in accordance with the procedure established by the law.

Disability, in particular, is defined as a measure of loss of health in connection with disease, trauma (its consequences) or congenital defects, which, when interacting with the external environment, can lead to a limitation of a person's vital activities, as a result of which the state is obliged to create conditions for the implementation of that person's rights on an equal basis with other citizens, and to ensure his or her social protection.

Article 1 of the Convention on the Rights of Persons with Disabilities defines persons with disabilities as including persons with persistent physical, mental, intellectual or sensory impairments, which, when interacting with various barriers, may prevent their full and effective participation in society on an equal basis with others⁶.

Before the adoption of the Convention on the Rights of Persons with Disabilities and amendments to Ukrainian legislation, a person with a disability was perceived as a person with physical or mental disorders, as a person with a problem, or as a problem that needed to be solved.

Analysis of regulatory and legal acts relating to persons with disabilities

⁵ <https://zakon.rada.gov.ua/laws/show/2961-15#Text>

⁶ CRPD dated 13.12.2006 / https://zakon.rada.gov.ua/laws/show/995_g71#Text

International legislation

The main pieces of international legislation providing for the rights and freedoms inherent to all people are the International Bill of Rights, which includes the United Nations (UN) Declaration of Human Rights (1948), the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (1966) and the International Covenant on Economic, Social and Cultural Rights (1966) and their protocols, the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950) and the Convention on the Rights of the Child (1989).

Basic human rights are defined in the Declaration of Human Rights. As a universal document, the European Convention on the Protection of Human Rights and Fundamental Freedoms introduced an effective mechanism for ensuring individual rights, which in particular provides for the right to an individual appeal for the protection of violated rights.

The adoption of a number of important pieces of legislation has made it possible to form a societal attitude to persons with disabilities as equal subjects. These documents provide rights, freedoms and specific guarantees for persons with mental or behavioural disorders.

The main documents adopted in the 20th century were the Declaration on the Rights of Mentally Retarded Persons⁷, promulgated by Resolution 2856 (XXVI) of the UN General Assembly (1971). Paragraph 1 of the declaration states that persons with mental disorders have the same rights as other people. The declaration enshrines the right of these persons to:

- Proper medical care;
- Economic security and an adequate standard of living;
- Remain with one's family if possible;
- A qualified guardian;
- Protection from exploitation, torture, inhuman or degrading treatment and punishment.

⁷ <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-mentally-retarded-persons>

The UN World Programme of Action for the Disabled (1982) was adopted by UN General Assembly Resolution 37/52 of 3 December 1982. The purpose of the programme is to promote effective measures to prevent disability, restore work capacity and realise the goals of “equality” and the “full participation” of persons with disabilities in social life and development. This means the creation of the same living conditions as for the entire population, and an equal share in the improvement of living conditions as a result of social and economic development. The programme’s adoption marked a radically new approach to solving the problems of persons with disabilities. Prior to that, the policy regarding persons with disabilities was based only on measures of a medical nature, rehabilitation and the prevention of disability.

UN General Assembly Resolution 46/119 adopted Principles for the Protection of Persons with Mental Disabilities and the Improvement of Mental Health (1991)⁸. The principles contain a number of rules for the treatment of persons with mental or behavioural disorders, in particular:

- Equality and the prohibition of the discrimination of such persons;
- The right to live in the community;
- The right to privacy.

In addition, they indicate the standard of procedures for the treatment of persons with certain mental disorders.

UN General Assembly Resolution A/RES/48/96 adopted Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1994)⁹. The resolution provides prerequisites for the equal participation of persons with disabilities, target areas where such participation will be implemented, measures to implement equal participation and the creation of a monitoring mechanism.

⁸ Principles for the protection of persons with mental illness and the improvement of mental health care, adopted by UN General Assembly Resolution 46/119 of 17 December 1991, UN Human Rights Office of the High Commissioner, <https://www.ohchr.org/en/instruments-mechanisms/instruments/principles-protection-persons-mental-illness-and-improvement>

⁹ Resolution adopted by the UN General Assembly [on the report of the Third Committee (A/48/627)] 48/96. Standard Rules on the Equalization of Opportunities for Persons with Disabilities, UN Department of Economic and Social Affairs, <https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities--for-persons-with-disabilities.html>

The World Health Organization (WHO) has adopted Ten Basic Principles for Mental Health Legislation (WHO/MNH/MND/96.9) (1996)¹⁰. The WHO principles declare the right of any person with a mental disorder to exercise all civil, political, economic, social and cultural rights recognised by the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and other relevant documents, such as the Declaration on the Rights of Persons with Disabilities and the Compendium of Principles for the Protection of All Persons Subject to Detention or Imprisonment in Any Form.

The WHO principles provide for the right of a person with a disability to:

- Access to basic medical care;
- Self-determination and assistance in realising this right;
- Respect for the rule of law;
- The least burdensome means of treating persons with mental and behavioural disorders;
- Systematic reviews of their state of health by qualified specialists.

The legislation adopted at the regional level is the Caracas Declaration (1990)¹¹. The document was adopted by lawmakers, mental health professionals, human rights advocates and disability activists convened by the Pan American Health Organization. The Caracas Declaration recognises that exclusive dependence on inpatient treatment in a psychiatric hospital isolates patients from their natural environment, thereby creating greater disability. It establishes a critical link between mental health services and human rights, concluding that outdated mental health services compromise patients' basic rights.

¹⁰ Mental Health Care Law: Ten Basic Principles, WHO,
<https://apps.who.int/iris/handle/10665/63624>

¹¹ Caracas Declaration, Global Health and Human Rights Database,
<https://www.globalhealthrights.org/instrument/caracas-declaration/>

The Madrid Declaration, adopted by the General Assembly of the World Psychiatric Association (WPA) (1996)¹², establishes its own set of guidelines for standards of professional conduct and treatment practice based on partnership with persons with mental and behavioural disorders. Forced treatment is recognised only in exceptional circumstances.

The Salamanca Declaration and Framework for Action on the Education of Persons with Special Educational Needs (1994)¹³ was adopted by the World Conference on the Education of Persons with Special Educational Needs, and confirms the right to integrated education for children with special educational needs.

The main European documents aimed at protecting human rights are the European Convention for the Protection of Human Rights and Fundamental Freedoms, the European Social Charter and the EU Charter of Fundamental Rights. The problems of protecting the rights of persons with mental disorders are reflected in Parliamentary Assembly of the Council of Europe (PACE) recommendations, and resolutions of the Committee of Ministers:

- Psychiatry and human rights – PACE Recommendation 1235 of 12 April 1994;
- Legal protection of persons with mental disorders who are in the status of involuntary patients – Committee of Ministers of the Council of Europe Recommendation (83)2;
- Protection of the rights and dignity of persons with mental disorders – Committee of Ministers of the Council of Europe Recommendation (2004)10;
- Education and social inclusion of children and youth with autism spectrum disorders – Committee of Ministers of the Council of Europe Recommendation (2009)9.

¹² Madrid Declaration on Ethical Standards for Psychiatric Practice, approved by the General Assembly of the WPA in Madrid, Spain, 25 August 1996, WPA, <https://www.wpanet.org/current-madrid-declaration>

¹³ The Salamanca Statement and Framework for Action on Special Needs Education, the World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994, BiCE, https://bice.org/app/uploads/2014/10/unesco_the_salamanca_statement_and_framework_for_action_on_special_needs_education.pdf

The first document adopted in the 21st century aimed at protecting the rights of persons with disabilities was the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention (2006).

All adopted documents have consistently pursued policies aimed at protecting the rights of persons with disabilities and prohibiting discrimination in various spheres of life.

National legislation

National legislation mainly takes into account international experience in respect of the rights of persons with disabilities in all spheres of life.

The main documents enshrining human rights, in particular the rights of persons with disabilities and persons with mental disorders, are the Constitution of Ukraine¹⁴, the Law of Ukraine on Psychiatric Care¹⁵, the Law of Ukraine on the Rehabilitation of Persons with Disabilities in Ukraine¹⁶, the Law of Ukraine on the Basics of Social Protection of Persons with Disabilities in Ukraine¹⁷ and the Law of Ukraine on Mandatory State Pension Insurance¹⁸.

With respect to Resolution No 1317 of the Cabinet of Ministers of Ukraine (CMU) of 3 December 2009 on Issues of Medical and Social Examination¹⁹, the procedure, conditions and criteria for establishing disability have been regulated (clause 5 does not apply during the period of martial law on the territory of Ukraine in accordance with CMU Resolution No 225 of 8 March 2022).

By Order No 561 of the Ministry of Health of 5 September 2011 on Approval of the Instruction on the Establishment of Disability Groups²⁰, the general instruction on the establishment of disability groups was approved.

Order No 482 of the Ministry of Health of 4 December 2001 on Approval of the

¹⁴ <https://zakon.rada.gov.ua/laws/show/254%D0%BA/96-%D0%B2%D1%80#Text>

¹⁵ <https://zakon.rada.gov.ua/laws/show/1489-14#Text>

¹⁶ <https://zakon.rada.gov.ua/laws/show/2961-15#Text>

¹⁷ <https://zakon.rada.gov.ua/laws/show/875-12#Text>

¹⁸ <https://zakon.rada.gov.ua/laws/show/1058-15#Text>

¹⁹ <https://zakon.rada.gov.ua/laws/show/1317-2009-%D0%BF#Text>

²⁰ <https://zakon.rada.gov.ua/laws/show/z1295-11#Text>

Procedure for Issuing a Medical Opinion on a Child with a Disability Under the Age of 18²¹ approved the procedure for issuing a medical opinion to a person with a disability under the age of 18.

According to the Constitution of Ukraine, a person, his or her life and health, honour and dignity, inviolability and security are recognised in Ukraine as the highest social values (Article 3), and everyone has the right to respect for his or her dignity (Article 28).

The rights of persons with mental disorders are regulated in Article 25 of the Law of Ukraine on Psychiatric Assistance.

In order to create a complete, effective system of mental health care that functions in a single interdepartmental space, ensures the improvement of the quality of life and respect for human rights and freedoms, on 27 December 2017 CMU Order No 1018 approved the **Concept of Development of Mental Health Care in Ukraine for the period until 2030**²².

During the work on the Convention on the Development of Mental Health Care in Ukraine for the period until 2030, a number of progressive international documents were taken into account, which provide for specific actions aimed at overcoming stigma and the discrimination of persons with disabilities, in particular the following documents:

- Convention on the Protection of Human Rights and Fundamental Freedoms of 1950, ratified by Law of Ukraine No 475/97-VR of 17 July 1997 on the Ratification of the Convention on the Protection of Human Rights and Fundamental Freedoms of 1950, the First Protocol and Protocol Nos 2, 4, 7 and 11 to the Convention;
- Convention on the Rights of the Child, ratified by Resolution No 789-XII of the Verkhovna Rada of the Ukrainian SSR of 27 February 1991 on the Ratification of the Convention on the Rights of the Child;

²¹ <https://zakon.rada.gov.ua/laws/show/z0011-02#Text>

²² <https://zakon.rada.gov.ua/laws/show/1018-2017-%D1%80#Text>

- Helsinki Declaration of the European Conference of the WHO at the level of Ministers of Health, European Action Plan in the field of mental health (Helsinki, Finland, 2005);
- Declaration of the XIII Congress of the European Society of Child and Adolescent Psychiatry (Florence, Italy, 2007);
- Declaration of the Conference of National Coordinators of the WHO Mental Health Programme (Merano, Italy, 2008);
- Comprehensive Action Plan in the field of mental health for the period 2013-2020 of the World Health Assembly;
- Resolution of the UN General Assembly on Transforming our World: Agenda for sustainable development for the period up to 2030.

CMU Order No 1215 of 6 October 2021 approved the plan of measures for 2021-2023 for the implementation of the concept of development of mental health care in Ukraine for the period until 2030²³.

Both the Convention and the Action Plan adopted in Ukraine provide for a number of measures aimed at ending the discrimination and destigmatisation of persons with mental or behavioural disorders, in particular:

- Implementation of programmes supporting the employment of persons with mental and intellectual disabilities, their social integration and in obtaining an education;
- Implementation of an effective mechanism for monitoring the observance of human rights during the provision of assistance to persons with mental health problems;
- Implementation of the mechanism of prosecution for actions that have signs of discrimination on the basis of mental health.

Mostly, special acts determine the right to privacy, the right to inclusion and the right to make independent decisions on the need for treatment for persons with mental and behavioural disorders. These acts also establish a rule regarding the use of forced hospitalisation only as a last resort.

²³ <https://zakon.rada.gov.ua/laws/show/1215-2021-%D1%80#Text>

In general, Ukraine's national legislation meets international standards, but the practice of its implementation needs some adjustments aimed at the deeper inclusion of persons with mental and behavioural disorders.

By CMU Order No 285 of 7 April 2021 on the Approval of the National Action Plan for the implementation of the Convention on the Rights of Persons with Disabilities for the period until 2025, the National Action Plan was approved²⁴. Paragraph 2 defines the central bodies of executive power responsible for the implementation of the provisions of the Convention on the Rights of Persons with Disabilities.

In order to implement the Action Plan in Ukraine and the development of training programmes for civil servants, local self-government officials and employees of institutions of social protection, education and health care on the provisions of the Convention on the Rights of Persons with Disabilities, national legislation has been ensured by subjects of professional development to ensure the rights of persons with disabilities, with the involvement of public associations of persons with disabilities²⁵.

The main goal of the implemented changes is to strengthen the potential of those responsible for policy formation, experts and specialists in all spheres of life, in cooperation with public associations of persons with disabilities.

In the near future, implementation of the accessibility standard can be achieved by procuring services in the field of mental health in medical and non-medical institutions. A possible solution to this request is the involvement of primary health care in working with mental health.

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²⁴ <https://pdp.nacs.gov.ua/courses/zakhyst-prav-osib-z-invalidnistiu>

²⁵ https://pdp.nacs.gov.ua/courses?utf8=%E2%9C%93&course_area_id=&start_date=&end_date=&search=%D0%BF%D1%80%D0%B0%D0%B2%D0%B0+%D0%BE%D1%81%D1%96%D0%B1+%D0%B7+%D1%96%D0%BD%D0%B2%D0%B0%D0%BB%D1%96%D0%B4%D0%BD%D1%96%D1%81%D1%82%D1%8E

Equality and non-discrimination

By Law of Ukraine No 2249-VIII of 19 December 2017 on Amending certain legislative acts of Ukraine regarding the social protection of persons with disabilities, which entered into force on 20 January 2018, the term “disabled person” was replaced by the term “person with a disability”. Legislative acts that have undergone changes include:

- The Code of Labour Laws;
- The Family Code;
- Law No 875-XII of 21 March 1991 on the Basics of Social Protection of the Disabled in Ukraine;
- Law No 504/96-VR of 15 November 1996 on Vacations;
- Law No 3551-XII of 22 October 1993 on the Status of War Veterans, Guarantees of their Social Protection;
- Law No 51/95-VR of 10 February 1995 on scientific and scientific and technical activities;
- Law No 1105-XIV of 23 September 1999 on mandatory state social insurance;
- Law No 2493-III of 7 June 2001 on Service in Local Self-Government Bodies;
- The Law of Ukraine on the Rehabilitation of Persons with Disabilities in Ukraine.

Amendments to legislative acts updating the terminology continue to be made.

Proposals to amend the translation of the Convention on the Rights of the Child to replace the term “disabled child” with the term “child with a disability” in 2021 have not been considered by the Verkhovna Rada of Ukraine²⁶.

It is also necessary to take into account the needs of women with disabilities when equipping hospitals at the level of regional state administration^{27 28}.

²⁶ <https://zakon.rada.gov.ua/laws/show/254%D0%BA/96-%D0%B2%D1%80#Text>

²⁷ <https://zakon.rada.gov.ua/laws/show/1489-14#Text>

²⁸ <https://zakon.rada.gov.ua/laws/show/2961-15#Text>

To implement the Action Plan, law enforcement officers, judges and prosecutors have been trained on the use of anti-discrimination legislation to protect the rights of persons with disabilities, taking into account the practice of the European Court of Human Rights. In order to strengthen the potential of people responsible for the formation of policies, experts and specialists in all spheres of life, in cooperation with public associations of persons with disabilities, the development of training programmes is ensured for civil servants, local self-government officials and employees of institutions of social protection, education, etc.

Changes in national legislation in wartime

Development of evacuation procedures for children and adults living in 24-hour care facilities

CMU Resolution No 385 of 27 March 2022²⁹ approved the procedure for the temporary transfer (evacuation) and provision of conditions for accommodation in the territory of Ukraine where hostilities are not taking place, or outside of Ukraine, of children and adults living or enrolled in institutions of various types, forms of ownership and subordination to round-the-clock accommodation. In accordance with the procedure, the permanent exchange of information to determine the organisations and institutions in which children and adults can be placed, taking into account their needs, is ensured by the National Social Service. In addition, in accordance with paragraph 7 of the procedure for the temporary transfer (evacuation) of children and adults within Ukraine, the head of the institution ensures, in particular, the issuance of an order on the temporary transfer (evacuation) of children and adults, its approval with the regional or Kyiv city military by the administration at the location of the institution. In the absence of the technical possibility to ensure approval with the relevant military administration – the head of the institution will ensure the approval of the temporary transfer order with the National Social Service, the Ministry of Education and Science, the Ministry of Internal Affairs, the Ministry of Defence, the Ministry of Youth Sports or the Ministry of Youth Affairs and Sports, depending on the institution's subordination (area of management).

²⁹ <https://zakon.rada.gov.ua/laws/show/385-2022-%D0%BF#Text>

According to operational information provided by the National Social Service, 35 residential institutions had been temporarily relocated (evacuated) as at 4 November 2022, including 19 psychoneurological residential institutions with 3,528 persons, of which three institutions abroad (331 persons); seven boarding houses for the elderly and persons with disabilities (867 persons) and nine inpatient departments (260 persons).

On 9 November 2022, there were 23 boarding facilities left in the non-controlled territory of Ukraine (12 psychoneurological boarding houses and 11 boarding houses for elderly citizens and persons with disabilities) and 23 inpatient departments. There is no information on the number of people living in residential institutions in the non-controlled territory of Ukraine after 1 November 2022.

Conducting a medical and social examination during martial law on the territory of Ukraine

Amendments were made to CMU Resolution No 225 of 8 March 2022 on the procedure for conducting a medical and social examination during the period of martial law on the territory of Ukraine³⁰ by adopting CMU Resolution No 390 of 30 March 2022 on making changes to some resolutions of the CMU regarding the period of re-examination of persons with disabilities and extending the validity period of certain medical documents under martial law.

According to the amendments, if a person applying for the establishment of disability cannot come to the Medical and Social Expert Commission (MSEC) for an examination, the MSEC can make a decision on the establishment of disability in absentia based on a referral by the medical advisory commission.

In Kyiv and Sebastopol, city, inter-district and district MSECs perform their functions with the provision of the principle of extraterritoriality, and ensure the conduct of medical and social expertise as directed by the medical advisory commission, regardless of the place of registration, residence or stay of the person applying for the establishment of disability.

Under the new procedure:

³⁰ <https://zakon.rada.gov.ua/laws/show/225-2022-%D0%BF#Text>

- During martial law, persons with disabilities (including children) do not need to undergo a repeat medical and social examination in order to extend the validity of their disability certificate;
- If the period of disability comes to an end during martial law, then that disability is automatically extended without re-commission until the end of martial law, and for six months after its termination/cancellation;
- The procedure for establishing disability has been simplified. During the war, disability can be established in absentia and regardless of the person's place of registration, residence or stay;
- The MSEC has no legal grounds to require a patient who is an IDP to make a declaration and ask for a repeat examination to confirm their disability during martial law;
- The examination is conducted at the direction of the medical advisory commission, regardless of the place of registration, residence or stay of the person applying for the establishment of disability;
- If a person applies for the establishment of disability and is unable to come to the MSEC for an examination, the MSEC can make a decision on the establishment of disability in absentia based on the referral of the medical advisory commission from a health care institution;
- The Ministry of Health has instructed chief doctors of regional MSEC centres to conduct examinations in hospital conditions only in cases of need, and to appoint additional examinations only according to medical indications;
- Persons with disabilities who are abroad need to send their medical documents to a family doctor in Ukraine. The doctor will issue a referral to the MSEC, which will conduct an examination in absentia on the basis of the documents provided.

Employment of persons with disabilities

Law of Ukraine No 2682-IX of 18 October 2022 on Amendments to certain laws of Ukraine regarding the protection of social, labour and other rights of individuals,

including during martial law, and simplifying the accounting of workplaces for persons with disabilities, entered into force in December 2022, amending i) the Law of Ukraine on the Basics of Social Security of Persons with Disabilities in Ukraine, and ii) the Procedure for the Employment of Persons with Disabilities³¹.

In accordance with amendments made to the third part of Article 18 of the law, enterprises, institutions, organisations and natural persons that use hired labour are obliged to allocate and create workplaces for the employment of persons with disabilities, including special workplaces, to create working conditions that take into account individual rehabilitation programmes and ensure other social and economic guarantees provided for by law. They must provide the state employment service with information necessary for the organisation of the employment of persons with disabilities, in accordance with the procedure established by the CMU. At the same time, employers independently calculate the number of workplaces for the employment of persons with disabilities in accordance with the standard.

Amendments were made to the sixth part of Article 19 of the law. In particular, the Pension Fund of Ukraine provides the Fund for Social Protection of Persons with Disabilities with:

- Information on the creation of workplaces for persons with disabilities by enterprises, institutions, organisations and individuals who use hired labour, and on the employment of persons with disabilities;
- The data necessary for calculating the number of jobs for the employment of persons with disabilities by enterprises, institutions, organisations and individuals who use hired labour, in accordance with the standard established by part one of the article, i.e. in the amount of 4% of the average number of full-time employees of the accounting staff for the year and, if between 8 and 25 employees, in the amount of one workplace.

Information received from the Pension Fund of Ukraine indicating signs of violation of the legislation on creating jobs for and employing persons with disabilities is the basis for conducting inspections of enterprises, institutions,

³¹ <https://zakon.rada.gov.ua/laws/show/2682-20#n6>

organisations and individuals who use hired labour, including enterprises and organisations of public associations of persons with disabilities.

Every year until 10 March, the Fund for Social Protection of Persons with Disabilities identifies those enterprises, institutions, organisations and natural persons who use hired labour and did not ensure the fulfilment in the previous year of the standard of workplaces, determined in accordance with the first part of this article. It then sends them a calculation of the amounts of administrative and economic sanctions to be paid in connection with the non-fulfilment of the standard outlined above for the employment of persons with disabilities, calculated in accordance with Article 20 of this law.

The calculation is sent via an electronic document through the electronic offices of enterprises, institutions, organisations and individuals who use hired labour, on the web portal of electronic services of the Pension Fund of Ukraine, in accordance with the form and procedure determined by the Fund for Social Protection of Persons with Disabilities and the Pension Fund of Ukraine.

The current legislation on employment provides for a mechanism to encourage employers to employ persons with disabilities in newly created jobs. Currently, compensatory payments are made to employers who employ such persons in the form of a monthly contribution to the mandatory state social insurance of the relevant person. Compensation is paid within one year of the moment of employment, provided that the employee remains in the workplace for two years. In addition, once the relevant amendments have been made to the Law on Employment of the Population and they enter into force on 29 January 2023, employers who, on referral from the employment centre, employ persons with disabilities who will not reach retirement age for a period of at least one year, will be compensated 50% of the actual labour costs, but not more than the minimum wage. At the same time, the total duration of compensation payments will be six months.

In the new edition of the Law on Employment of the Population, the subject of reporting the submitted information regarding the employment of persons with disabilities is changed, which improves control over the submission of this information and its compliance with the norms established by Article 18.

The main purpose of the changes is to implement the right of a person with a disability to social protection from the state.

In addition, Article 17 of the Law of Ukraine on the collection and accounting of a single contribution to mandatory state social insurance refers to the accounting of detected violations of the right of persons with disabilities to work.

Information from the State Register is used in compliance with the requirements of the Law of Ukraine on Information and the Law on the Protection of Personal Data exclusively for the needs defined by these laws and laws on certain types of mandatory state social insurance, as well as for:

- The assignment of all types of state social assistance and subsidies for the reimbursement of costs of payment of housing and communal services, as well as purchases of liquefied gas and solid and liquid stove fuel;
- Detection of violation of the labour legislation, including the use of labour of undocumented workers and violations by employers of the requirements of the legislation on creating jobs for and employing persons with disabilities.

It is noted that information from the State Register on the creation of jobs for and employment of persons with disabilities is provided by the Pension Fund of the Social Protection Fund for Persons with Disabilities in the manner and form established by the Pension Fund in agreement with the central executive body, which ensures the formation of state policy in the field of social protection of the population.

Payment of pension funds to persons with disabilities

Amendments were made to the Law of Ukraine on Mandatory State Pension Insurance. Clause 146.1 of Chapter XV “Final Provisions”³² states that for persons with disabilities who have been granted a disability pension, in whose case the term of termination of the payment of such a pension falls during the period of martial law or state of emergency in Ukraine, in the event that it is impossible to pass a re-examination, the payment of the pension is continued until the termination or cancellation of martial law or state of emergency in Ukraine, and for six months after its termination or cancellation.

Emergency (crisis) provision of social services to adults

The receipt of social services by citizens who need them, in particular persons with disabilities (mentioned in a separate item), became possible in a short period of time with the adoption of Order No 135 of the Ministry of Social Policy of Ukraine on approval of the form of the act on the provision of emergency (crisis) social services to an adult, dated 18 April 2022³³ (entry into force: 31 May 2022).

As a result of the adoption of the order, the procedure for submitting and considering an application for such a need has been simplified. Previously, the entire procedure took 10 days, but currently the application is considered immediately (within 24 hours) and directly by social service providers.

According to the emergency (crisis) mechanism, various social services can be provided: care at home and inpatient care, provision of shelter, counselling, social support for families with children, in-kind assistance and others³⁴. The main purpose of the changes is the protection by the state of the right to life, social protection, work and medical care.

Expanded powers of local self-government agencies to provide social services

With Law of Ukraine No 2193-IX on Amendments to certain laws of Ukraine regarding the provision of social services in the event of a state of emergency or martial law in Ukraine or some of its localities, dated 14 April 2022 (entry into force: 27 April 2022)³⁵, amendments were made to the second part of Article 15 of the Law of Ukraine on the Legal Regime of Martial Law, providing for the expansion of the powers of regional and Kyiv city state administrations, and executive bodies of village, settlement and city councils, by giving them the opportunity to determine the specifics of decision making on the provision of social services during a state of emergency or period of martial law.

Amendments have been made to the Law of Ukraine on Social Services, simplifying the provision of social services to persons with disabilities.

³³ <https://zakon.rada.gov.ua/laws/show/z0512-22#Text>

³⁴ <https://www.msp.gov.ua/news/21778.html>

³⁵ <https://zakon.rada.gov.ua/laws/show/2193-20#Text>

Article 5 of the first part of the first article of the law provides for the automatic calculation of average monthly family income for the last three months. Prior to the changes, the amount was determined for the last six months.

Part 7 of Article 13 states that compensation for care provided for in this part is assigned and paid to IDPs at their new place of residence, in accordance with the procedure established by the CMU.

Amendments to **Articles 21 and 23** provide emergency (crisis) social services (counselling, asylum, care, supported accommodation, short-term accommodation, in-kind assistance, transport services, etc.) in the event of a threat to a person's life or health, and in the event of an emergency or martial law in Ukraine or some of its localities. These amendments make it possible to adopt a decision on the provision of social services during the day based on an application or notification of the need for services, and to draw up an act on the provision of these services.

To place a person in a social security institution, a citizen's application is sufficient. Upon placement in the institution, employees will help, if necessary, to restore the person's identity documents and resolve any other issues they might have.

In accordance with **Article 28**, it is established that all social services are provided free of charge to persons who have been harmed by a fire, natural disaster, disaster, hostilities, terrorist act, armed conflict or temporary occupation. However, the mechanism for financing such expenses was only approved in July 2022.

The main goal of the changes is to protect the right to life and social protection.

Procedure for financing the provision of social services

The procedure for financing social services for IDPs during martial law in Ukraine or certain of its localities was approved by CMU Resolution No 784 of 7 July 2022³⁶. The document provides for a number of financing mechanisms for such services³⁷:

- Compensation to institutions for separate costs that are components of the social services provided, namely: expenses for the payment of communal

³⁶ <https://zakon.rada.gov.ua/laws/show/784-2022-%D0%BF#Text>

³⁷ <https://auc.org.ua/novyna/finansuvannya-socialnyh-poslug-dlya-vpo-rozyasnennya-amu>

services, wages for the employment of recipients of social services, the arrangement of places of residence for recipients of social services, and the provision of food, clothing, shoes, hygiene products and basic necessities;

- The crediting of funds for accommodation aid for IDPs to the institution's account as compensation for social services provided;
- The attraction of funds from other sources not prohibited by law.

The resolution has enabled institutions and establishments in which temporarily displaced persons have found refuge to provide services without them being at the expense of the other persons staying there, or worsening the conditions of their stay. Its main purpose is to implement the right of persons with disabilities to social protection.

Procedure for providing accommodation assistance to internally displaced persons

The procedure for providing accommodation assistance to IDPs was approved by CMU Resolution No 332 of 20 March 2022³⁸.

According to the resolution, persons with disabilities who are IDPs are paid compensation for accommodation in the amount of UAH 3,000.

The procedure applies to the placement of recipients of social services among the number of elderly persons and persons with disabilities in boarding houses for elderly citizens and persons with disabilities, inpatient care departments for permanent or temporary residence, and centres for the provision of social services, and to the provision of communal and household services, food, clothing, footwear, and soft and hard equipment.

The allowance for housing persons with disabilities who are IDPs in accordance with the procedure may be transferred by such persons (legal representatives of persons whose civil capacity is limited/incapacitated persons for whom a guardian has been appointed), an authorised person of the body of guardianship

³⁸ <https://zakon.rada.gov.ua/laws/show/332-2022-%D0%BF#Text>

(for incapacitated persons whose guardians have lost contact during a state of emergency or war in Ukraine or some of its localities) or an institution with residence (for persons whose civil capacity is limited/incapacitated persons for whom no guardian has been appointed), from a current account with a special mode of use or a bank account (according to the IBAN standard) to which housing assistance for an IDP has been credited, to the account of an institution with accommodation.

The main purpose of the resolution is to realise the right of individuals to social protection.

Border crossing by persons with disabilities during the war

CMU Resolution No 1044 of 10 September 2022³⁹ approved changes to the rules for citizens of Ukraine crossing the state border.

According to the approved changes, in the event of a state of emergency or martial law, persons with disabilities are entitled to cross the state border if they are in possession of one of the following documents confirming their disability:

- References to the act of examination by the MSEC (primary accounting documentation form No 157-1/o);
- A certificate confirming their relevant status;
- A pension certificate or certificate confirming the appointment of social assistance in accordance with the Law of Ukraine on state social assistance to persons with disabilities from childhood and children with disabilities, and the Law of Ukraine on state social assistance to persons who are not entitled to a pension and persons with disabilities, which indicate their group and cause of disability;
- In the case of persons with disabilities who are not entitled to a pension or social assistance, a certificate for receiving benefits, in the form approved by the Ministry of Social Policy of Ukraine.

The main purpose of the resolution is to protect the right to life.

³⁹ <https://zakon.rada.gov.ua/laws/show/1044-2022-%D0%BF#Text>

Exemption from military service

Law of Ukraine No 2122-IX on Amendments to certain laws of Ukraine regarding exemption from military service of persons with disabilities and persons caring for persons with disabilities and sick children, dated 15 March 2022⁴⁰ (entry into force: 21 March 2022) determines that persons who are recognised in the established procedure as persons with disabilities or, according to the conclusion of the military medical commission, are temporarily unfit for military service due to their state of health, are not subject to conscription for military service during mobilisation of six months (with subsequent passing of the military medical commission).

The main purpose of the law is to protect the right to life.

Additional legal and social guarantees for citizens of Poland staying in Ukraine

Law of Ukraine No 2471-IX on the Establishment of additional legal and social guarantees for citizens of the Republic of Poland staying in the territory of Ukraine, dated 28 July 2022⁴¹ (entry into force: 16 September 2022) establishes that citizens of Poland who are persons with disabilities and are legally on the territory of Ukraine have the same rights as Ukrainians:

- The right to social protection, including the right to support in the case of full, partial or temporary disability, in accordance with the legislation and international treaties of Ukraine;
- The right to receive assistance from the Social Protection Fund for persons with disabilities on the same terms as citizens of Ukraine.

The main purpose of the law is to protect the right to social protection and to implement the principle of non-discrimination.

Implementation of the right to health care

Accessibility of medical services

Through CMU Resolution No 1268 of 4 November 2022 on Amendments to Resolutions of the Cabinet of Ministers of Ukraine No 410 of 25 April 2018 and No

⁴⁰ <https://zakon.rada.gov.ua/laws/show/2122-20#Text>

⁴¹ <https://zakon.rada.gov.ua/laws/show/2471-20#n41>

1440 of 29 December 2021 (entry into force: 15 November 2022), amendments were made to the form of the contract on medical care of the population under the programme of medical guarantees. Sub-clause 2 of clause 19 provides for the conclusion of contracts on medical care of the population between the main managers of budget funds and the provider of medical care of the population, if they meet the requirements, in particular, on the availability of medical services for persons with disabilities and other less mobile population groups in accordance with the legislation.

Chapters 37 and 38 of the order have been supplemented. Chapter 37 “Support and treatment of adults and children with mental disorders at the primary level of medical care” is supplemented by item 139-5. In accordance with the additions, the National Service for Health of Ukraine (NSHU) concluded contracts for the package “Support and treatment of adults and children with mental disorders at the primary level of medical care” between 1 November and 31 December 2022. The changes have made it possible for a family doctor to provide psychiatric care.

Chapter 38 provides for the provision of complex rehabilitation assistance to adults and children in inpatient settings.

Reimbursement of medicines

Order No 1931 of the Ministry of Health of 27 October 2022 approved the register of medicinal products that are subject to reimbursement under the programme of state guarantees of medical care for the population (entry into force: 31 October 2022)⁴². The updated register consists of three lists.

These lists include 381 items of drugs. The cost of 92 of these items is reimbursed in full, which is a significant help to persons with disabilities or those with cardiovascular and ribovascular diseases, diabetes mellitus and diabetes insipidus, chronic diseases of the lower respiratory tract, behavioural and mental disorders, epilepsy or Parkinson’s disease.

Out of 72 items of insulin preparations, 45 items are reimbursed in full; and out of nine items of combined medicines, six are fully reimbursed for chronic diseases of the lower respiratory tract.

⁴² <https://zakon.rada.gov.ua/rada/show/v1931282-22#Text>

Introduction of psychotherapist and clinical psychologist positions in hospitals of Ukraine

By Order No 1936 of the Ministry of Health of 28 October 2022 on Amendments to Order No 1782 of the Ministry of Health dated 30 September 2002⁴³, the list of positions of professionals with higher non-medical education includes the positions “clinical psychologist” and “psychotherapist”. The order defines the requirements for the specialty and specialisation of these professionals.

The Ministry has also developed the qualification characteristics of the professions “clinical psychologist” and “psychotherapist” for inclusion in the Handbook of qualification characteristics of the professions of health care workers (Edition 78). The corresponding professional job titles will be included in the Classifier of Professions DK 003:2010.

The Ministry has strengthened multidisciplinary teams providing rehabilitation and medical – including palliative – care with professionals in the field of psychology.

Psychological aid, to be provided by relevant professionals, is included in the Classifier of Medical Interventions NK 026:2021, and is a component of rehabilitation and palliative care, as defined by Law of Ukraine No 1308 on Rehabilitation in the field of health care, and the Procedure for providing palliative care, approved by Order of the Ministry of Health of 4 June 2020⁴⁴.

Psychiatric care will be provided by multidisciplinary teams

Ukraine has developed a procedure for the provision of psychiatric care by a mobile multidisciplinary team, approved by Order No 1600 of the Ministry of Health of 6 September 2022⁴⁵. A new package of psychiatric care provided by mobile multidisciplinary teams has been implemented at the NSHU. This service will bring psychiatric care closer to the patient, who will be able to receive the care at home or at his or her place of residence. After the acute period of the disease is over, patients can continue treatment on an outpatient basis.

⁴³ <https://zakon.rada.gov.ua/laws/show/z1341-22#Text>

⁴⁴ <https://zakon.rada.gov.ua/laws/card/z0609-20>

⁴⁵ <https://zakon.rada.gov.ua/laws/show/z1102-22#Text>

Possibility of receiving inpatient care in multidisciplinary hospitals

Order No 1075 of the Ministry of Health of 21 June 2022 on Amendments to the list of special institutions for the provision of psychiatric care has been adopted⁴⁶.

According to the package of psychiatric care, NSHU concludes contracts with medical institutions. Today, multidisciplinary hospitals throughout the country provide psychiatric care under a contract with the NSHU.

Psychiatric care in multidisciplinary institutions contributes to reducing the stigmatisation of patients. To receive psychiatric care, it is no longer necessary to go to a health care facility that provides psychiatric care, but to contact the nearest multidisciplinary clinic. The transition from treating patients in mono-specialty hospitals to providing care in multi-specialty medical institutions is not an innovation of the NSHU, but global practice. In Ukraine, this strategy is enshrined in the Mental Health Development Concept for the period up to 2030.

Rehabilitation of the wounded in medical institutions

The Ministry of Social Policy, in cooperation with other departments, is introducing the work of multidisciplinary teams in hospitals. Previously, Ukrainian military personnel could start rehabilitation and, if necessary, receive a prosthesis only after receiving a disability document. For now, this norm has been cancelled. Currently, the conditions have been created for immediate rehabilitation in a medical facility where people are treated after an injury. To this end, hospitals have begun to create multidisciplinary teams, which should include both hospital representatives and specialists under special agreements developed by the Ministry of Social Policy of Ukraine, in particular prosthetists and orthotists⁴⁷.

Deinstitutionalisation

CMU Decree No 366-r on the Approval of the national strategy for the creation of a barrier-free space in Ukraine for the period until 2030, dated 14 April 2021,

⁴⁶ <https://zakon.rada.gov.ua/rada/show/v1075282-22#Text>

⁴⁷ <https://www.kmu.gov.ua/news/31-zhovtnya-situaciya-u-socialnij-sferi>

opened a window of opportunity to ensure unhindered access for all population groups to various spheres of life, defining the concept of “barrier free” as a general approach to the formation and implementation of state policy⁴⁸. The purpose of adopting the strategy was to create a barrier-free environment for all population groups, to ensure equal opportunities for each person to exercise their rights to receive services on a par with others by integrating physical, informational, digital, social and civil, economic and educational accessibility into all spheres of state policy.

The decree requires the continuation of the work of state authorities and local self-government aimed at implementing the provisions of deinstitutionalisation. Article 7 of the Action Plan for 2021-2023 for the Implementation of the concept of development of mental health care in Ukraine for the period until 2030 provides for the introduction and development of social services, in particular the organisation of the provision of social services at the place of residence/stay of a person in need of social services. Such services include: supported living for the elderly and persons with disabilities, in particular with intellectual and/or mental disorders; day care and social rehabilitation of persons with intellectual and/or mental disorders; temporary rest for parents or persons who replace them, or who take care of children with a disability; temporary rest of persons who care for persons with disabilities, persons with incurable diseases or diseases requiring long-term treatment; and social and labour adaptations.

Positive changes in observance of the rights of persons with disabilities

Prior to the full-scale invasion and after it began, the state adopted legal regulations aimed at respecting the rights of persons with disabilities, particularly those aimed at realising the right to health care, rehabilitation and the receipt of social services. With the adoption of amendments to Article 28-a of the Law of Ukraine on Social Services, the conditions for placing a person who needs social services in a stationary institution of social protection were significantly

⁴² <https://zakon.rada.gov.ua/laws/show/366-2021-%D1%80#Text>

simplified. Accordingly, information, counselling, asylum, representation of interests and sign language translation, as well as social services provided in an emergency (crisis) to IDPs and other persons who need such services can be provided free of charge.

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— «Earlier, only an emergency crisis service was provided, but now you can get any emergency service: inpatient care or care at home. If, for example, the evacuees arrive at night, they will not wait for a package of documents to be drawn up for them. [They will be issued with] a permit, the boarding house will pick them up, and within a month they can be served without a package of documents, without an individual plan, without a contract, and an act is simply drawn up [and] approved by Order No 135 of the Ministry of Social Policy of 18 April 2022 [on Approval of the form of the act on the provision of emergency (crisis) social services to an adult]⁴⁹».

Interview with expert

Changes have been introduced to the procedure for the accreditation of health care institutions, state registration entities and institutions that provide training, retraining and advanced training of vehicle drivers regarding the establishment of requirements for accessibility for persons with disabilities to places of service provision by institutions that are subject to accreditation. Order No 1084 on Amendments to the procedure for organising the work of territorial bodies in the provision of services of the Ministry of Internal Affairs regarding state accreditation of institutions that conduct training, retraining and advanced qualification of vehicle drivers, and certification of their specialists, dated 23 December 2019, was issued with changes. Failure to ensure accessibility to a facility for a person with a disability is grounds for termination of the accreditation certificate.

In the Ministry of Health, in accordance with the conditions of signing contracts with the NSHU, the availability of medical facilities for persons with disabilities is mandatory. CMU Resolution No 1268 of 4 November 2022 on Amendments to

⁴⁹ <https://xn--80aagahqwyibe8an.com/ukrajini-minsotspolitiki/nakaz-vid-18042022-135-pro-zatverdjenya-formi-2022-98479.html>

Resolutions of the Cabinet of Ministers of Ukraine No 410 of 25 April 2018 and No 1440 of 29 December 2021 (entry into force: 15 November 2022) amended the standard form of the contract on medical care of the population under the medical guarantee programme.

The availability of services for persons with disabilities provided through electronic services is ensured. The requirements for accessibility and monitoring of accessibility are approved by CMU Resolution No 864 of 11 August 2021 on Issues of the organisation of monitoring the quality of the provision of administrative services.

Unsolved issues/problems

A number of problems remain unsolved in stationary institutions of social protection of the population, the solution of which depends on the level of provision of social services. Such problems include:

- 1 Low wages of employees of institutions, resulting in failure to motivate employees or to contribute to the preservation of qualified personnel.

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— «Issues are very painful regarding wages. A decision was made by the head of the regional military administration to create a reserve fund, and salary funds were withdrawn from all institutions. We had (over) a million withdrawn from the institution. And this means that our employees ... work 24/7 without days off or holidays. And they get the minimum. No one escaped, everyone was under shelling and occupation ... Where is the encouragement of my workers?»

— «We are victims of the minimum wage, which is not enough ... A normal intelligent worker is expensive. For example, I have the opinion that if I receive, let's say, my salary, I am responsible for a group of 180 people, 85 to 83 employees and 99 pupils, and do I need it when the driver, for example, the grain carrier himself, receives a higher salary than mine and is responsible only for the car, the goods and whether he should go or not?»

——— **Interview with expert**

The situation is complicated further by the additional strain on staff due to the war and the internal displacement of clients.

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— «Because of the war, the number of people living in the institution is increasing, and the staff remain unchanged. It is clear that, for example, feeding, changing the bed and changing the clothes of one number of people is a burden. If the number increases and the staff remain the same, the burden grows. On the contrary, even in wartime, it is proposed to reduce the staff, which makes it necessary to partially transfer duties to other people. Then there is even a double load, so it's difficult».

———— **Interview with staff member**

— «In some institutions, there are not enough staff. They perform duties that were not part of their duties before: send wards to storage facilities, provide psychological first aid and meet new arrivals. Also, before the war, people could leave their wards in their rooms to listen to the news on TV or radio, but now it is a completely different situation. They must be involved in some activity, distracted, so the staff are very involved. This is what I see from them».

———— **Interview with expert**

2 Non-adoption for a long time by the Ministry of Social Policy of regulatory legal acts prepared by specialists for the purpose of normalising the protection of the rights of persons with disabilities.

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— «For providers [of social services], we do not accept anything after the summer. I can't even say why. Everything that was developed by us, especially regarding residential institutions: nothing was accepted, because nothing was agreed in the Ministry».

— «Yes, the [new] provision was even in the Cabinet of Ministers, it was simply necessary to renegotiate, taking into account the military situation and the comments of the Commissioner [of the Supreme Council of Ukraine on Human Rights] and the comments of the European Court».

———— **Interview with expert**

3 The process of deinstitutionalisation has been temporarily stopped. In general, the process of deinstitutionalisation is unfortunately not on the agenda in Ukraine, including due to Russia's full-scale invasion of the country.

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— «The problem can be solved only by those who care about [deinstitutionalisation]. To give public figures, public activists and charitable foundations, which work directly with such people, the opportunity to create a single law to ensure [the rights of persons with disabilities to supported living] for this category of the population, and for this law to be monitored and implemented by the relevant bodies [of the state government] ...»

——— **Interview with expert**

4 Normative legal acts have been adopted, the implementation or non-implementation of which may lead to the violation of either human rights or the requirements of national legislation.

For example, according to paragraph 19-1 of CMU Resolution No 590 on Approval of the procedure for the exercise of powers by the State Treasury Service in a special regime under martial law, funds received as payment by suppliers of goods (executors of work or service providers) into non-budget accounts opened in the bodies of the Treasury can only be used to pay taxes and fees to the budgets of all levels and a single contribution to the mandatory state social insurance.

At the legislative level, the funding of capital expenditures, in particular the payment of fuel materials for the maintenance of generators, has been suspended. The absence of generators in institutions can lead to a violation of the right to decent living conditions (such as cooking food and providing heating during periods of electricity cuts). The purchase of fuel materials is a violation of the legislation, forcing the heads of institutions to act as beggars or have problems with the occurrence of accounts payable.



— «Today, I don't have a sufficient backup generator because we already burned one. It went for repairs and has been under repair for a second week. And what will be the result ... I have a laundry complex. A generator of at least 20 kW is needed there because there are industrial washing machines, a centrifuge, and an ironing machine. There is large consumption of electricity. And there is no point in putting 10 kW in there. I have a food processor, everything is also electric. Now we have two gas stoves, we are still partially recovering from the situation. The generator [needed] there is also at least 20 kW. You need a generator in order to minimise, you know, to minimise your, let's say, risks».

— «If I have funds, then I should not be limited by the fact that I cannot purchase the necessary things to ... ensure the normal functioning of the institution. The 590 government decree, it limits. And this year, thanks to this resolution, I have debts to creditors».

Interview with expert

During the study of the situation, it was also found that the institutions had problems with the purchase of seasonal clothes, shoes and pottery for the clients' boarding institutions.

Developing action plans for civil protection remains problematic, taking into account the interests of persons with disabilities who are in social protection, health care and education institutions for the implementation of the National Action Plan for the Implementation of the Convention on the Rights of Persons with Disabilities for the period until 2025.

Separate legal acts have not been approved in accordance with the Law of Ukraine on the System of emergency assistance to the population under the single telephone number 112 that take into account the peculiarities of providing emergency assistance to persons with disabilities, including those with hearing impairments.

Furthermore, no changes have been made to the fire safety rules in Ukraine, approved by Order No 1417 of the Ministry of Internal Affairs of 30 December 2014, in terms of establishing fire safety requirements for institutions with permanent and/or temporary residence of persons with disabilities. The State Service of Ukraine for Emergency Situations, in accordance with paragraph 7 of the Regulation on State registration of normative legal acts of ministries and other executive bodies, approved by CMU Resolution No 731 of 28 December 1992, sent for re-approval the draft order of the Ministry of Internal Affairs on the Approval of amendments to the rules of fire safety in Ukraine⁵⁰.

⁵⁰ <https://www.drs.gov.ua/wp-content/uploads/2022/11/5693.pdf>

Results of monitoring visits

War experience

The start of the war affected every citizen of Ukraine. Like the rest of the population, residential institutions had some fears, followed the news and took certain security measures, but definitely did not expect military actions from Russia on such a scale.

According to boarding house directors and research experts, there was no systematic preparation for war. Those boarding houses that were close to the borders with Russia or to the temporarily occupied territories of the Luhansk and Donetsk regions prepared more carefully, checking shelters and stocking up on food and medicine. Institutions located in the central and western regions mostly did nothing, including no appropriate preparation for the reception of IDPs.

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— «I would not say that we were 100% prepared. But, of course, we tried to do everything in the time that we could. We prepared the basement, we had it as a bomb shelter, and we were there, hiding, trying to save. It so happened that we had everyone alive, everyone was in place, thank God. Of course, it was stressful for them, and for us. Because there was no preparation as such. Regarding products – we had stocks that we had made for the spring-winter period. And based on these reserves, we were leaving our state».

— «There were evacuation plans, which were made annually and constantly according to civil protection. But you know how? It was more paperwork. Because as always they are, I don't know, at least 10-15 years old, those documents on civil protection, and everything else – these were secondary things and everything was done as a slouch, on paper».

Interview with staff member

— «Some were ready, some were not. If you analyse my experience of monitoring visits even before the beginning of the war (December-January) when we visited some institutions, 80% of them said that no, this could not happen; everyone hoped for the best. There were 20% of institutions that were preparing. It can be seen that the heads of these institutions cared about their clients, for example the Kyiv geriatric boarding house, which we visited in January. They stocked up on additional power systems, generators and water in tanks, and bought more food and medical drugs. Another institution bought a lot of medical drugs, worked with the clients, and talked about the plan of action and evacuation».

————— **Interview with expert**

The interviews show that a few weeks before the war, the state authorities had tried to conduct an inventory of shelters in residential institutions, and in some regions, the residential institutions were encouraged to have more food stocks. Oblasts in Ukraine close to the temporarily occupied territories and territories on the border with Russia were expected to be evacuated, but within the boundaries of the oblasts. Moving further away, including abroad, was not considered.

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— «A question was raised about evacuation, I don't remember whether it was the end of the year or the beginning. I had already signed the letter on 22 February. We had already discussed with the emergency workers how, who, where. That is, they knew very well, as did the regional state administration. And we called some selectively. Because they knew who was evacuating where, and what the traffic was, and they said there were headquarters in each region. The directors talked about what they knew, they collected them, they talked. That is, in the regions, roughly speaking, it was demarcated. And they knew who was responsible for what. But at that time, apparently, no one was ready for the transfer to be between regions. And that was probably a big challenge».

————— **Interview with expert**

The boarding houses that were, or are still, under occupation had to endure the hardest times. There is very little information about the latter. It is very difficult to maintain contact with the temporarily occupied territories. The administrations of these institutions cannot transfer information freely about the state of affairs in the controlled territory of Ukraine. As part of the research, three institutions that survived temporary occupation by the Russian army were visited. The topic of occupation was also raised in in-depth interviews. **The general cohesion of the local population helped the institutions survive a difficult period.** Local residents helped them by bringing warm things and food. Businesses also helped with food.

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— «During the occupation, yes, we survived on local fish, bread and a bakery. In our local area, we have a lot of meat businessmen who supplied us with meat products. That is, even during the occupation, they did not go without meat, fish or butter. We tried to maintain a daily norm, so that they were provided with everything they needed».

————— **Interview with staff member**

— «Somewhere from around noon on the 24th, we were already cut off from the city of Chernihiv, let's say, we were cut off from everyone. There was no longer any communication with Chernihiv, our car was in Chernihiv in the morning and at noon it struggled to make its way to the boarding house due to hostilities. And it was exactly the same with Mohylny. As we lived during the war, the first problem that arose was the supply of bread. Bread was supplied to us by the Chortkiv bakery. The car arrived on the 24th, and it was gone on the 25th. We decided to reduce the bread ration at the weekend. We had wheat to feed our livestock, we ground it into flour in the nearby villages and started baking our own bread. But this did not solve the problem. The Lubetsk settlement council could not help us with anything. I turned to the Ripkinsky village head. They set up bread production at the Ripkinsky bread factory, local entrepreneurs gave grain, and they allocated a total amount of about a ton of flour for the boarding house. We were also provided with meat, but here the Chernihiv Industrial Company came to the rescue. There is a farm in the neighbouring village, so they gave us about four cans of milk a day for free throughout the occupation period, and if their cow got sick, they slaughtered it and gave it to us».

————— **Interview with staff member**

Another crucial component of survival during the period of temporary occupation was the **heroism and dedication of the administration and staff of residential institutions**. During the occupation, boarding houses had interruptions in electricity, water and heating. Staff were forced to cook food for their clients in their own apartments or outside over an open fire. Employees had to expose themselves to constant danger, getting to work, bringing food and living in institutions for weeks without being able to see their own families and leave for safer areas of Ukraine.

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— «Of course, it was hard when we had no electricity, no water, nothing. But we must give a very big thank you to our director. Even under those bullets, he went to the local bakery, obtained that bread, water, of course, from the village, from wells, wherever he could. The girls hand washed everything because we had people lying down. The load on the staff was very heavy, it was very difficult. But still they tried to support each other and support them. We survived this period».

— «My nurses told me that if I left, they would too. My oath, military obligation did not give me the strength to cross and leave it all. There were moments when it was very scary – I couldn't find any words, anything. I shut myself in the office, cried, lost my temper, exhaled, left, smiled, everything will be fine. I was very worried about my staff. One nurse was in occupation in Borodyanka and there was no contact with her. I was very worried about my nurses, who were here with me for 47 days. Because they are already of age. The morning comes, and every morning you see how tired they are. And I understand that there is no one to replace them, and what we have to do».

———— Interview with staff member

Some residential institutions in Ukraine suffered from Russian shellings. Also, three clients were injured in the Atynskiy boarding house, receiving shrapnel wounds of medium severity.

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— «Near the boarding house, various combat operations of Russian troops took place. There were roadblocks with Russian tanks and military personnel near

the village ... six shellings of the surrounding areas were carried out on the boarding house. After the first shelling, on 23 April, the damage that was done to the boarding house was repaired. There were no injured, neither clients nor employees, and we restored everything by our own efforts. But the last shelling on 7 July caused such destruction that it was impossible to stay any longer ... Two thirds of the roof of the main residential building were destroyed. Walls were partially destroyed. This is the ancient historical manor of the sugar factory of Tereshchenko, who worked here on the territory of the Bilopol district. Therefore, this manor is more than 150 years old. The walls withstood a direct hit from self-propelled installations. The premises of the boiler house were destroyed. The club premises were completely destroyed. The roof was ruined. The workshop was partially destroyed, and our medical centre and water tower were also destroyed. There was a lot of damage. There were more than 30 arrivals from a self-propelled installation. They beat without understanding, even though neither the Armed Forces of Ukraine nor other military formations were ever present on the territory of the institution. It's just an act of vandalism.

When the base in Vyshnevo was blown up and rockets started flying, one of the rockets exploded next to the internet house. As a result of the explosion, 70 of our windows were damaged, namely windows, not glass. Glass even more. We have all these windows in two days, the guys left, and the housekeeper, and the engineer came out and glazed them. First in one glass, old glass. Not double, but single glass. Zamglaytsi residents gave two rolls of tape. Then we glued it with tape. But at the moment, it is precisely those, especially wooden, windows that are critical. As a result of the explosion, and then as a result of the fact that the frames were removed, they were glassed, then they became ... a boarding house for 55 years already. They came over the years, probably in a malfunction. And at the moment, almost all windows are in a state of emergency. They need to be changed. We turned to patrons we knew. Will they provide the windows or not ... if not, I don't know ... But they must be installed. If 10,000 is one window, then the amount is very large».

————— **Interview ith staff member**

It was very dangerous to evacuate from temporarily occupied territories and territories where active hostilities were taking place. Green corridors were not allowed, and the security situation changed several times a day. Because of this, some boarding houses could not evacuate at all, while some left a couple of weeks after the start of the full-scale war. Clients found this period very difficult because they constantly had to go down to the shelter.

Their usual daily routine, diet and daily activities had changed. At the same time, the majority of able-bodied clients showed themselves to be quite collected, helping with household arrangements in the absence of communal services and getting bedridden residents down into the shelters, etc.

“

— **«How were you all placed there in general, in this basement?**

— There were special folding beds, like when you lie down on the beach. And we lay on them and took them with us. They gave us warm blankets, and we covered ourselves with them.

— **Was it scary?**

— There was no water. We installed a gas stove, and went around the villages asking for water, who had a well, who had what, we went, they heated water for us, brought water. We ran out of food and had nothing to eat. And the director decided to sell the piglet to pay for the driver and gas to take us out. Everything was bombed there and they tried to save us. And it's good that we were taken out on time. A little longer and we would be gone. We sat in horror anyway. The glass flew away, we were freezing. There was no water, no light. There was nothing to wash. A fire truck brought us and we washed ourselves with dirty water and drank this water. And what to do, I want to drink, drink, what was the water.

— **And how did you get here?**

— At first, when they bombed heavily, fire was aimed directly at the boarding house. Then the military and buses arrived, loaded everyone on and sent them to the station in Kramatorsk. And from the station we were taken by train to Lviv. And in Lviv, at the train station, everyone came from other boarding houses and they brought me here. Whoever wanted to go, was taken.

— **Did someone explain to you why you were leaving there?**

— It was so clear why we were going. We had already asked to be taken somewhere, because there were explosions and the windows were broken. The snow was still lying on the street, and the windows were broken and we were without water».

———— **Interview with client**

Boarding houses in territories further away from the Russian border and the front line began actively accepting IDPs from other boarding houses. At the same time, transit boarding houses could also accept ordinary citizens for several days. Local communities were actively involved in organising the reception of IDPs, and later charitable assistance. Additional furniture, food, hygiene products, etc. were provided. Evacuation was carried out where there was an opportunity to receive people.

Often the receiving institutions were not completely suitable for accepting adults with disabilities, including those with mental disorders, from children's institutions, geriatric boarding houses and psychoneurological boarding houses designed for clients of the other sex. Accordingly, there were no suitable clothes or shoes, doctors (in particular, gynaecologists), etc.

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— «People, of course, came all alarmed. And the appearance was such that a person came in what he was in.

— **And their psychological condition?**

— They had a psychological condition ... the very first thing is like shock, a state of shock. We provided help, worked with each person individually, and we still do, but then we came to each person every day and worked with them».

— «When we arrived on the first day, no one came, and then somewhere on the third or fourth day, someone announced that such-and-such a boarding house had been evacuated, and that you should help that boarding house. Then the volunteers began to travel. They brought clothes, toilet paper, shoes, scarves, jackets, everything you needed. Volunteers even bought mattresses for us. Very good mattresses were delivered, pillows were ordered for us, and we slept on new pillows and new bedding».

———— **Interview with staff member**

Due to the fact that boarding houses in Ukraine are large, it was almost impossible to evacuate all clients from one institution to the same place. People were relocated to different institutions and interpersonal ties among clients were broken, which also significantly affected their psychological state. Currently, the process of adaptation of displaced clients is ongoing. It is also partly complicated by the language barrier between clients and staff. In addition, there are certain problems with the restoration of documents and, accordingly, cash payments for persons with disabilities.

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— «Some can adapt in a week or a month, and some can't even in six months. One boy came, and I thought that he could not speak at all. And now he is running like this, helping. They help, they are normal, like ordinary people, only I address them in Ukrainian. I say: do you understand me? No, I don't understand. Well, then we will learn. So they try to speak Ukrainian to me».

— «Considering the fact that they were hiding in their facility somewhere in the basement or something, they were not very tidy, they did not have a very pleasant smell. That is why they were brought here and changed. They had no injuries. One had increased blood pressure, so we provided help. Later, their condition stabilised. Emotionally, they were categorically against staying in our institution, only because the institution has psychiatric status and they are geriatrics».

— «They could not understand it, even when I conducted personal work with them, because they set their own rules. We had to explain that we are all on equal terms, that even our patients, our clients with a psychiatric diagnosis, do not behave like that. It is unacceptable for them. There were different moments, but they adapted, adapted».

———— Interview with staff member

Security

One of the main issues during the war is the safety of clients in residential institutions. It should be noted that the institutions visited had quite different levels of preparation for possible events in wartime conditions.

In general, there are no bomb shelters in the institutions. Most of them have prepared basement-type shelters, which are provided with backup artificial lighting. There are places to sit and lie down – benches, chairs and beds, means of extinguishing fire, drinking/technical water, food, prepared emergency medicines and personal hygiene products. Toilets and bio-toilets are installed elsewhere. At the same time, shelters in half of the institutions visited did not meet the required standards: the number of places did not correspond to the number of clients and staff, there was no ventilation, they did not have a protective and hermetic door, there was no autonomous power supply, they were unequipped for clients with limited mobility, etc. A quarter of the institutions visited had no shelters (Dunayevetskiy, Luybetskiy, Pushcha-Vodytskiy, Zamglayskiy PNBH and the inpatient department of the territorial centre of the Dykanka settlement council). Solving these issues is currently extremely difficult due to limited funding, because the construction of new bomb shelters and the conversion and equipping of existing shelters requires significant resources.

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— «If we evaluate according to the norms, then apparently the readiness of the shelter is 3 points. But what we did on our own, look, we made a place out of nothing where you can save lives in an extreme situation. It needs improvement, but we understand that now is a war, that now it is the front line where funds are needed much more. There will be peace, we will repel the aggressor, then everything will be rebuilt. But from those minimal conditions, using our internal resources, we were able to make such a shelter today».

— «We have a basement in one of the buildings, but we gave the order to the medical staff that in case of explosions somewhere near the boarding house, to take the clients out into the street and take them to the field away from the buildings. This is the safest place, first because there is not much space in the basement – this is one thing, and second, you can't get the clients who are lying down there quickly either. It was not a way out of the situation. After the occupation, the commission of the settlement council conducted an inspection of these premises. And they did not recommend for us to use this basement as a shelter».

————— **Interview with staff member**



Novosanzharskiy CBH



Kobelyatskiy PNBH

Even with shelter, however, as the war has progressed, staff have increasingly ignored the air raid signals and used the “two-wall rule” to ensure the safety of their clients. This especially applies to clients with reduced mobility, who are extremely difficult to move to a shelter. There are several reasons for this. First, the issue of safety in a psychoneurological boarding house is burdened by the mental state of clients. Regular alarms and the need to go down to the shelter change the daily lives of residents of these institutions and, accordingly, can cause them to have negative emotions and their health to worsen.

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— «The air raid alarm, which forces people to get up at night and go to a shelter, has become a significant problem for clients and employees of the institution. People are angry that they are woken up at night and are taken to the storage room, and those lying down are taken out into the corridor. If the anxiety occurs at the time of eating, then the food is cold, and people become nervous due to hunger. The principal of the institution turned to the head of the Department of Social Protection of the Population for additional clarification on how to react in this situation, but a way out of the situation was never found».

Visiting report (Gelmyazivskiy PNBH)

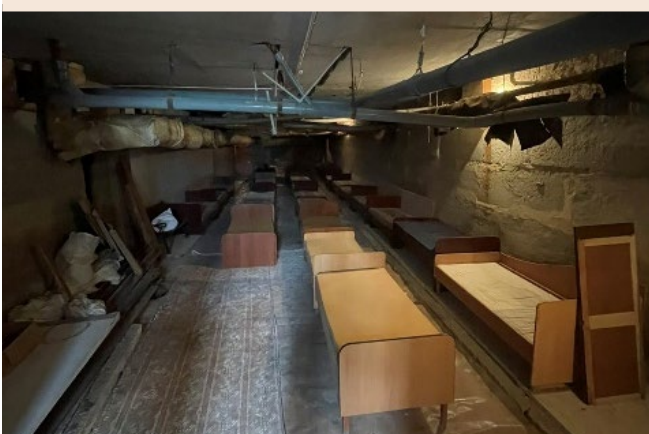
— «It is difficult to move clients to the shelter and to the corridor premises (two-wall rule) during the “airborne alarm” notification. Since most residents do not have preserved intelligence and do not understand the situation,

any change in the situation can lead to an exacerbation of their state of mental health».

———— Visiting report (Novosanzharskiy PNBH)

— «How to get down to these premises, if they are not architecturally arranged for persons with disabilities? Some managers talk about the fact that they carry persons with limited mobility in their arms, on stretchers, and indeed some of them do. But I can't say they do it 100%. Even in the presence of adapted bomb shelters and shelters for when an air raid signal is issued, few people go down there, very few. Actually, I was in many institutions where there were air alarms at that time. No one there responded to them. In such border regions, for example, in the Mykolaiv region where I was, during the air raid alert they clearly heard the explosions, but no one reacted in any way».

———— Interview with expert



Gorbanivskiy PNBH



Mokrokagarlytskiy PNBH

Second, getting all clients down into the shelters, including those with limited mobility, requires an increase in the number of personnel, especially at night.

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— «The bottom line is that if we do it every time, that is, on a permanent basis, drag our clients, especially those who are not feeling well, who are lying down, then after a certain time we simply will not have them. Will the missile hit or not? It is better not to let it fall. But we will cripple them ourselves and nullify all efforts to provide them with decent living conditions if we carry

them here and there. And one more point. There is the day when everyone works. And at night? When there are only two to three employees on night shift, how to do it quickly?»

——— **Interview with staff member**

The situation is similar with other security measures, although not everywhere. Briefings are held with the employees and clients of institutions on actions for various situations (shelling, fire, an explosion in the premises, etc.); clients' suitcases are packed with essential items – hygiene products, underwear, warm things and medicines; and the conditions are ensured for preserving the confidentiality of clients' personal data and affairs in the event of an emergency.

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— «To be honest, we do not move anywhere now. We hear on our phones, we all have mobile apps with notifications on our phones. But we assess the situation from the news, see that something is very dangerous, then we already start going down to the basement.

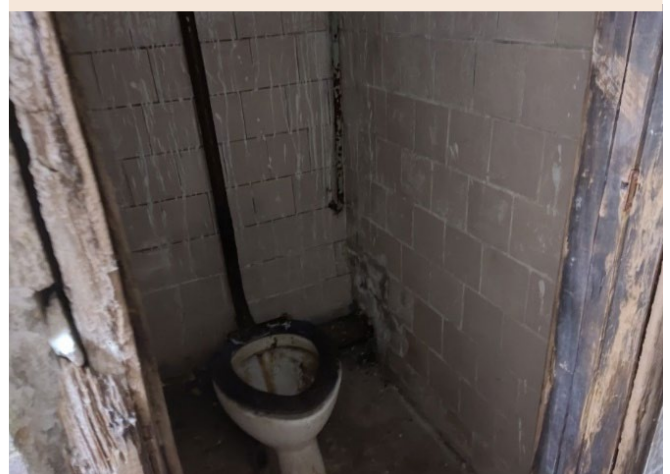
— **Do you not go down every time?**

— Yes. Every time, if it is five times a day this anxiety, then no. But if, you know, such an alarm is an alarm, then we will at least start to get the boys out of here, but you can't lower the bedridden patients into the basement every time after every alarm».

——— **Interview with staff member**



Chekhivskiy PNBH



Novobiletskiy PNBH

It should also be noted that evacuation issues are mostly ignored. Although plans and routes for displacement in the event of hostilities are in place, actual arrangements for relocation are not universal, among others because of the difficulty of organising a location outside the area in which the facility is situated. This is due, first of all, to the absence or limited number of vacancies in other institutions of the social protection system of the population, as well as the impossibility of delivering and/or accommodating clients in suitable institutions abroad, etc.

Living conditions

Most of the institutions visited were old buildings (built between the 1930s and 1970s). Almost all residential institutions are designed for a large number of people (100+). In a quarter of the institutions visited there were more than 300 clients. In general, these are low-rise buildings, each institution having one or more residential buildings. Most of these are adapted buildings and only six are typical – purpose built. All of them have recent repairs and in general their condition is satisfactory.



Zamglayskiy PNBH



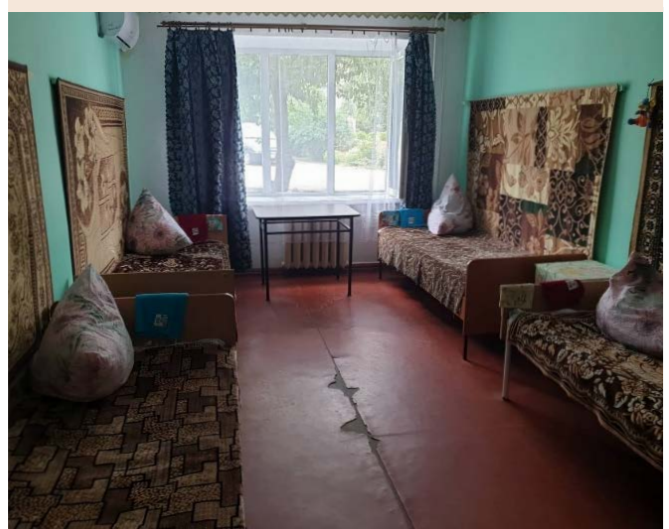
Novobiletskiy PNBH

Institutions have territories of very different sizes, which are not dependent on the number of people living there. The Novobiletskiy PNBH is designed for 405 residents and has a territory of 4.8 hectares. But the Chekhivskiy PNBH for 220

people is located on a territory of 305 hectares. In general, boarding houses have large areas due to the presence of a large auxiliary farm – gardens, fields for livestock grazing, vegetable gardens, etc.



Atynskiy PNBH



Kobelyatskiy PNBH

Living rooms are generally in a satisfactory condition: minimally renovated, with appropriate natural and artificial lighting and a suitable temperature regime. As for the arrangement of the rooms, they have mostly outdated furniture, curtains and carpets. Improvements in living conditions are mostly made through the funds and efforts of the clients themselves, who buy new furniture or make cosmetic repairs. Residents of institutions can also keep personal belongings in their rooms, including household appliances such as TVs, radios, electric kettles and computers.

At the same time, there are not enough places to store personal belongings. These are often bedside tables and wardrobes designed for several people. In some institutions, personal belongings are hidden, and the housing looks very stately, lacking the homely atmosphere that is present in places where people live permanently. Residents and staff in other facilities, on the contrary, try to decorate living rooms with flowers, paintings, soft toys, etc. The number of clients in the same room varies from one to fifteen. Often, the largest rooms are reserved for clients with reduced mobility because it is more convenient to serve them, feed them, carry out hygiene procedures and help them go to the toilet. The living conditions there are worse: there is a significant lack of space, there are unpleasant smells, it is difficult to use personal belongings, etc.


Vynogradivskiy PNBH

Luybetskiy PNBH

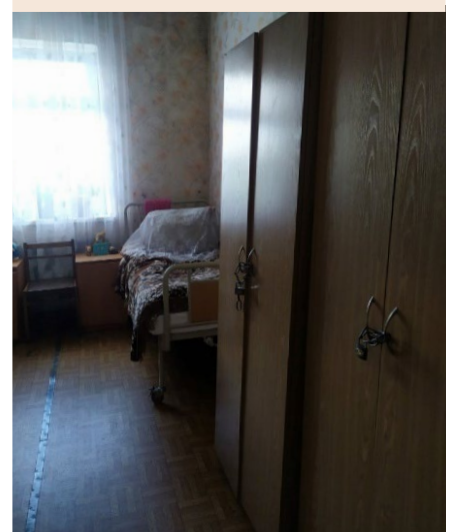
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— «Rooms in which boarding house clients live are equipped with wardrobes and partly with bedside tables, but not all people have personal belongings in the bedside tables. Some rooms have fresh flowers on the windowsills. In living rooms, not all windows have curtains. Beds in the institution are mostly old, with a spring net that bends. Many people's mattresses and bedding are also worn out. The clothes on many of the clients are also quite old and worn».

Visiting report (Chekhivskiy PNBH)

— «Living conditions are uneven. In building number 2, where clients with reduced mobility and clients with persistent mental disorders are accommodated, there are rooms in which the space norms for accommodating one person have been violated. So the room is about 25 square metres. Eight people live there, there are fewer bedside tables than one per person, residents with limited mobility use portable toilets (buckets with lids), due to which the building smells of faeces and urine, and there are no closets for storing personal items and clothes. Building number 3, on the other hand, in which clients with the least severe mental disorders live, uses a block type of accommodation – two-room wards, which they arrange at their discretion depending on their financial circumstances and preferences».

Visiting report (Lebedinskiy PNBH)

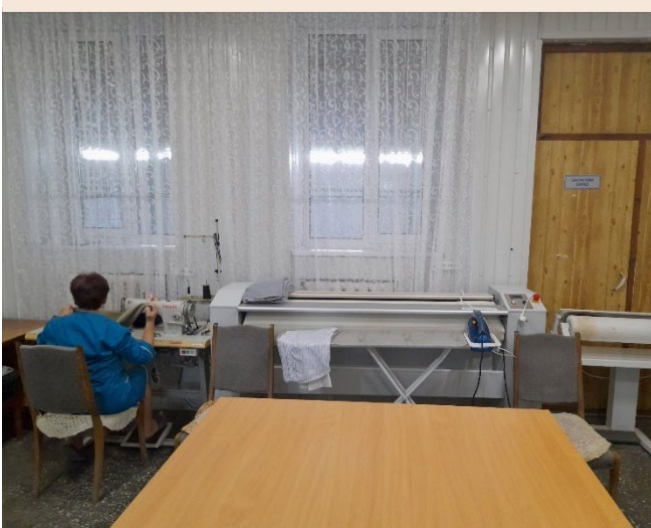
**Borodyanskiy PNBH****Gelmyazivskiy PNBH****Mokrokagarlytskiy PNBH**

In these conditions, one of the key problems faced by people living in residential institutions is the violation of their right to privacy and often the lack of opportunity to be alone. The war has exacerbated this issue even more. Boarding houses are almost completely full or even exceed their planned capacity. Continued displacement and the likelihood of escalation of hostilities may lead to significant overcrowding of boarding houses in relatively safe areas of Ukraine. Some institutions have already compacted the placement of beds, to the extent that it is almost impossible to walk between them. According to experts, this situation will persist because there are almost no places in social inpatient institutions, and the process of accommodation/relocation of persons with disabilities to other institutions (dormitories, medical institutions, etc.) is extremely slow.

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— «Today, in all boarding houses – children’s, geriatric and especially psychoneurological – there is almost no place to resettle even those who would like to move from other regions, there is almost no place. Maybe there will be ten or two. But the Ministry of Health offers us free places in health care facilities. That is, a transfer is possible, if there is a desire. But will the regional state administration agree with health care institutions that persons with mental disorders should be evacuated to them? This should be an agreement between institutions and regions».

Interview with expert

**Gelmyazivskiy PNBH****Chekhivskiy PNBH**

The problem of privacy also applies to bathrooms and showers. They mostly have partitions, but often do not have doors. As mentioned above, clients with reduced mobility mostly use incontinence underwear and portable toilets in living rooms in the presence of other residents.

**Sukachivskiy PNBH****Chekhivskiy PNBH****Pushcha-Vodytskiy PNBH**

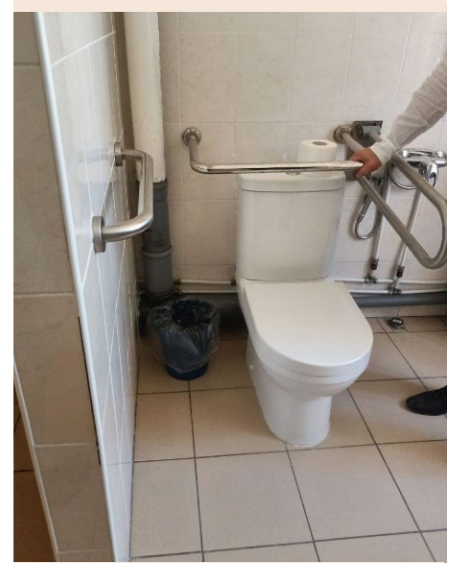
All clients are provided with hygiene products: shampoo, soap, toothpaste and brush, washcloth, toilet paper, etc. However, not all of these items may be freely accessible to the residents of institutions. Also, some products are shared, for example shampoo or toothpaste, and are issued by the staff as needed by clients.



Zhovtneviy PNBH



Pushcha-Vodytskiy PNBH



Novobiletskiy PNBH

Meals

Clients eat at least four times a day. In some institutions, five meals a day have been introduced. The average cost of food per person per day is UAH 96 (between UAH 57 and UAH 273 in different establishments). During the visits, it was found that the dishes prepared corresponded to the menus. For the most part, the food is balanced. The daily menu includes fish/meat dishes, and less often fresh vegetables and fruits, which are supplied by the institution's own farm, among others. In most institutions, natural food standards are fulfilled 100%; in eight institutions from 75% to 95%. Elsewhere, there are problems with purchasing fresh vegetables and seasonal fruits. In general, residents of the institutions visited did not complain about the quality of food, although IDPs complained in interviews about the lack of meals like those prepared for them before their relocation.

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— «Let's say, our food was, of course, better. We were given potatoes, there was more variety, and here it is porridge, porridge, we are tired of it all.

— **Do you want potatoes?**

— Yes. Native potatoes are better.

— **We will inform the cook. Are the vegetables and fruits fresh?**

- Tomatoes are given, but there are only a few».
- «Fruit, unfortunately, is not given often. Sometimes they give peaches, sometimes they cook compote from fresh apples. Unfortunately, there is no such thing as giving fruit every day or often».
- «We, for example, cook well. When I first came, and such portions were given here, I was still ...
- **Were you surprised?**
- Yes.
- **Are there any vegetables here?**
- Yes, the salad is given fresh, the carrots are fresh and stewed, then potatoes are given.
- **Is there meat or fish?**
- Both meat and fish are given to us often».

———— **Interview with client**

In all of the institutions visited, clients could drink water at any time. For this, coolers with drinking water had been placed in the common areas. But the frequency of water change is not always monitored. Water decanters/coolers/ bottles can also be found in living rooms. At the same time, elsewhere, clients use water from the tap, but its suitability for consumption has not been established.



Atynskiy PNBH



Luybetskiy PNBH

Almost everywhere, clients can eat freely between meals (except for in the Atynskiy PNBH). Conditions for food storage, however, including refrigerators, are not available everywhere.

Most of the institutions visited had an auxiliary farm, which often provides residents of boarding houses with vegetables, fruits, greens, meat and dairy products. If there is a garden and a vegetable garden, workers make significant reserves of preserves for the winter. In addition, food and water supplies for several months are stored in all institutions.

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— «I'll tell you honestly, when I applied for seed funding in the spring, I heard: "What's wrong with you? There is war! What will you sow?". And I say, "I will sow". Although I don't have a lot of land, we cultivate there ourselves, one and a half hectares, up to two hectares of land, but we eat from this land all summer long. These are zucchinis, greens, cucumbers, tomatoes – everything. I have enough for 150 clients. I was not given this funding at first. But then they still gave, said that I was doing the right thing. I'll tell you that I'm glad we did it, because we weren't under occupation. We were able to plant, we were able to harvest, and it gave such a good supply of food».

Interview with staff member



Zhovtneviy PNBH



Novosanzharskiy CBH

The canteen conditions are generally satisfactory. The premises are well lit, clean and ventilated. At the same time, seven of the institutions visited did not have special conditions for persons with disabilities, and three did not have

restrooms, although there were handwashing facilities. There is a menu in the canteens. A menu for the next 14 days has also been developed in all locations. Most institutions have a diet menu, except for the Sukachivskiy, Atynskiy and Lebedynskiy PNBHs.



Gorbanivskiy PNBH



Lyschynivskiy PNBH

Food storage, quality control and kitchen conditions are satisfactory. In most institutions, sanitary legislation is observed. Chipped enamelware is available, and clean dishes are stored in open cabinets on loose trays. In general, certain violations were noted in eight of the boarding houses visited.



Stationary department of the territorial social service centre of Dykanka settlement council



Dunayevetskiy PNBH

Medicine

The daily cost of medical care per client is on average UAH 9 (between UAH 1 and UAH 26).

Medical departments are available in all institutions, except for the inpatient department of the social service centre in the Poltava region, where this is not prescribed by law. Medical departments usually contain several offices: therapeutic and procedural offices and a physiotherapy office. Less often they have a dental office, a psychiatrist's office, an exercise therapy office, a massage room, etc. Elsewhere there is a clinical laboratory. One of the key problems is the lack of medical personnel, in particular doctors, who have to be recruited from nearby settlements and from the nearest medical institutions. The most sought-after specialists are psychiatrists.



— «In the structure of a psychoneurological boarding house, there should not only be a psychologist, but also a social pedagogue, a psychiatrist and, in general, such a concept as a multidisciplinary team that provides services to the people who are there – the clients of the boarding houses. But we have a great shortage of psychiatrists specifically in psychoneurological boarding houses. There are doctors who combine as 0.5 or 0.25 staff units, but, of course, if the boarding house has an average of 100 to 300 people, one doctor as a 0.25 staff unit cannot be considered as providing quality care».

Interview with expert

Medical offices are equipped with appropriate furniture and the most necessary equipment. Institutions are minimally equipped with medical products, in particular antipsychotic and anticonvulsant drugs. For emergency care, medical kits are kept in the medical unit's cabinet. Independently and/or thanks to humanitarian aid, stocks are formed several months in advance. A shortage of necessary medical drugs was reported in the Dunayevetskiy and Vynogradivskiy PNBH. At the same time, half of the institutions visited did not have a licence for the right to conduct economic activities in the circulation of narcotic drugs, psychotropic substances and precursors.

According to clients, the necessary medicines are not always issued. Some of them have to be purchased independently, while charitable assistance from outside is sought less often. Typically, these are types of medication that are more appropriate for the client's condition and cause fewer side effects than those available in institutions.

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— «Do you take valproates?

— Yes.

— Which ones?

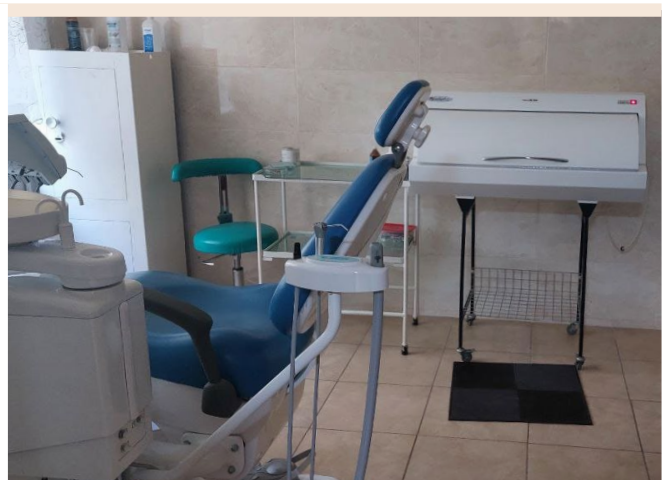
— I have Valprocom. I buy it myself, because there is no such thing on the list here. The pack costs UAH 670. I bought it for myself, I will have enough until October.

Last time I went to a gynaecologist, I was sent, checked. But, of course, I had to borrow money from people. I didn't have my own then. The gynaecologist said, “get money for medicine wherever you want, so that you have enough for treatment”».

———— Interview with client



Vynogradivskiy PNBH



Novobiletskiy PNBH

Medical examinations/screening of clients are carried out once a year. During martial law, inspections were last held in 2021 and clients are referred to a specific doctor as needed. Facilities have created the conditions for drug treatment or supportive therapy for residents with certain diseases. Cooperation

with health care institutions has also been established. Clients have signed declarations with family doctors. The problem is medical support for IDPs whose declarations with doctors at their previous places of residence have not been renewed since their relocation.

The institutions have quarantine departments for new arrivals, and elsewhere there are isolation units for the sick. In the absence of an isolator, its functions are performed by the quarantine department. Usually these consist of one to four rooms, depending on the size of the institution. Departments are mostly equipped with everything necessary, and have their own sanitary rooms and a place for clients to eat. The quality of lighting, ventilation, cleaning and temperature conditions in the rooms is satisfactory. At the same time, however, there is not enough furniture to store personal belongings – cabinets and/or bedside tables.



Gorbanivskiy PNBH



Dunayevetskiy PNBH

One of the methods of preventing dangerous actions by persons suffering from mental disorders in inpatient facilities is physical restraint (fixation) and/or isolation. It should be noted that some of the boarding houses visited violated the requirements of Order No 240 of the Ministry of Health of 24 March 2016 on Approval of the rules for the use of physical restraint and (or) isolation in the provision of psychiatric care to persons suffering from mental disorders, and forms of primary accounting documentation. There are no logs of registration of the use of physical restraint and/or isolation in the provision of psychiatric care to persons suffering from mental disorders (primary accounting documentation form

No 066-3/o). There is also no log of recorded cases of injuries and receipt of physical injuries of a criminal nature by clients during their time spent in a social security institution. These are significant factors in the occurrence of ill-treatment and punishment in closed institutions.

Rehabilitation

According to Ukrainian legislation, residential institutions must carry out rehabilitation activities in accordance with clients' individual rehabilitation programmes. These programmes are created for each person with a disability and include various types: social, psychological-pedagogical, medical, medical-social, labour, physical culture and sports. Also, according to the programmes, clients are provided with technical and other means of rehabilitation: carts, canes and aids for walking, toileting, lifting, etc.

At the same time, rehabilitation in the institutions visited **was mostly formal** and did not bring any real benefit to the health and well-being of their clients. Unfortunately, the staff and the main administration of institutions do not fully understand the need to implement effective rehabilitation measures for clients. Often, the key goal is to fulfil residents' basic needs – food, warm clothes, clean bedding, etc. – without developing and maintaining the skills and abilities of persons with disabilities. Rehabilitation is reduced to the organisation of occupational therapy, which often does not have an actual rehabilitation goal. Rather, it is a way for the institution to save money through the cultivation of vegetables and fruits, as well as livestock breeding. Moreover, the directors see the presence of a large subsidiary farm as a significant advantage for boarding houses. They can also sell the remaining products, thereby increasing the institution's financing.

In addition to working on the farm, clients are involved in cleaning the premises and their own rooms, and serving meals. Some of the residents are now also actively helping to meet the needs of the front, weaving camouflage nets, making trench candles, etc.

Monitoring visits and interviews with clients revealed that they were also involved in performing the direct duties of junior medical staff and cleaners.

Clients are encouraged to wash persons with reduced mobility, clean bathrooms, etc. Often this is the initiative of specific employees who, most likely due to a significant workload, are forced to ask for help.

Mostly, clients are attracted to this work thanks to certain “thank you gestures” – a symbolic payment, sweets, cigarettes, etc. At the same time, however, elsewhere, employees also resort to coercion and threats.

“

— **«Is there a job for which you can receive payment? For example, do you help the staff with anything?**

— Yes, we help the orderlies wash the floor.

— **And they pay you money for this?**

— They pay.

— **How much?**

— They pay twenty.

— **Do they just pay out of their own pockets?**

— Yes».

— **«What do you usually do during the day?**

— I help almost everywhere. And in the warehouse, and on the street, and I unload the car that brings products, that kind of thing.

— **Tell me, do they give you anything or encourage you?**

— Of course, they treat. They give cigarettes, make tea, coffee, etc».

— «Our doctor has already threatened me. I told her that I don't want to go to work with that woman, because she has a rude character.

— **What kind of woman is this?**

— A woman who hires to work in the field or distributes work elsewhere. If something is wrong, she screams. Explain calmly. Somehow, an approach must be found. And the doctor tells me: “Anyone who doesn't want to work with us lives in the building, where they are rowdy”. And I say: “And what do I owe to rioters, I'm not riotous”. I don't like working for that woman with character. I like to help if I'm treated well».

—— **Interviews with clients**

“

— «There was such a thing, the displaced clients asked to help the nurses do their work. For example, one says she is a midwife. In that institution, she says, she washed the patients. And we say we don't have that, our employees do it all. We cannot! She says, so I can't fit myself anywhere. She was used to getting up in the morning, eating and having work. But here we don't have such a thing. Only junior staff and middle medical staff provide services here. You know, this rearrangement was a little like that. Until they got used to it, they had to explain and tell. And I don't remember any conflict situations».

—— Interview with staff member

Thus, some clients wish to be more useful, to be employed and to earn money, but the employment of residential clients is uncommon. Only a few clients were officially employed in the five boarding houses visited. Work is also being done elsewhere to restore clients' legal capacity, but there are almost no positive solutions to this issue.



Gelmyazivskiy PNBH



Chekhivskiy PNBH

In addition to occupational therapy, other types of rehabilitation can be present in the institutions – physical culture and sports, social, medical-social, etc. – if the appropriate equipment and personnel are available. A general problem is the lack of qualified specialists. The remoteness of residential institutions from regional centres, low non-competitive wages and a heavy contingent lead to the outcome that no one can provide rehabilitation assistance. Boarding houses cannot find rehabilitators, nurses, etc. Elsewhere, rehabilitation is understood as

the organisation of creative leisure time with clients. For physical rehabilitation, some institutions have rooms with sports simulators and equipment, massage rooms, etc.

“

— «15 clients are in the assisted living department, where there is a social rehabilitation room equipped with a gas stove, a refrigerator, a microwave oven and a washing machine. Together with the mentor, the women learn to cook various dishes and use household appliances».

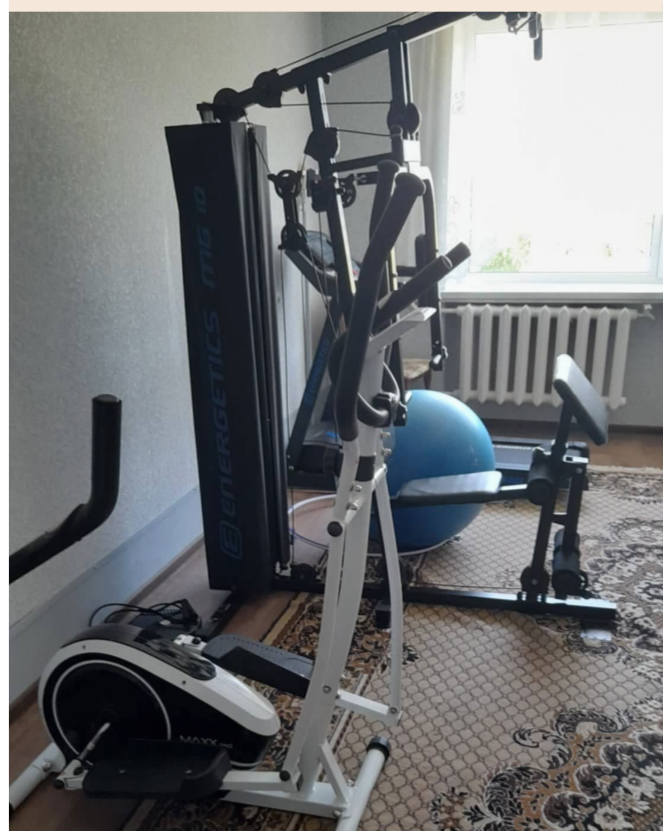
Visiting report (Zamglayskiy PNBH)

— «The institution conducts rehabilitation measures for the verticalisation of clients on a special device – a verticaliser, which allows patients to adopt a vertical body position. It is prescribed for damage to the spinal cord, after strokes, in the presence of cerebral palsy and after sustained injuries».

Visiting report (Gorbanivskiy geriatric boarding house)



Gelmyazivskiy PNBH



Smilyanskiy PNBH

The most difficult situation is with clients in residential institutions who have limited mobility. Usually, bedridden clients receive an extremely limited number of rehabilitation services aimed at restoring and developing their lost body functions, or they do not receive them at all. Most of the time, people spend the whole day in bed, although the experience of boarding houses that are able to organise the rehabilitation of adult residents with limited mobility shows that their condition improves significantly after classes.

“

— «When they were brought here, all 34 of them were lying down. They did not go out at all. Over a period of four months, we got them up and most of them started walking. And I have a girl with cerebral palsy was lying down for seven years, and today she sits and goes outside in a wheelchair».

———— **Interview with staff member**

As for technical and other means of rehabilitation, medical products (strollers, crutches, functional beds, anti-bedsore mattresses, toilet chairs, etc.), in general the client's needs are at the minimal level of satisfaction. The biggest problems are the availability of specialised furniture and the organisation of a barrier-free space: there are no equipped ramps at the entrance to the building; and the necessary adjustments have not always been made in common corridors, washrooms and toilet rooms, in particular handrails. An additional burden on the provision of rehabilitation means is caused by internal displacement. Often, during evacuation, the equipment was left in place or lost during relocation.

“

— «There are needs. For example, our displaced clients were not all able to take things with them, such as means of rehabilitation, like walkers or wheelchairs, or orthopaedic shoes, so now we are working. We have not been refused by the prosthetics factory; we have already ordered shoes. But it's time, because the documents need to be renewed, including individual rehabilitation programmes, which give the right to free provision of these means».

———— **Interview with staff member**

Leisure time

The organisation of leisure time in boarding houses depends mostly on the administration of the institution. Clients, as a rule, spend their days in occupational therapy or relaxing – watching TV, walking around the facility and playing games. Institutions try to arrange the surrounding area accordingly. There are benches or even gazebos for sitting, flowerbeds, trees, etc. But there are also institutions where this is almost absent. Elsewhere, there are sports grounds for individual classes or collective games (football, basketball, etc.), but there is often a lack of appropriate equipment (balls, nets and basketball backboards). Some institutions have rooms equipped with exercise machines.

“

— «In the evening, I read books, watch my mobile. I really like to read books. We have our own library here. There are not many interesting books, but there are new ones coming in. We have two librarians. One is currently on vacation, she is young, and the older one is taking notes.

— **And any sports activities?**

— We have a sports office, haven't you been?

— **Haven't been yet. There is ping pong, tennis, right?**

— There is a ping pong table, but the nets have not been bought yet. It was before the war, the orcs stole it».

———— **Interview with client**



Vynogradivskiy PNBH



Mokrokagarlytskiy PNBH

Institutions usually have common rooms for recreation. There, clients can watch TV, sit at the computer, chat and play board games. Boarding houses also have assembly halls, and somewhat less often libraries and small places of living nature – mini-zoos, botanical corners, etc. The renewal of literature and periodicals in the libraries of most institutions is satisfactory, but there were problems with this in a quarter of the institutions visited.



Novobiletskiy PNBH



Zamglayskiy PNBH

Each institution has a cultural employee, who is responsible for organising clients' leisure time. Social workers of boarding houses can also perform these functions. For each client, individual cards are created with the definition of his or her social activity group, cultural and leisure interests and needs. However, they are mostly of a formal nature.

Elsewhere, leisure groups are held with a limited number of clients. They draw pictures, make products from beads, coloured paper and plasticine, and knit. Where this is developed on a permanent basis, there is often a lack of consumables for crafts.

“

— **«What do you do during the day?**

— I go to the library, I take interesting books. I have already read a lot of books. I read books every day.

— **And how often do you go for walks?**

— Every evening.

— **And how do you like to relax?**

— How else do I love? I can go and draw with our cultural worker».

———— **Interview with client**

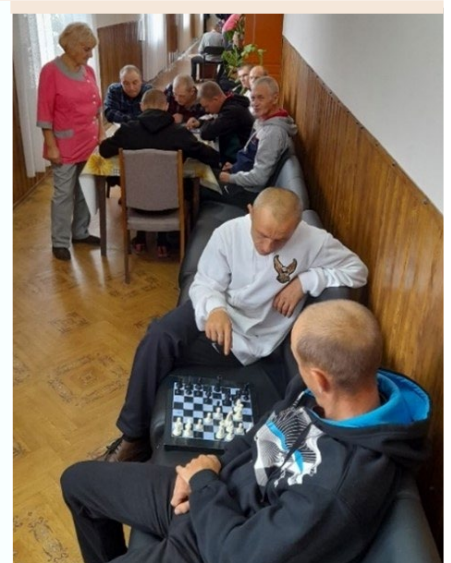
Practically no leisure activities are organised for clients with reduced mobility. As a rule, they lie in their rooms all day, if possible watch TV and listen to the radio.



Gelmyazivskiy PNBH



Borodyanskiy PNBH



Zhovtneviy PNBH

Before the war, leisure activities in institutions were improved by volunteers and civil society organisations, who came with entertainment events – concerts and plays – or even held creative classes. Also, some boarding houses looked for opportunities or took advantage of offers to visit certain events or places for free – theatres, movies, historical monuments, etc. At the same time, opportunities such as these mostly concerned children’s boarding houses and, accordingly, youth departments for them. Support for adult institutions was much smaller and depended on the involvement of the administration, i.e. the extent to which the directors themselves appealed to support their clients. Likewise, the position of the administration affected the participation of residents in various events with other similar institutions in Ukraine and even outside the country. So, depending on clients’ preferences, they could participate in sports competitions, send their creative products to competitions, organise concert performances, etc.

“

— «In the boarding house, a football team was created from the clients. For six years in a row, the boarding house team represented the Cherkasy region in the labour and social protection system’s all-Ukrainian football tournament for persons with disabilities. The team also represented Ukraine in international

competitions in Poland, where they won first place. In connection with the complication of the situation in Ukraine regarding the spread of COVID-19 among the population and the continuation of the quarantine, the boarding house team took part in online sports competitions, where they won first place in Ukraine».

———— Visiting report (Zhovtneviy PNBH)

— «Not even that much, you know, but in my opinion, well, the work of a psychologist is important. But this kind of activity has a more social direction, when there is group work, when they are involved, well ... Most of all, people who complained to me, yes, why did they stop going on all kinds of excursions because of the war? Because mostly, in the institutions, it was organised that someone came to them, then they went somewhere. That's what they really liked, they went out somewhere, dressed up nicely».

———— Interview with expert

— «We do everything we can to divert our clients' attention, so that there are no mental disorders due to excessive connection with the war. We try to activate work and leisure activities. Their free time should be full, and we do everything to achieve this, so that our clients can be busy with their favourite work, the kind of work they like and that gives them pleasure. And because of that, I can't say that they are somehow sitting, grieving, crying somewhere».

———— Interview with staff member

Also, most institutions have created opportunities for satisfying religious needs. There are prayer rooms, and icons and religious books can be kept in living rooms. Upon invitation and at the request of clients, representatives of religious denominations visit institutions for thematic spiritual communication.

External connections and right to complain

One of the key factors in preventing abuse in residential institutions and promoting the socialisation of clients is the opportunity to interact with the outside world. It should be noted that most clients have the opportunity to communicate with relatives and friends in one way or another. Usually, a large

have mobile phones. Those who do not have one can use the telephones in the establishment if necessary – of the staff or other clients. Also, all institutions have TVs, radios and internet access. Some have Wi-Fi, some use mobile internet. Some institutions are equipped with computer desks, where clients can also access the internet, and some residents of boarding houses have their own computers or laptops in their rooms. There is the possibility to send and receive mail, and client letters are not checked by staff, but almost no one uses this method of communication.

Meeting with loved ones is also possible, but in some institutions this is partially limited. Some visits only take place on the territory of the institution, some only on certain days of the week, etc. Rooms/arbors are arranged (in the case of quarantine restrictions) for meetings with loved ones, and in most institutions visitors can spend the night.

In addition, clients have the opportunity to go outside the territory of the institution. However, the mode of such outings is quite different. It depends on the client's legal capacity, his or her behaviour and the restrictions adopted by the institution. In some places you can go out on your own, in others upon permission of the staff, in some accompanied by the staff and in some you cannot move freely even on the territory of the institution. Specific decisions on the free movement of clients are often very conditional and made at the discretion of the administration and staff of the institutions. This is especially noticeable in the case of IDPs. Thus, the clients who were interviewed noted that after moving they had experienced a change in such conditions – from more limited to freer and vice versa.

“

— «You can go on your own to the village whenever you want?

— No, they do not let us out on our own. And there, in [our old] boarding house, they let us out, and we could go to the store, and to church».

— «Here we walk freely. You yourself saw that no one points us out. Here we freely walk around the territory. So I can get up at half past five in the morning, I can go out into the street without hiding from anyone, walk around, that's all!

And no one follows me, nothing is closed here. And in Bilopilla, we marched out in formation according to the schedule, walked a bit and returned in formation. All of us! Under lock and key! TV too – at a certain time. You couldn't watch it at another time, everything was closed like a prison. There is no such thing here».

————— **Interview with client**

Violations of established rules are also punished in different ways. Clients are talked to or quarrelled with, and may be shouted at. Some practices cause significant concern because of threats or actual actions by staff **to restrict the freedom of movement of clients**, send them to rooms where other clients are in an excited mental state, and so on.

“

— «**Tell me what these rules are.**

— These rules are as follows: do not riot, behave with dignity, do not argue with medical personnel and behave as the medical personnel tell you.

— **Tell me, what happens if you break these rules?**

— What happens to us? If I violated, let's say, the rules, I didn't listen to either a nurse or an orderly, it means that we are sent to an institution for this period, where we have to correct ourselves.

— **And what kind of institution is this, as you say?**

— This is our closed department.

— **And how is it different?**

— It differs in that, let's say I made a mistake and harmed the management, the medical staff must punish me for it, so that I think about this issue and then, when they come to work, they ask, have you thought about your behaviour? I say yes, I have thought. And you won't do that again? I say no.

— **And where are you now?**

— I am currently in the free department, this is the third department. In a closed department there are very rowdy people, aggressive people who can show aggression for an hour and a half. If they put me in a closed cell, those sick people are there, and they can hit me or damage my health.

— **And if it is violated, then what will happen?**

— Looking at the situation, if you smoke in the room, they can lock you in a cage until morning.

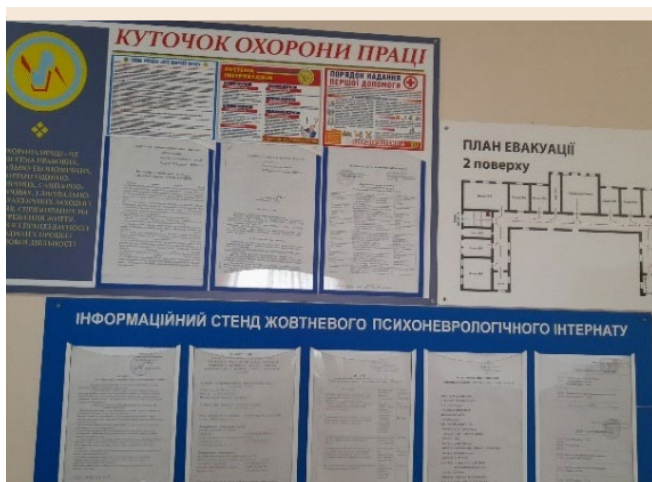
— **What kind of cage is this?**

— Well, this one, for the riotous. You won't get out, and they won't touch you. They give you food to eat.

— **It is clear. Were your friends put in such cages?**

— I was myself. For insubordination after escaping».

———— **Interview with client**



Zhovtneviy PNBH



Chekhivskiy PNBH

In almost all institutions, clients have the opportunity to familiarise themselves with their rights and the rules of conduct in the institution, and to find out the contacts of the law enforcement agencies and state and local authorities, with whom they can submit a complaint. There are relevant information stands in the boarding houses. At the same time, the overall assessment of access to legal information was unsatisfactory in several institutions (Atynskiy, Borodyanskiy, Dunayevetskiy, Pushcha-Vodytskiy and Vynogradivskiy boarding houses).

Most of the institutions visited had complaint and suggestion boxes, as well as client complaint/appeal logs. Usually, when problems arise, clients turn to the staff, less often to the administration of institutions. According to staff and clients, there are no difficulties with this.

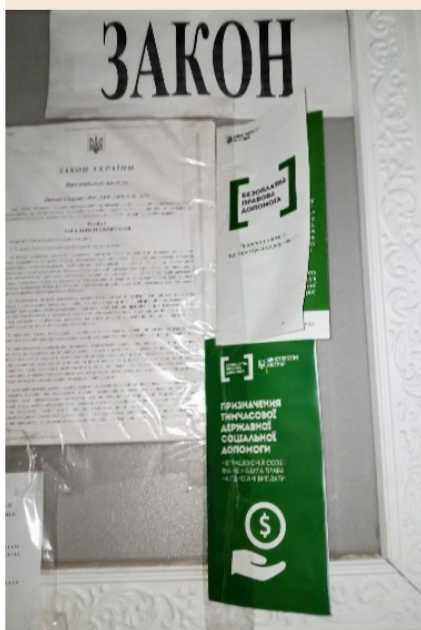
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— «First of all, we refer to our nurses. And if it doesn't help, then we'll go to the director».

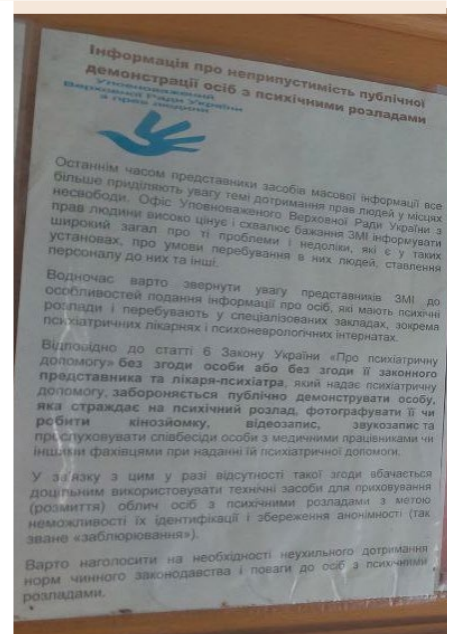
Interview with client



Mokrokagarlytskiy PNBH



Sukachivskiy PNBH



Novobiletskiy PNBH

It should be noted that the war has significantly affected the frequency of clients' contacts with the outside world. First, since the beginning of the full-scale war, relatives and loved ones have stopped visiting clients in institutions due to various circumstances (the displacement of relatives or the clients themselves, mobilisation, lack of funds, etc.). Likewise, visits to loved ones by the clients themselves outside the institutions have decreased.

Despite the increase in humanitarian support, visits to institutions by public organisations, volunteers, religious bodies and various creative groups have also decreased significantly. Clients and staff noted in the interviews that they used to have many more people coming to them. Visits to control bodies have also decreased. However, this applies to institutions further away from regional centres. Those that are located directly in regional/district centres or close to them, receive various visitors much more often – volunteers, representatives of public organisations and state authorities.

“

— «They don't come to us often. And so we provide information electronically or over the phone.

— **Have public or international organisations visited you? To communicate with clients, learn about problems, solve them?**

— You are probably the first, as far as I remember. There was still Crimea SOS, but it was a long time ago, at the beginning of the war».

— «How often – I am not ready to tell you, it is definitely once a month. It's not only some control commissions, it can be religious people, the church, they can come, it can be students of our local university, who come to talk ... But it has really decreased, during the war this work has decreased. I admit honestly. While before the war we held many events and invited people – volunteers, various public figures, they came to us at the institution – now we have reduced these and visits have decreased accordingly».

———— **Interview with staff member**

— **«Tell me, please, do any organisations or volunteers come here to the boarding house?**

— I want to tell – Stas and Katya come, we draw with them.

— **And who are they?**

— They are volunteers, we draw with them, by the way, they praise me that I draw well, that I have abilities.

— **And how often do they visit here?**

— Every Wednesday.

— **Wonderful. Does anyone else visit?**

— No».

———— **Interview with client**

Appearance and psycho-emotional condition of clients

For the most part, the appearance of clients is satisfactory (except for Pushcha-Vodytskiy PNBH). Clothes and shoes correspond to the gender and age of the residents of the facilities, as well as the season. The frequency of changing clothes is acceptable. At the same time, it is not in every location that people can dress according to their own choice (Dunayevetskiy and Vynogradivskiy PNBH).

The changing of clothes and incontinence underwear for clients with reduced mobility is also mostly satisfactory (except for Lebedinskiy PNBH). Institutions also monitor the implementation of hygiene and care procedures for clients – cutting nails and hair, shaving, etc.

At the same time, psychoneurological boarding houses need the constant replenishment of items that, due to the mental state of their clients, can deteriorate and wear out faster than in other inpatient facilities for persons with disabilities. Due to the impossibility of spending money on clothes and shoes during the war, the institutions' administrations are regularly forced to seek humanitarian aid and turn to volunteers. This is especially relevant to institutions that have received IDPs. Institutions to which clients of the opposite sex were transferred were forced to provide them with inappropriate clothes and shoes for a while.

“

— «When we came to check during the war, eight women, not so many, were placed in an all-male boarding house. And what to dress them in, when it was forbidden at that time to spend money on anything other than salary? They dressed all those women who moved in with them in all the men's clothes they had, including underpants. And the staff brought shoes from home. And in general, a woman needs other means of hygiene than a man. And in institutions they simply don't exist».

——— **Interview with expert**

As for the clients' mental condition, the majority of the institutions' employees recorded anxiety and nervousness among their clients, and in some places even an exacerbation of mental illnesses. The experience of occupation and the evacuation of residents had a particularly negative effect on their psycho-emotional and physical health.

“

— **«How do you feel in general?**

— Now, let's say, how to tell you exactly how I felt when the war started, the first time was not good, constant stress, sensitivity that now this grenade will fly and this explosion will hit somewhere and that's it! Do you understand? I looked up at the sky to be safe, so that nothing around me would fall.

— **And how are you now?**

— And now I have moved a little away from how I would have calmed down».

———— **Interview with client**

— «Of course, they have become a little more disturbed than they were, because no one cancelled social networks. And all the same, they see everything, hear and watch the news, and have a negative attitude towards clients from the country of the aggressor».

———— **Interview with staff member**

— «This tension, even in the air, is a tension due to war. To people who do not even really understand what war is, it is changing. They are agitated they are tense. I am talking about this because it concerns me personally. I have a nephew in a psychoneurological boarding house. His attacks became more frequent, and he was in the hospital. And the directors say that yes, this tension affects them. Sick people have fewer opportunities to cope with these emotions, and they come out».

———— **Interview with expert**

The psycho-emotional state of clients, especially IDPs, is also aggravated by the reduction in face-to-face meetings with family and friends due to the full-scale war. The lack of visits, new living conditions and separation from friends due to their evacuation to different boarding houses make them sad, uncomfortable and worried for their loved ones.

“

— «The condition of clients – I will say this not as a psychologist, but simply from my 13 years of experience – the condition of the clients has worsened. Because the boarding house was their native home. And we even have a video, we filmed when we were transporting, what hysterics and crying there were, just so they wouldn't leave the institution. Now, every time I talk to our clients, there is one question: when will we return home? Because such moves and such shelling have a very bad effect on the mental condition of our clients. They become irritable, withdrawn and now they are very stressed».

I have observed that those whose relatives have moved abroad have this longing to see them. That is why it is very difficult for us to work with them psychologically, and people miss their relatives and loved ones very much».

————— **Interview with staff member**

Some facilities have psychologists who work with clients to stabilise their anxiety, overcome past traumas and calm them down in critical moments of danger. Also, social workers try to distract clients with creative activities and leisure, and elsewhere limit their news consumption.

“

— «The only things that are scariest are the air raids and these explosions. A cart driver was lowered into the bomb shelter, he was shaking as soon as he cried. And you just hug him, and say: “Everything will be fine”. And I know that he likes to draw. And we even brought the colouring pictures there. We don’t have tables there, but somehow we adapted. And this colouring book, he held it in his hands and calmed down in one second. “Everything will be fine?” – “Everything will be fine”».

— «Emotional burden falls on everyone. We try to conduct classes. We have a psychologist who conducts training with residents to relieve this emotional tension. And we also conduct training whenever possible with the staff».

————— **Interview with staff member**

Deinstitutionalisation of services/care for persons with disabilities

With the beginning of the decentralisation reform in 2014, an active movement of change in the provision of social services for persons with disabilities and the elderly began. At the community level, the service delivery system was represented by several types of institutions: territorial centres for the provision of social services, boarding houses for the elderly and war veterans, and psychoneurological boarding houses and youth departments of children’s boarding houses. All of these institutions are communal property and do not take into account the hundreds of private residential institutions, the number of which has been actively increasing over the last five to seven years due to the

the anticipated demand for inpatient care services for the elderly and persons with disabilities. Russia's full-scale war against Ukraine has only exacerbated the need for radical reform of the inpatient care system, and has opened a new window of opportunity to completely change the system in post-war Ukraine.

History

After the Second World War, cities – especially large ones – were crowded with beggars with disabilities. They were contemptuously called “tea urns”. This high number of persons with disabilities on the streets could be explained very simply: some were begging in order to support the family budget, many had been rejected by relatives, and some simply did not want to return to their family, so as not to become a burden to them.

Among these persons with disabilities were not only citizens with physical disabilities, but also those who were mentally ill. In a war-torn country, in the complete absence of a system providing social and medical services, they were left alone with their illnesses. The People's Commissariat of Social Security at that time was unable to cope with such a large number of people in need of social and medical assistance. According to data from the statistical collection “Russia and the USSR in the wars of the 20th century: Losses of the armed forces”, 2,576,000 persons with disabilities were demobilised during the Second World War. And these were only the official statistics. Given the methods of, and approach to, statistical reporting in the USSR, the actual number was much higher. After all, the government of the USSR did not concern itself too much with the mental health of its citizens. The main thing was to demonstrate to the world that the victorious state was better according to all indicators, and that there were no people with mental illnesses in the USSR.

The solution to the problem was simple, quick and cheap, and corresponded to the “laws of the post-war era”. One of contemporaries wrote in the late 1940s or early 1950s: “Somehow, as usual, came to Bessarabka and, before reaching the entrance, I heard an alarming silence ... At first I didn't understand what the matter was, and only then I realised – there was not a single disabled person in Bessarabka! They told me in whispers that at night the ‘authorities’ carried out a roundup, gathered all the invalids of Kyiv and sent them away from the city in echelons so that they would not ‘embarrass’ the townspeople with their appearance ...”

This was one of the actions carried out by the “authorities” to implement the Decree of the Presidium of the Supreme Council of the USSR of 23 July 1951 on Measures to combat anti-social, parasitic elements. It was around this time, in the 1950s, that the majority of residential institutions for the care of adults with disabilities were founded in Ukraine. It is known that in the post-war period, villagers without passports who had to work hard just to survive had the hardest time. In these conditions, persons with disabilities were housed in old buildings, often unsuitable for living, hundreds of kilometres from Kyiv and tens of kilometres from regional centres. There was no question of providing any social or rehabilitation services at all. The main task of the newly created institutions was simply to provide a place where persons with disabilities could live until death.

But even this was not enough for the country’s top party leadership. In one of his reports, the Minister of Internal Affairs of the USSR, S. Kruglov, outlined the state of affairs in the fight against “beggars”: “The fight against beggars is complicated ... by the fact that many beggars refuse to send their family members to homes for the disabled ... they leave them arbitrarily and continue to beg ... In this regard, it would be advisable to take additional measures to prevent and eliminate begging ... To prevent the arbitrary abandonment of the homes of the disabled and elderly people who do not want to live there, and to deprive them of the opportunity to engage in begging, to turn part of the existing homes for the disabled and elderly into closed-type houses with a special regime ...”

This was, in fact, the beginning of the establishment of a system of keeping persons with special needs away from workers, so that they would not interfere with “peaceful work on the structures of socialism”⁵¹.

Situation today

The provision of social services in Ukraine is regulated by the Law of Ukraine on Social Services⁵², the CMU Resolution on the procedure for providing social services to persons with disabilities and elderly persons suffering from mental

⁵¹ https://zn.ua/ukr/SOCIUM/psihonevrologichni_internati_viddalenist,_yaka_mezhue_iz_zabuttyam.html

⁵² <https://zakon.rada.gov.ua/laws/show/2671-19#Text>

disorders⁵³, and other regulatory and legal acts. Among the most common social services provided to persons with disabilities and the elderly are the following:

- Care at home, day care;
- Supported accommodation;
- Social adaptation;
- Inpatient care.

Psychoneurological boarding houses, nursing homes for the elderly and inpatient departments of medical centres provide the most popular social service “inpatient care” to persons with disabilities. The increase in the average life expectancy in Ukraine and the acceleration of the aging of the nation have led to the fact that the demand for this service is constantly growing. Unfortunately, the only format in which it is provided is within institutions. With the beginning of the decentralisation reform in 2014, the financing of social services from the state budget in the form of transfers stopped, when local communal institutions (boarding houses) submitted actual expenses to the state budget for reimbursement. The provision of social services, including for persons with disabilities, rested entirely within the responsibility of local budgets, with the small exception of rehabilitation institutions, which were financed from the state budget. The cancellation of budget transfers led to a large-scale reduction in the funding of local providers, mostly territorial centres for the provision of social services to the population. For the most part, the local communities in which these territorial centres were located turned out to be unable to fully finance these institutions on their own.

Psychoneurological nursing homes and nursing homes for the elderly are funded by regional councils (budgets) and have a greater ability to receive funding, but these institutions have a capacity of 100 to 500 clients at a time, which fails to meet the requirements of an individual rehabilitation approach or orientation towards the needs of clients. Maintaining the financing of large institutions is fuelled by the closure or significant reduction of smaller premises, for example inpatient branches of territorial centres. These were previously located in almost

⁵³ <https://zakon.rada.gov.ua/laws/show/576-2019-%D0%BF#n10>

every district centre and, with the advancement of the decentralisation reform, lost their position in the funding priorities at the community level. Thus, we are actually observing a further gradual strategy for the institutionalisation of services for persons with disabilities and the elderly through the indirect support of institutional forms of service provision. This is confirmed by rare cases of capital reconstruction of residential institutions for persons with disabilities, both in the pre-war period⁵⁴ and during the full-scale war in Ukraine⁵⁵.

The war and mass displacement of persons with disabilities pose additional challenges to the service delivery system in Ukraine. In addition to the pre-existing problems of underfunding and the lack of strategy for the development of social services, the issue of reducing the number of institutions/providers of social services also arises. This especially applies to regions under occupation and close to active combat zones. For many communities and the state as a whole, there is a huge temptation to “rebuild” everything that was destroyed in the war. This also applies to residential institutions. The result of this approach will be the rapid “development” of huge amounts of funding, and the same boarding houses **without modern care, but in a new attractive package.**

Since the beginning of the full-scale war, residential institutions have taken in not only displaced clients from other residential institutions in zones close to hostilities, but also ordinary displaced people who were forced to evacuate from the war. After a year of full-scale war, a large part of these people remain in such institutions, with no definite prospect of their own future employment. This places a further burden on the institutions and staff, and significantly reduces the quality of services received by persons with disabilities.

Together with the institutionalisation of services in residential institutions, **the “binding” of the client to the institution and its manager often occurs.** This procedure is called the restriction/deprivation of civil legal capacity of a person

⁵⁴ <https://voladm.gov.ua/new/u-gorohivskomu-psihonevrologichnomu-internati-trivaye-vidbudova-korpusu/>

⁵⁵ <https://tsn.ua/video/video-novini/istoriya-vidnovlennya-psihonevrologichnogo-internatu-na-kiyivschini.html>

suffering from a mental illness⁵⁶. Since the time of the Soviet Union, the practice of limiting and depriving persons with disabilities who receive inpatient care of their full civil legal capacity has remained widespread. In most cases, the guardian is appointed is the head of the institution, who manages the client's payments.

In general, this civil law procedure is used if there is a need to perform important legal actions on behalf of the client, but in the practice of social work in Ukraine, the provision of such a service as inpatient care has become a “mandatory attribute”. Clients are deprived of their legal capacity for years, sometimes decades, and all decisions are made for them by their guardian – the head of the institution. In addition to wide opportunities for abuse of payments to a person with a disability from the state, a person is completely deprived of the opportunity to influence his or her own life and, for example, cannot legally make a decision on autonomous living, acquire other civil property and non-property rights, move freely, study, choose a profession, etc.

On the contrary, the return of legal capacity in full has significant complications, and is practically impossible without qualified external legal assistance, which practically eliminates the possibility of **a person with a disability having an independent and autonomous future.**



— «Persons with mental disabilities, we have this concept of incapacity, partial capacity for action, from which we now need to move away as much as possible. It is also a relic of the Soviet Union. No civilised countries use this concept anymore, and we still have it. And when we arrive, we see that the director of the boarding house is the guardian of 120 persons with disabilities. This means that a person is automatically deprived of the right to manage and use, at least, the funds that he or she will receive from the state. And this civil incapacity prompts a person to be dependent on a guardian, and second, prevents him or her from socialising in society. That is, we artificially create a barrier so that deinstitutionalisation does not take place in our country; so that they are dependent. We need as much as possible for them to gain their independence».

——— **Interview with expert**

⁵⁶ <https://zakon.rada.gov.ua/laws/show/435-15#Text>

This is echoed by the clients of the institutions themselves, who want to be able to live independently, get a job and start a family. People who once entered the system of inpatient care have almost no opportunity to leave it. For these people, staying in a boarding house equates to the restriction of their free will, and looks like a punishment without having committed a crime.

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— «Tell me, please, do you like it here?

— No.

— **And why?**

— Because the terrorist Bravik will survive in better conditions than I do here. Do you understand?

— **And what exactly do you not like?**

— Life imprisonment».

— «I had a family – a wife, a son. My son is currently serving in the National Guard, 34 years old, a sergeant. It happened like this, I divorced my wife, they exchanged apartments, my life turned upside down after this divorce and I ended up in a boarding house. A little psyche could not withstand the blows of fate. And now it's normal, I've recovered, I'm a normal person, if frankly among sick people I'm really a normal person».

— **«In your opinion, what would improve your stay at this institution?**

— If it would be possible to get a job, if I would have some kind of finances and if it would be possible to leave the territory freely, so that no one was kept as a prisoner, I do not know».

———— **Interview with client**

According to experts, the key barriers to deinstitutionalisation in general, and of institutions for adults with disabilities in particular, are the following:

■ **Lack of political will at both national and local level**

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— «Especially at the local level, all these boarding houses are perceived as city-forming elements, as places of employment for a large number of people,

and the administrations support their continued functioning. They demonstratively create day care centres and assisted living units, but this is not massive. Although it should be different».

— «The system was created a long time ago, “molded”, ossified and does not ... does not let go. That is, even there, working people complain about low wages and difficult working conditions. Instead of looking for new opportunities there, they cling to what they have. Because we won't have any other job in the village. Everyone, from the orderly to the director, preserves the institution in any way – they change the sign, change the list of services, change the categories of service recipients, but they cling to everything, to the building, to the structure, to budget funding, for what ... for the staff schedule, for all. And this is the opposition of the system itself».

———— Interview with expert

■ Stereotypical ideas among the population about persons with disabilities, especially those with mental health disorders

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— «These people should not remain without the attention of the community, and this aid should be provided in the community, in small centres, where communication, care and understanding should take place between small communities and these people. This is not some separate layer of inferior people; they are the same citizens who need care and attention. Someone's parents might be there. And when this stigmatisation disappears and there is an understanding that we are a single society, then the lives of these people will improve significantly».

— «There must be understanding in society. Because it was a practice that parents refused to leave children who had disabilities. “Where will you take her? She has Down syndrome, you will be ashamed. Leave her in the institution.” And the fact that a person with Down syndrome can work and take care of themselves is not well known. Education is important, including about early intervention, help and timely response to problems».

———— Interview with expert

■ **The need to finalise the normative and legal framework to develop standards** for providing social services that will make it easier for persons with disabilities to live in the community

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— «Traditional services remain the most in demand, precisely because they have certain standards and a specialist. They see the standards and everything is clear to them, how many staff are needed, how many products, what inventory is needed and what the deadlines are. There are no grey areas. They understand immediately because the entire regulatory framework is designed around traditional services. And if we have standards today, well, almost all standards have already been developed, but the standards here do not answer all the questions regarding the organisation of social services. I understand it this way: if there is a standard, then any person who wants to provide a service should take the standard and everything should be clear to them. It is not scattered among dozens of documents. They take the documents, see what they need: what kind of room, how it will be equipped, what inventory is needed, etc».

———— Interview with expert

■ **The need for simultaneous reform and preparation of conditions in other spheres of life for persons with disabilities in the community**, such as barrier-free spaces, employment opportunities, proper medical assistance, etc.

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— «They have to somehow socialise in society. The number of jobs should be increased so that a person with a health disability can independently earn money, feel like a fully fledged member of society and participate in public life. We have them isolated. There are individual positive examples, but this is not a system, rather exceptions».

— «It's not just a case of developing standards and let's work. Especially if they are mentally ill. The first is housing. There must be a place for these people to live. This is guardianship, care – change it to supporting decision making. This and employment, the employment of these persons – this should

done in parallel. Because if we leave a person at home, if they are not doing anything – rehabilitation or services, or work – nothing will work. It takes such a huge complex for a person to really stay at home».

———— Interview with expert

■ Higher cost of deinstitutionalisation for adults with disabilities than for children

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— «People should understand that our future life should be without these “social monsters”, such boarding houses for 300, 400, 500 beds. Because their main goal is to save budget funds. But we also have to understand that now it will be more expensive to take care of these people, to provide them with aid. You have to accept this factor, we have to talk about it. Unfortunately, everyone talks about some services, invents some forms of providing social services, but no one talks about money, that it won’t be cheaper».

———— Interview with expert

At the same time, some experts emphasised that not only does the war not interfere with seriously reforming the system of social services in communities, but it is also one of the most opportune moments to carry out reform due to the significant attention and assistance of the international community, which can help implement these changes more comprehensively and systematically.

Conclusions

- The results of the monitoring visits show that there was no systematic preparation for war in inpatient facilities. With the beginning of the full-scale invasion, the most difficult events were experienced by those boarding houses that were, or are still, under occupation. The general cohesion of the local population helped them to survive a difficult period. Local people helped the residents by bringing warm things and food. Business also helped with food. Another crucial component of survival during the period of temporary occupation was the heroism and dedication of the administration and staff of residential institutions. During the occupation, boarding houses had interruptions in electricity, water and heating. Staff were forced to cook food for their clients in their own apartments or outside over an open fire. Employees had to expose themselves to constant danger, getting to work and bringing food, and live in institutions for weeks without being able to see their own families or leave for safer areas of Ukraine. Some residential institutions in Ukraine suffered from Russian shelling. Also, in one PNBH, three clients were injured, receiving shrapnel wounds of moderate severity.
- Boarding houses in territories further away from the Russian border and the front line began accepting IDPs from other boarding houses. Local communities were actively involved in organising the reception of IDPs, and later humanitarian aid. Evacuation was carried out where there was an opportunity to receive people. Often these destinations were (and are) not entirely suitable for accepting adults with disabilities, including those with mental disorders – children's institutions, geriatric boarding houses and psychoneurological boarding schools, including institutions designed for clients of the opposite gender.
- In general, there are no bomb shelters in the institutions. Most of them have prepared basement-type shelters, which are provided with backup artificial lighting. There are places to sit and lie down – benches, chairs and beds, means to extinguish fires, drinking/technical water, food, prepared emergency medicines and personal hygiene products.

Toilets and bio-toilets are installed elsewhere. In half of the institutions visited, however, the shelters did not meet the required standards, and in a quarter of the institutions visited there were no shelters at all. The situation is similar with regard to other security measures, although not everywhere. Briefings are held with the employees and clients of institutions on actions for various situations (shelling, fire, an explosion in the premises, etc.); clients' suitcases are packed with essential items – hygiene products, underwear, warm things and medicines; and the conditions are ensured for preserving the confidentiality of clients' personal data and their personal affairs in the event of an emergency.

- As for living conditions, most of the institutions visited were old buildings. Most of them are adapted buildings and only six are typical – purpose built. All of them have recent repairs and in general their condition is satisfactory. Almost all residential institutions are designed for a large number of people (100+). More than 300 clients were housed in every fourth institution visited.

- Living rooms are generally in a satisfactory condition: minimally renovated, with appropriate natural and artificial lighting and a suitable temperature regime. The furniture, curtains and carpets are mostly outdated. The improvement of living conditions is mainly done through the funds and efforts of the clients themselves, who buy new furniture or make cosmetic repairs. In some institutions, personal belongings are hidden, and the housing looks very stately, lacking the homely atmosphere that characterises places where people live permanently.

- The number of clients in one room varies from one to fifteen. Often, the largest rooms are reserved for residents with reduced mobility, making it easier to serve them, feed them, carry out hygiene procedures, etc. Because of this, the living conditions there are worse: there is a significant lack of space, there are unpleasant smells, it is difficult to use personal belongings, etc.

- In these conditions, one of the key problems for people living in residential institutions is the violation of their right to privacy and often the lack of opportunity to be alone. The war has exacerbated this issue even more.

Boarding houses are almost completely full or even exceed their planned capacity. Continued displacement and the likelihood of escalation of hostilities may lead to significant overcrowding of boarding schools in relatively safe areas of Ukraine. Some institutions have already compacted the placement of beds, to the extent that it is almost impossible to walk between them. According to experts, this situation will persist because there are almost no places left in social inpatient institutions, and the process of accommodation/relocation of persons with disabilities to other institutions (dormitories, medical institutions, etc.) is extremely slow.

- The problem of privacy also applies to bathrooms and showers. They mostly have partitions, but often do not have doors. Clients with limited mobility mostly use incontinence underwear and portable toilets in living rooms in the presence of other residents.
- Clients eat at least four times a day. The average cost of food per person per day is UAH 96 (between UAH 57 (EUR 1.42) and UAH 273 (EUR 6.83) in different establishments). The daily menu includes fish/meat dishes, and less often fresh vegetables and fruits, which are supplied by the institution's own farm, among others. It often provides the residents of boarding schools with food. If there is a garden and a vegetable garden, workers make significant reserves of preserves for the winter. In addition, food and water supplies for several months are stored in all institutions.
- In all of the establishments visited, residents could drink at any time. For this, coolers with drinking water had been placed in the common areas. But the frequency of water change is not always monitored. Elsewhere, residents use tap water that has not been properly tested for its suitability for drinking. Almost everywhere, they can eat freely between meals. Conditions for food storage, however, including refrigerators, are not available everywhere.
- The condition of the canteens is generally satisfactory. The premises are well lit, clean and ventilated. At the same time, seven of the institutions visited did not have special conditions for persons with disabilities, and three did not have restrooms, although there were handwashing facilities.

- The daily cost of medical care per client is on average UAH 9 (between UAH 1 (EUR 0.03) and UAH 26 (EUR 0.65)). Medical departments usually contain several offices, and elsewhere there is a clinical laboratory. One of the key problems is the lack of medical personnel, in particular doctors, who have to be recruited from neighbouring settlements. The most sought-after specialist is a psychiatrist. Half of the institutions visited did not have a licence for the right to carry out economic activities in the circulation of narcotic drugs, psychotropic substances and precursors.
- Medical offices are equipped with appropriate furniture and the most necessary equipment. Institutions are minimally equipped with medical products, in particular antipsychotic and anticonvulsant drugs. According to clients, the necessary medicines are not always issued. Some of them have to be purchased independently, while charitable assistance from outside is sought less often. Typically, these are types of medication that are more appropriate for the client's condition and cause fewer side effects than those available in institutions.
- Medical examinations of clients are carried out once a year. During martial law, inspections were last held in 2021. The client is referred to a specific doctor as needed. Cooperation has been established with health care institutions. Clients have signed declarations with family doctors. The problem is medical support for IDPs whose declarations with doctors at their previous places of residence have not been renewed since their relocation.
- Rehabilitation in the institutions visited was mostly formal, and did not bring any real benefit to the health and well-being of clients. Unfortunately, the staff and the main administration of institutions do not fully understand the need to implement effective rehabilitation measures for clients. Often, the key goal is to serve residents' basic needs – food, warm clothes, clean bedding, etc. – without developing and maintaining their skills and abilities. Rehabilitation is reduced to the organisation of occupational therapy, which often does not have an actual rehabilitation goal. Rather, it is a way for the institution to save money through the cultivation of vegetables and fruits, as well as livestock breeding. Moreover, the directors see the presence of a large subsidiary farm as a significant advantage for boarding schools. They can also sell the remaining products, thereby increasing the institution's financing.

- Clients are involved in cleaning the premises and their own rooms, as well as serving meals. Monitoring visits and interviews with clients revealed that they were also involved in performing the direct duties of junior medical staff and cleaners. Clients are encouraged to wash persons with reduced mobility, clean bathrooms, etc. Often, this is the initiative of specific employees who, most likely, due to a significant workload, are forced to ask for help. Mostly, clients are attracted to this work thanks to certain “thank you gestures” – a symbolic payment, sweets, cigarettes, etc. At the same time, however, elsewhere, employees also resort to coercion and threats.
- In addition to occupational therapy, other types of rehabilitation can be present in the institutions – physical culture and sports, social, medical-social, etc. – if the appropriate equipment and personnel are available. A general problem is the lack of qualified specialists. The remoteness of residential institutions from regional centres, low non-competitive wages and a heavy contingent lead to the outcome that no one can provide rehabilitation assistance. Boarding schools cannot find rehabilitators, nurses, etc. The most difficult situation is with residents with limited mobility. Usually, bedridden clients receive an extremely limited number of rehabilitation services aimed at restoring and developing their lost body functions, or do not receive them at all.
- As for technical and other means of rehabilitation, such as medical products (strollers, crutches, functional beds, anti-bedsore mattresses, toilet chairs, etc.), in general clients are provided with these at a minimal level. There are problems in getting a sufficient amount of specialised furniture and organising barrier-free spaces: there are not enough equipped ramps at the entrance to the building, and the necessary adjustments have not always been made in common corridors, washrooms and toilet rooms, in particular handrails. An additional burden on the provision of rehabilitation means is caused by internal displacement. Often, during evacuation, these were left in place or lost during relocation.
- The organisation of leisure time in boarding schools also depends mostly on the administration of the institution. Clients, as a rule, spend their days doing occupational therapy or relaxing, watching TV, walking around the

facility and playing games. Institutions try to arrange the surrounding area accordingly. There are benches or even gazebos for sitting, flowerbeds, trees, etc. But there are also some institutions where these are almost absent. Elsewhere, there are sports grounds and rooms with exercise machines.

- In institutions, as a rule, there are common rooms for recreation, where residents can watch TV, sit at the computer, chat and play board games. Boarding schools also have assembly halls and, somewhat less often, libraries and small places of living nature – mini-zoos, botanical corners, etc. Elsewhere, leisure groups are held with a limited number of clients, who draw pictures, make products from beads, coloured paper and plasticine, and knit.
- Most institutions have created opportunities for meeting their clients' religious needs. There are prayer rooms, and icons and religious books can be kept in living rooms. Upon invitation and at the request of clients, representatives of religious denominations visit institutions for thematic spiritual communication.
- Most clients have the opportunity to communicate with relatives and friends in one way or another. Most have mobile phones, and those who do not can use the telephones in the establishment if necessary – of the staff or other clients. All institutions have TVs, radios and internet access. Some have Wi-Fi, others use mobile internet. Some institutions are equipped with computer desks, where clients can also access the internet, and some residents of boarding schools have their own computers or laptops in their rooms. There is the possibility to send and receive mail – clients' letters are not checked by staff – but almost no one uses this method of communication.
- Meeting with loved ones is also possible, but in some institutions this is partially limited. Some visits only take place on the territory of the institution, some only on certain days of the week, etc. Rooms/arbors are arranged (in the case of quarantine restrictions) for meetings with loved ones, and in most institutions visitors can spend the night.

- The war has had a significant impact on the frequency of clients' contacts with the outside world. Due to various circumstances (the relocation of relatives or the clients themselves, mobilisation, lack of funds, etc.), relatives and loved ones have stopped visiting residential institutions. Likewise, visits to the institutions by public organisations, volunteers, religious bodies and various creative groups have decreased.
- Some residents are able to leave the territory of their institution independently. But the procedures enabling them to do so are quite different. These depend on the client's legal capacity, his or her behaviour and the regime restrictions adopted by the institution. In some places you can go out on your own, some only with the permission of the staff, some accompanied by a staff member and in some places you cannot move freely even on the territory of the institution. The choice of specific conditions for the free movement of residents is often very conditional and made at the discretion of the administration and staff of each institution. This is especially noticeable in the case of IDPs. Thus, the clients who were surveyed noted that after moving they had experienced a change in such conditions – from more limited to freer and vice versa.
- Violations of established rules are also punished in different ways – residents are talked to or quarrelled with, and may be shouted at. Some practices cause significant concern because of threats or actual actions carried out by staff to restrict the freedom of movement of residential clients, sending clients to rooms where other residential clients are in an acute mental condition, and so on.
- In most cases, the appearance of clients is satisfactory. In some locations, however, people cannot dress according to their own choice. In general, the frequency of changing clothes and incontinence underwear for residents with limited mobility is also satisfactory. PNBHs need constant replenishment of items that, due to clients' mental states, may deteriorate and wear out faster than in other inpatient facilities for persons with disabilities. Due to the impossibility of spending money on clothes and shoes during the war, the institutions' administrations have regularly been forced to seek humanitarian aid and turn to volunteers. This is especially relevant to institutions that have accepted IDPs.

- As for the psycho-emotional state of clients, the majority of employees of institutions note anxiety and nervousness among their residents, and in some places even exacerbation of mental illnesses. The experience of occupation and evacuation of residents of residential institutions has had a particularly negative effect on their psycho-emotional and physical health.
- Practically every institution visited had a significant number of partially capable clients and clients with disabilities. At the same time, restoration of legal capacity is an extremely complicated process and almost does not happen in practice. Some clients expressed their readiness and desire to live independently, get a job and start a family. For these people, staying in a boarding school equated to a restriction of their free will and looked like a punishment without having committed a crime. According to experts, limitation of legal capacity is one of the factors hindering the process of deinstitutionalisation of residential institutions in Ukraine. In addition, barriers to the development of social services in communities for persons with disabilities include:
 - Lack of political will at both the national and local level;
 - The presence of stereotypical ideas in the population about persons with disabilities, especially those with mental health disorders;
 - The need to finalise the legal framework in terms of developing standards for the provision of social services that will make it easier for persons with disabilities to live in the community;
 - The significantly higher cost of deinstitutionalisation of institutions for adults with disabilities than for children.

Recommendations

With regard to pre-existing inpatient facilities for persons with disabilities:

- Carry out constant monitoring of living conditions and compliance with clients' rights in residential institutions.
- Provide institutions with appropriate security conditions for wartime, including bomb shelters, means of rapid movement of clients with reduced mobility, and clear instructions on places and methods of evacuation in case of need.
- Contribute to the unloading of boarding houses that have accepted IDPs over time.
- Organise an appropriate level of privacy for residents, including persons with limited mobility, when performing hygiene, medical and other procedures.
- Contribute to the reduction of auxiliary farming in residential institutions.
- Promote the development of rehabilitation measures in residential institutions.
- Organise training for employees of institutions regarding the care and rehabilitation of persons with disabilities.
- Provide institutions with a sufficient amount of specialised furniture for persons with disabilities, and promote the organisation of barrier-free spaces in institutions.
- Organise staff training on providing psychological first aid and working with clients in trauma.
- Provide proper medical support to clients, including annual medical examination by specialists.
- Introduce an effective mechanism for restoring the status of civil legal capacity.
- Facilitate relaxation of the stay regime of able-bodied clients, their free movement and management of their own time.
- Revise the ban on financing consumables such as fuel, clothing, shoes, utensils, etc. during martial law in the country.
- Introduce competitive wages for the employees of institutions.

In order to properly develop the system of providing social services/care for persons with disabilities, it is necessary to:

- Develop and adopt a strategy for the deinstitutionalisation of social services for persons with disabilities and the elderly;
- Stop placing clients in large psychoneurological boarding houses (with more than 100 people);
- Start large-scale training and education programmes for social work specialists, medical personnel and care specialists;
- Study the needs of inpatient care services on a national scale;
- Abandon the Soviet principle of financing beds and places, and switch to financing a specific service/care;
- Financially stimulate local communities to create and develop social services, such as day care centres, assisted living centres, group homes and social support for independent living;
- Openly procure social services for persons with disabilities and the elderly, regardless of organisational forms;
- Introduce licensing of certain types of social services, for example inpatient care services, in order to exercise proper control over the quality of the services provided;
- Make a variety of services available to persons with disabilities that cater for the widest range of individual needs, and not just gather people with diametrically different needs in one place;
- Adhere to the main principle of social work: intervention in a person's life only to the extent necessary to compensate for their own inability to take care of themselves.

Annex: general information on the institutions visited

Institution	Location	Year of foundation	Capacity	No of available clients	No of incapacitated persons (i.e. with restricted capabilities) whose guardians (trustees) have been appointed by court decision	No of incapacitated persons (i.e. with restricted capabilities) whose guardian functions are performed by boarding house administration	No of displaced clients from areas of hostilities	No of clients who have left institution since start of full-scale invasion
Borodyanskiy psychoneurological boarding house (PNBH) with geriatric department	Kyiv Region	1978	355	305	108	12	72	35
Atynskiy PNBH	Sumy Region	1998	150	149	138	128	0	—
Vynogradivskiy PNBH	Khmelnitskiy Region	1977	185	180	53	7	25	1
Gelmyazivskiy PNBH	Cherkasy Region	1954	135	159	11	27	28	0
Gorbanivskiy geriatric boarding house for war and labour veterans	Poltava City	—	300	222	0	0	26	0
Dunayevetskiy PNBH	Khmelnitskiy Region	1983	160	159	44	26	1	1

Zhovtneviy PNBH	Cherkasy Region	1964	130	141	13	70	24	0
Zamglayskiy PNBH	Chernihiv Region	1968	105	104	23	76	0	0
Kobelyatskiy PNBH	Poltava Region	1987	215	214	152	85	0	5
Lebedinskiy PNBH	Sumy Region	1930	180	180	180	93	0	4
Lyshchynivskiy PNBH	Poltava City	1892	400	323	323	145	7	12
Kuybetskiy PNBH	Chernihiv Region	1968	250	244	44	92	0	0
Mokrokagarlytskiy PNBH	Cherkasy Region	1957	135	145	22	15	14	4
Novobiletskiy PNBH	Kyiv City	-	405	421	342	7047	0	9
Novosanzharskiy CBH	Poltava Region	1992	110	91	76	76	4	0
Pushcha-Vodytskiy PNBH	Kyiv City	2003	355	328	204	99	0	0
Smilyanskiy PNBH	Cherkasy Region	1969	205	223	35	96	25	0
Stationary department for permanent or temporary residence of the territorial social service centre of Dykanka settlement council	Poltava Region	2005	25	24	0	0	4	2
Sukachivskiy PNBH	Kyiv Region	2004	80	81	18	52	0	0
Chekhivskiy PNBH	Cherkasy Region	1975	220	227	42	15	11	6



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