



FUTURE INDEX

Children's Well-being Index
2023



Olena Zelenska
Foundation

unicef  for every child

KSE | Kyiv
School of
Economics

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Introduction

In modern society, the well-being and prosperity of children are key criteria for building a sustainable and thriving future. In this context, the well-being of children in Ukraine is not only a relevant issue but also significant priority for national development.

The well-being of children is an integral component of building a sustainable and prosperous future. While most countries worldwide are concerned about the well-being of children, in the Ukrainian context, it has become an exceptionally important priority for national development.

Active, educated, and equipped with skills relevant to the modern world, children have the potential not only to lead fulfilling lives but also to contribute to positive changes both within the country and globally. However, neglecting their basic needs leads to troubling patterns in the future, such as unemployment, limited educational opportunities, and a sense of disillusionment with oneself and the future. It is crucial to recognize that the comprehensive development and upbringing of a generation capable of guiding our world toward a more promising future play a key role.

The Future Index (Children's Well-being Index), initiated by the Olena Zelenska Foundation and the Kyiv School of Economics with the support of UNICEF Ukraine, aims to reveal various aspects influencing the well-being of children in Ukraine. These aspects include education, healthcare, safety, material support, mental health, social skills, risky behavior, and relationships with family and friends. The study also pays attention to children raised in institutional care, who unquestionably are part of society. Ignoring their problems distorts the perception of the situation of children in Ukraine, so the assessment of their well-being is also part of this report.

The results of this pilot study will serve as a basis for developing state policies to improve the living conditions and prospects of children in Ukraine.

Methodology

International perspective

Well-being is the flourishing of individuals in their lives. When studied by researchers, well-being is a multifaceted and includes dimensions such as a person's physical and psychological health, level of education, economic status, personal safety, and access to personal freedoms (Global Youth Well-being Index 2017; OECD, 2021).

A commonly used approach to measuring children's well-being is to apply a system of indicators, each of which reflects different dimensions of children's lives.

The Organization for Economic Co-operation and Development (OECD) has produced a recent framework for measuring child well-being that includes material outcomes, physical health outcomes, cognitive and educational outcomes, and social and emotional outcomes. The OECD has used this framework to collaborate with international partners to collect data on child well-being in 38 countries (OECD 2021). The OECD framework combines national level data, such as infant mortality rates, with individual level data such as subjective health complaints, to give a national overview of each country. In international terms, it is the most comprehensive framework of child well-being because it includes social and emotional indicators measured at the individual level. However, Ukraine has not yet been part of this effort, and we have no data to compare Ukraine to other countries in the OECD child well-being study.

A similar approach of dimensions and indicators is used in two UNICEF studies. In the study "Child Well-Being in Rich Countries: A Comparative Review," the methodology included the following stages:

- ◆ Selection of indicators: The report uses 26 indicators to assess children's well-being in five dimensions. Indicators are selected based on their adequacy, reliability, comparability, and availability. They cover objective and subjective aspects such as poverty, health, education, risk behavior, environmental quality, and life satisfaction.
- ◆ Calculation of ranks: The report ranks each country according to its performance on each indicator, dimension, and overall. The ranks are based on standardized scores that reflect the country's deviation from the average. Standardized scores are calculated by subtracting the average score from each country's score and dividing by the standard deviation.

The same general approach was used in the UNICEF report "Worlds of Influence: Understanding What Shapes Child Well-Being in Rich Countries." The aim was to provide a multi-dimensional picture of the well-being of children in the 41 countries of

the European Union and the Organization for Economic Co-operation and Development. The report used a new framework covering children's mental and physical health, academic and social skills, and relationships with their families, friends, and society. However, the methodology for assessing well-being by ranking countries remained the same.

Another example of using indicators to measure child well-being is the Global Youth Development Index (GYDI). British researchers have been studying the Global Youth Development Index for several years, and the last one was evaluated in 2020. This index allows for the comparison of 18 socioeconomic indicators of countries, which are grouped into the following groups: "Education," "Health and well-being," "Employment and opportunities," "Political participation," and "Civil participation." Unlike the OECD and UNICEF indexes, the Global Youth Development index is summed to give an overall score for each country (ranging from 0 to 1, where 1 indicates the country's highest level of youth development). This technique is based on approaches to calculating the UN Human Development Index. The Global Youth Development Index includes results for Ukraine. However, the information in the latest report contains information up to 2018, which already reduces the relevance of these data under current conditions.

The International Youth Foundation proposed a further set of indicators. Since 2014, its experts have been researching the Global Youth Well-Being Index. They analyze 35 indicators that assess the state of youth in various aspects, such as Gender Equality, Economic Opportunities, Education, Health, Safety and Security, Civic Participation, Information and Communication, and Technologies. Most measures of well-being consider young people's views (sociological indicators) on various aspects of their well-being. The last Index report was published in 2017 and did not include Ukraine.

Despite Ukraine not participating in several of these international surveys, there is some data on the well-being of young people from Ukraine. In 2018, UNFPA launched a tool to assess the general situation of young people at the municipal level and compare changes in their situation during the current period compared with previous periods. Also, compare the general situation of young people between different municipal entities and build appropriate ratings. According to the UNFPA methodology, the index that was formed is a dimensionless value (with a range of values from 0 to 1, where higher values indicate a better assessment), based on thematic sub-indices (education, health, economic opportunities, participation in political life, participation in public life, information and communication technologies, safety and security of life), which allow assessing various aspects of youth well-being and determining priority areas for the implementation of youth policy.

Index structure

Based on international experience and considering modern conditions and military realities in Ukraine, dimensions were selected to assess the well-being of young people, which are key to constructing of the index. The dimensions, in turn, consist of a system of indicators that reflect the key areas of well-being assessment. The dimensions are formed as follows:

Mental health:

Reflects children's subjective perception of their well-being. The inclusion of subjective perception makes it possible to consider children's individual preferences and values. This dimension of the Index is founded upon theoretical frameworks put forth by positive psychologists and well-being theorists, with a specific emphasis on the concepts of hedonia and eudaimonia (Symonds et al. 2022, 2023). These concepts are instrumental in shaping a more intricate measurement of children's self-perceived well-being. This dimension also includes the assessment of signs of post-traumatic stress disorder (PTSD) in children, which is especially important in the context of the Russian war on the territory of Ukraine.

Health:

Reflects subjective and objective indicators of health status, such as physical health, access to health services, vaccination rates, obesity, and the proportion of children with disabilities, as well as an expert assessment of access to quality health services for children. The subjective side of the dimension incorporates such indicators as a self-perceived state of health by children (Kidscreen-52).

Social and emotional skills:

Utilizing subjective indicators to gauge children's self-perceived proficiency in prosocial behavior, social skills, and their application, including acts of kindness, sharing, caring, and volunteering, proves to be an effective method for assessing their resilience (Goodman, 1997). The dimension also covers self-reported cases of bullying and being bullied offline and online by the children (Olweus, 2006).

Relationships:

This dimension encompasses various facets of children's well-being, including their social self-perceived satisfaction with family and friends. These connections with others are particularly important to capture as they underpin children's resilience (Huebner, 1994).

Education:

Reflects the objective level of education and access to quality education for children, the level of proficiency in basic subjects (Ukrainian, mathematics, English). In addition to objective indicators, children's perceptions are also taken into account. This dimension also incorporates children's engagement in extracurricular activities (such as hobbies, clubs, and classes), their self-perceived satisfaction with the resources provided for distance learning, and their overall satisfaction with their current school.

Material support:

Reflects households' objective income level and living conditions.

Security:

Considers the objective level of safety for children, including the level of domestic violence and war-related exposure to mines and shelling/artillery/missile attacks, and the availability of safe conditions for learning in war conditions

Risky behavior:

Reflects the level of risky behavior among children, such as crime, drug, tobacco, alcohol use, and early pregnancy rate.

System of institutional care:

Reflects children's objective living level in difficult life circumstances, availability of proper care, and adoption.

The dimensions, in turn, consist of a system of indicators that reflect the key areas of well-being assessment:

Dimension	Indicator
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Health

Subjective health: Feeling Fit and Well
Subjective health: Physical Activity
Subjective health: Jogging Ability
Subjective health: Energy Levels
Subjective health: Overall Health
Mortality of children under the age of 1 year
Mortality at the age of 0-17 years
Number of newborns with low body weight
Polio vaccination coverage
Vaccination coverage against diphtheria-tetanus-pertussis (DTaP)
Number of children with disabilities
Access to the medical services for children

Security

Level of domestic violence
Mine danger: exposure to mines
Share of shelling from the total number of violent events related to war
Number of criminal cases related to sexual violence against children
Share of preschool educational institutions with equipped shelters from the total number of preschool education institutions
Share of general school education institutions with equipped shelters from the total number of preschool education institutions

Education

Level of Ukrainian language proficiency
Level of proficiency in math
Level of English language proficiency
Share of children who are satisfied with the school they attend
Enrollment of children in preschool educational institutions
Enrollment of children in secondary education institutions
Share of children enrolled in extracurricular activity
Provision of technical capabilities for distance learning
Engagement in meaningful hobbies
Participation in extracurricular clubs
Attendance of extra classes
Teacher to children ratio

Mental health

Hedonia: Acceptance
Hedonia: Happiness
Hedonia: Care
Hedonia: Safety
Eudaimonia: Autonomy
Eudaimonia: Competence
Eudaimonia: Resilience
Eudaimonia: Helpfulness
Level of post-traumatic stress disorder (PTSD)

Dimension	Indicator
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Relationships	Family: Enjoyment of Being at Home
	Family: Harmony in the Family
	Friends: Presence of Friends
	Friends: Ease of Making Friends
	Friends: Positive Treatment

Social and emotional skills	Prosocial Behavior: Being Nice
	Prosocial Behavior: Empathy
	Prosocial Behavior: Sharing
	Prosocial Behavior: Kindness to the younger
	Prosocial Behavior: Volunteering
	Bullying: Frequency of Being Bullied
	Bullying: Frequency of Bullying Others
	Cyberbullying: Frequency of Being Bullied Online
Cyberbullying: Frequency of Bullying Others Online	

Risky behavior	Level of crime among children
	Share of children who smoke cigarettes
	Share of children who smoke e-cigarettes
	Share of children using drugs
	Share of children who consume alcohol
	Early pregnancy rate

Material support	Share of children living in low-income households
	Share of children living in overcrowded housing
	Households with children that have the necessary housing and communal services

System of institutional care and upbringing of children	Share of households without one or both parents
	The number of children aged 0-17 in the system of institutional care
	Percentage of orphans and children deprived of parental care aged 0-17 in family forms of care
	The number of adopted children to the number of orphans and children deprived of parental care who are not in family forms of care

Data sources

Data for the Index is collected from 5 different sources: state sources, open sources, a quantitative survey of children, qualitative interviews with experts, and persons who grew up in institutional care facilities.

State sources:

The main data sources for this study are official government agencies and institutions responsible for keeping statistics related to child welfare. These sources include government departments, ministries, and bureaus known for their authority and reliability.

Significant limitations related to collecting data from government agencies and departments relate to the potential incompleteness and obsolescence of government databases as of 2023. In 2022, several institutions stopped collecting data, so the only available data for some of the indicators is for 2021.

Open sources:

Data related to the impact of the war was collected from open sources, as most of the information available to Ukrainian government agencies is classified during martial law. The share of children who fell into mined territories was estimated according to the data of the State Emergency Service of Ukraine and the data collected by the KSE Institute (Center for Sociological Research, Decentralization, and Regional Development). The vulnerability of children under direct threat of war (shelling/artillery/missile attacks) was assessed using databases compiled by independent non-profit organizations ACLEAD and Bellingcat.

Quantitative survey of children:

Children's mental health, subjective health, social and emotional skills, relationships, and risk-taking behavior were assessed using an online survey administered to children aged 10-17. The age group of 10-17 is commonly chosen in the international practice of children's well-being assessment. In addition, children aged 10-17 are usually at a more advanced stage of cognitive development than younger children. They have better language skills, a higher level of comprehension, and the ability to give more detailed answers to survey questions. This allows for a more accurate representation of their thoughts and

experiences. Older children have more independence and decision-making ability than their younger peers. They can often provide information based on their experiences and perspectives, making their answers more credible and reflecting their thoughts and feelings. Risky behavior indicators were only surveyed for 14-17-year-olds to minimize the potential risks of parental influence. The questionnaire was filled out independently, without the help of parents.

Qualitative interviews with experts:

Additionally, to provide more contextual information to the data collected from the government sources, 16 in-depth interviews were conducted with experts:

- ◆ 9 youth policy experts, specialists in children's well-being, deinstitutionalization, and child psychologists were involved in the formation of weighting coefficients of measurements for the final calculation of the Index. It is important to consider the importance of each dimension in the overall contribution to children's well-being so that the Index also reflects the perspective of professionals involved in child protection.
- ◆ 7 experts in the field of medicine and access to healthcare services were involved in forming an indicator of access to quality medical services for children. State data at the national and regional levels were insufficient to assess this indicator, so this quantitative indicator was based on an expert assessment.

Qualitative interviews with persons who grew up in the institutional care system:

9 additional in-depth interviews were conducted with people who grew up in institutional care to add their experiences to the overall context of the Index. These interviews are not included in the Index calculation per se. Even though the respondents in these interviews were older than 18 years and, by definition, could not be considered as children, these interviews play an important role in providing valuable context for understanding the impact of the institutional care system on the well-being of children in Ukraine.

All quantitative data used in the Index can be provided in separate files with calculations.

Quantitative survey design

Target audience:	children aged 10-17
Method:	online survey (online panel via smartphone app)
Geography:	all of Ukraine (except temporarily occupied territories of Ukraine before and after February 24, 2022)
Sample size:	N = 1313 interviews
Representativeness:	representative by gender, age, macro-region ¹

Sampling design:

The purpose of the survey was to obtain a representative sample of the population of Ukraine aged 10-17, according to the latest data from the State Statistics Service of Ukraine for 2022. For this, a quota sample was used. Quota selection procedures were as follows:

- ◆ The data collection method from children 14-17 years old is a quantitative survey by self-filling a questionnaire by respondents in a special mobile application installed on the respondent's phone.
- ◆ The data collection method from children aged 10-13 is a quantitative survey by self-filling the questionnaire by the respondents in a special mobile application, which is installed on the phone of the child's parents after receiving the parent's consent for the survey.

These age intervals (10-13, 14-17 years) were chosen because the panel includes respondents aged 14 and over. Younger respondents will be interviewed via their parents' smartphones, increasing the potential likelihood of parental influence on respondents. Therefore, the following intervals were chosen for the convenience of recruiting respondents.

This study is a pilot study. Hence, the evaluation did not include Ukrainian children living abroad under temporary protection. At this initial stage, we focused on establishing a solid foundation for the study and ensuring that the highest quality data was collected from available respondents within our reach. For the next waves of the study, a different approach can be applied to expand the pool of respondents to those who live abroad.

Protection of personal data:

The Panel does not collect or process personally identifiable information about respondents. This is fixed in the User Agreements, which users confirm by installing the application on their smartphone or starting a survey using the recruiting link.

¹ **East:** Luhansk, Donetsk, Kharkiv; **West:** Volyn, Zakarpattia, Ivano-Frankivsk, Lviv, Rivne, Ternopil; **Center:** Vinnytsia, Dnipropetrovsk, Kirovohrad, Poltava, Khmelnytsk, Cherkasy; **North:** Zhytomyr, Chernihiv, Kyiv oblast, Sumy; **South:** Zaporizhzhia, Mykolaiv, Kherson, Odesa oblasts; **Kyiv city.**

Calculation of the Index

To aggregate disproportionate indicators, all indicators are normalized. This means that each indicator is scored between 0 and 1 relative to the original global range. Therefore, the min-max method of normalization and weighting coefficients is used to calculate the children's well-being Index. Each dimension is calculated based on the sum of minimum and maximum normalized values of indicators (i) characterizing this dimension (j) using normalized weighting factors.

The normalized value of the indicator is calculated according to the formula:

$$I_{ji} = \frac{v_{ji} - v_{ji_{min}}}{v_{ji_{max}} - v_{ji_{min}}}$$

An essential part of the process is establishing of appropriate minimum and maximum threshold values for each indicator. One of the following approaches will be used to determine the threshold values:

- ◆ For indicators where similar data exist in EU countries, EU data were used to determine the limit values
- ◆ For indicators where there is no similar data in the EU countries, data for Ukraine for the years 2015-2021 were used to determine the limit values
- ◆ Normative assignment of limit values

The measure is calculated based on the normalized values of the indicators using the average value according to the formula:

$$D_j = \frac{1}{N_j} \sum_{i=1}^{N_j} I_{ji}$$

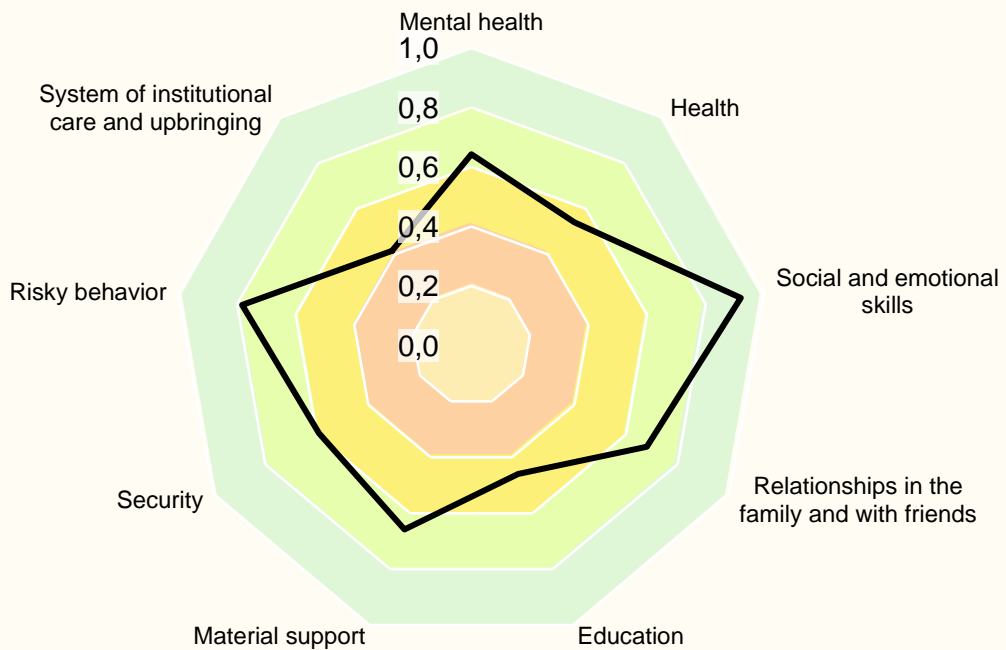
The Index is defined as the sum of weighted measurements, the weights of which were determined based on the results of expert interviews:

$$Index = \sum_{j=1}^J D_j \times g_j$$

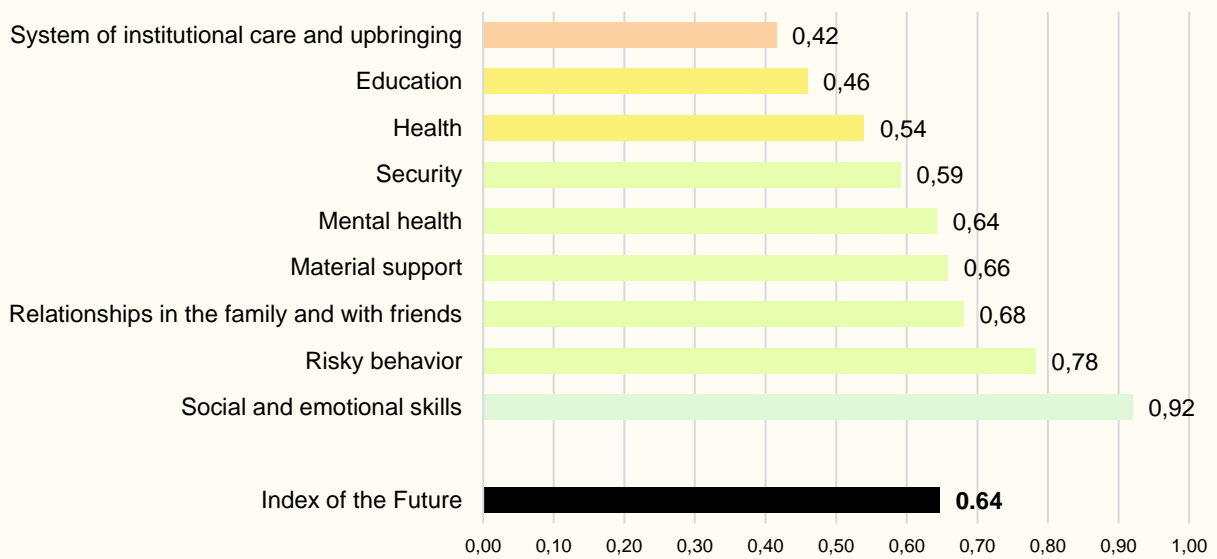
Study limitations

- ◆ The Future Index is a pilot study of child well-being in Ukraine, and the structure, sample, and questionnaire for the quantitative study may change during the full launch phase.
- ◆ The quantitative survey data is representative of the child population of Ukraine as of the beginning of 2022, which does not take into account the significant demographic changes that have occurred since the full-scale invasion of Ukraine by the Russian Federation.
- ◆ The quantitative survey sample of children represents an insufficient number of children who have relocated since February 24, 2022 (children with the status of internally displaced persons), which does not allow us to assess the well-being of children in this group. Also, the survey data almost does not represent children from the Luhansk and Donetsk oblasts. 81% of children from the eastern region who lived there until February 24, 2022, are represented by the Kharkiv oblast.
- ◆ The pilot study did not include separate focus groups with parents and children. For subsequent full-scale implementations, it is recommended to add this stage to obtain additional qualitative context regarding subjective perceptions and a deeper analysis of certain dimensions.
- ◆ The quantitative survey and data from the European Union (EU) and Organization for Economic Co-operation and Development (OECD) countries did not include data for refugee children from Ukraine living in these countries.
- ◆ For some of the indicators that were taken for comparison of the results of Ukraine and the EU/OECD countries, the base years of the comparison are different since, for some countries, the indicators for 2022 and 2023 have not been published.
- ◆ For some indicators, the data collected from the state agencies of Ukraine are relevant only as of 2021, since for 2022, the data were either not collected or not published for public access.

Future Index. Executive summary



Index of the Future



According to the study results, the Future Index has a value of 0.64, which is an above-average result.

The dimensions "Social and emotional skills" and "Risky behavior" made the largest positive contribution to the overall result.

- ◆ The obtained results indicate a high level of social skills in children considering the aspects of social behavior among children, particularly showing care, empathy, kindness to younger children, and willingness to share and help. This contributes to the formation of a positive social environment in their surroundings.
- ◆ Manifestations of risky behavior among Ukrainian children, such as crime, use of alcohol, drugs, and smoking, are at a low level.

Other dimensions whose results exceed the average are "Relationships with family and friends," "Material support," "Mental health," and "Security."

- ◆ Younger children, boys, and children from Kyiv have better family relationships than other groups. On the contrary, older children, girls, and children from the western region more often indicate worse relations with their families. The results of respondents from the eastern region practically do not differ from the general trend in Ukraine, except that they like being at home with their family significantly more. The impact of military actions on family relationships appears to be minor. Family ties may be strengthened in crisis situations as a defensive response to a threat.
- ◆ Children with different manifestations of PTSD evaluate their relationship with their parents in different ways. Children with potential PTSD are less likely to enjoy being at home with their families and are less likely to rate their family relationships as good.
- ◆ In comparison to the countries of the European Union, children in Ukraine live more often in households with low incomes and overcrowded houses, which will negatively affect their prospects and well-being. At the same time, most households with children live with all key utilities. Although there is a difference between urban and rural households, the dynamics for rural households since 2015 has been positive.
- ◆ The general conclusion about mental health is that most children perceive themselves positively, feel cared for, and consider themselves happy. Three components of this evaluation - positive well-being, self-esteem, and happiness - children from the eastern and southern regions do not differ from their peers from "calmer" regions. In other words, the impact of the war on these aspects is not direct in regions closer to active hostilities.

- ◆ On the other hand, the regional difference becomes visible in the perception of security. Also, children feel less autonomy and competence in their actions, solving problems, and helping others. This is especially noticeable in children of the southern region.
- ◆ 44% of children in Ukraine show signs of potential post-traumatic stress disorder (PTSD). Older children have a slightly higher rate (47%) compared to younger ones (41%). It is important to note that children from the east and south of Ukraine, where there are the greatest risks from war, do not differ in the level of PTSD compared to children from other regions.
- ◆ Since February 24, 2022, a much greater number of children in Ukraine began to be threatened by the danger that war brings. Unexploded ordnance mines threaten the absolute majority of children from the East of Ukraine. The number of shellings and victims among children also increased.

The dimensions "Health," "Education," and "System of institutional care" had the most negative contribution to the overall Index.

- ◆ The results of children's self-assessment of their health status revealed a significant difference in responses between children from Kyiv and those living in other regions. This situation looks like a challenge that requires special attention and changes in approaches to public health, particularly children's health in the regions.
- ◆ It is worth noting the group of girls and children aged 14-17, who also show lower indicators in the perception of their health and physical activities. This is an important aspect to consider when designing special activities for this group.
- ◆ Ukraine's indicators of vaccination coverage against diphtheria-tetanus-pertussis and poliomyelitis are significantly lower compared to EU countries, despite positive dynamics for 2015-2022.
- ◆ A significant part of households with children in Ukraine have considerable problems with access to medical services. The negative trend is observed in comparison to the EU countries. A significant proportion of households with children indicated financial reasons as the main barrier preventing them from receiving medical services.
- ◆ There are significant differences in education at the urban/rural level. In the Ukrainian and English languages and math, children from rural areas get worse results in ZNO/NMT than their peers from cities. This difference was especially noticeable from 2015 to 2021 when the ZNO was conducted. With

the start of the NMT in 2022, the difference in results of children from different settlements has decreased but remains.

- ◆ In Ukraine, as of the beginning of the full-scale invasion in 2022, there were 722 institutions of institutional care and upbringing, where 104,729 children were educated and raised. From interviews with institutions of institutional care graduates, we found out that after leaving care, they lack basic self-reliance skills such as cooking, financial literacy, and independent decision-making. Graduates also note that they have problems with trust, communication, and building friendly relationships. One of the reasons for this is the lack of psychological support during the stay under the care of the state.

Dimension 1.

Health

General overview

In forming the foundations of the future, children assume a pivotal role and the preservation of their health stands as a decisive factor in their overall well-being.

The assessment of children's health should include both objective and subjective indicators; therefore, the calculations of the Index also took into account the children's self-assessment of their health.

Measurement calculation

To assess the well-being of children in this dimension, the following 12 indicators are used:



² Mortality rate of children under the age of 1 per 1,000 newborns

³ Mortality at the age of 0-17 years per 100,000 children

⁴ Less than 2500 g

⁵ Those who received 3 doses of vaccination

⁶ Those who received 3 doses of vaccination

Indicators 1-5 are based on a quantitative survey of children. The questions were formulated using the KIDSCREEN-52 questionnaire (KIDSCREEN-52, 2023). The KIDSCREEN-52 survey is valuable for assessing health-related quality of life (HRQoL) in children and adolescents aged 8 to 18. It consists of 52 items and delves into 10 different dimensions of HRQoL, covering aspects such as physical well-being, psychological well-being, moods and emotions, self-perception, autonomy, relationships with parents and home life, financial resources, peers and social support, school environment, and bullying. This questionnaire has been carefully developed and tested in 13 European countries and is available in many languages. Contributing to meaningful cross-cultural comparisons, the survey allows for a deeper analysis of variations in the quality of life of children and adolescents.

Indicators 6 and 8 are based on two data sources: publications of the State Statistics Service of Ukraine and Eurostat (Eurostat [Mortality (national level)], 2022) and (Eurostat [Fertility (national level)], 2021).

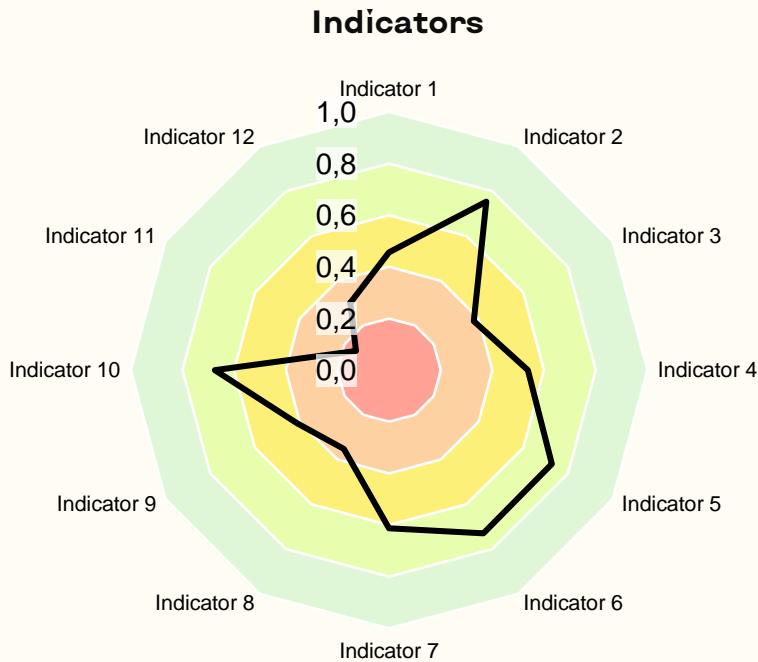
Indicator 7 is based on data from the United Nations, Department of Economic and Social Affairs, Population Division (2022) report (UNICEF, 2021). The number of the population of Ukraine aged 0-17 was formed based on the relevant indicators of the State Statistics Service of Ukraine.

Indicators 9-10 are based on data provided by UNICEF (UNICEF, 2021) on monitoring vaccination coverage of children and women.

The percentage of disabled children from the child population aged 0-17 for Indicator 11 is based on two data sources. For Ukraine, based on statistics of the State Statistics Service of Ukraine, and for EU countries, based on Eurostat data. It is important to note that for Ukraine, the age limits are 0-17 years, and for the EU countries, they are 0-16, according to Eurostat data.

Indicator 12 is based on the State Statistics Service of Ukraine report "Self-Assessment by the Population of the State of Health and the Level of Availability of Certain Types of Medical Care," published according to the results of the survey "Survey of Living Conditions of Households" " (State Statistics Service of Ukraine [Survey of living conditions of households], 2021).

Results



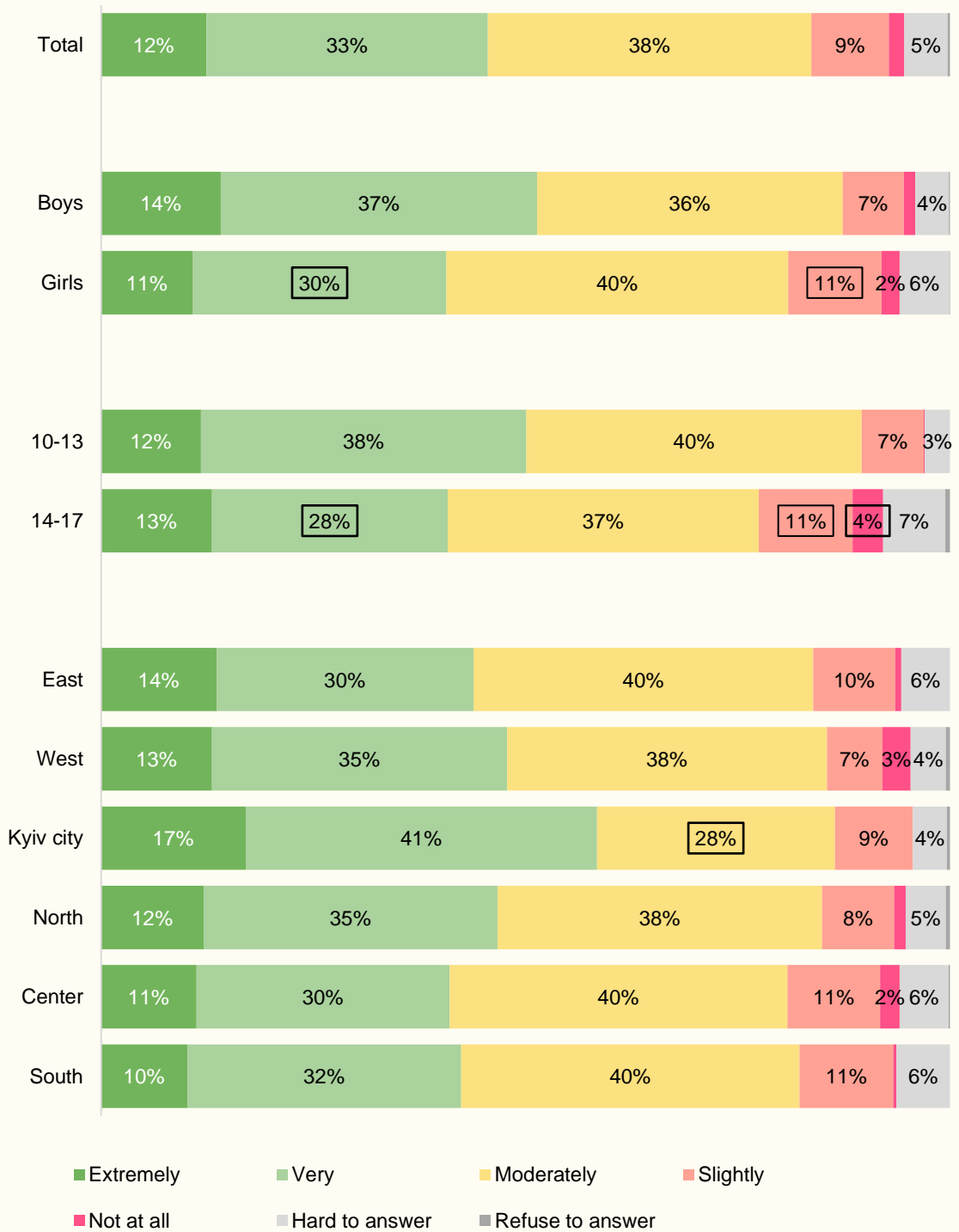
0.46

Subjective perception of health

Less than half of children indicated that they feel well⁷ (46%). The percentage of girls with good health (41%) is significantly lower than the similar result for boys (51%). Older children were less likely to report good health (41%) than younger children (50%). At the regional level, only children from Kyiv stand out against the other regions. Here more than half indicated that they feel well (58%), which is significantly more than other regions and Ukraine as a whole.

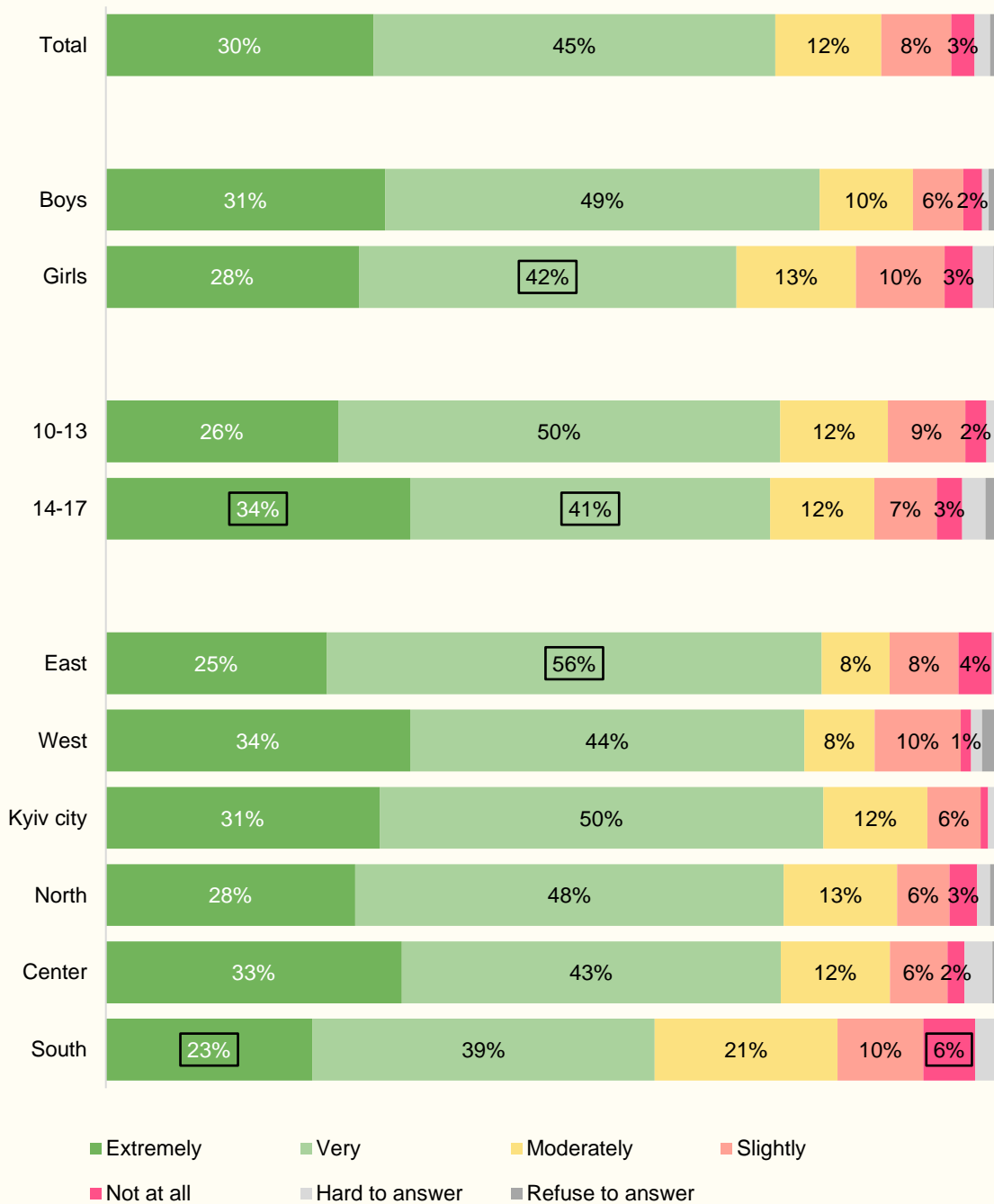
⁷ Here and further, the approach of combining the answer options "Agree" and "Completely agree," "Disagree" and "Completely disagree," "True" and "Partially true," "Very easy" and "Easy," "Always," and "Often" is used to summarize the answers of respondents, unless otherwise indicated in the text.

Do you agree with the statement: "I feel myself well"?



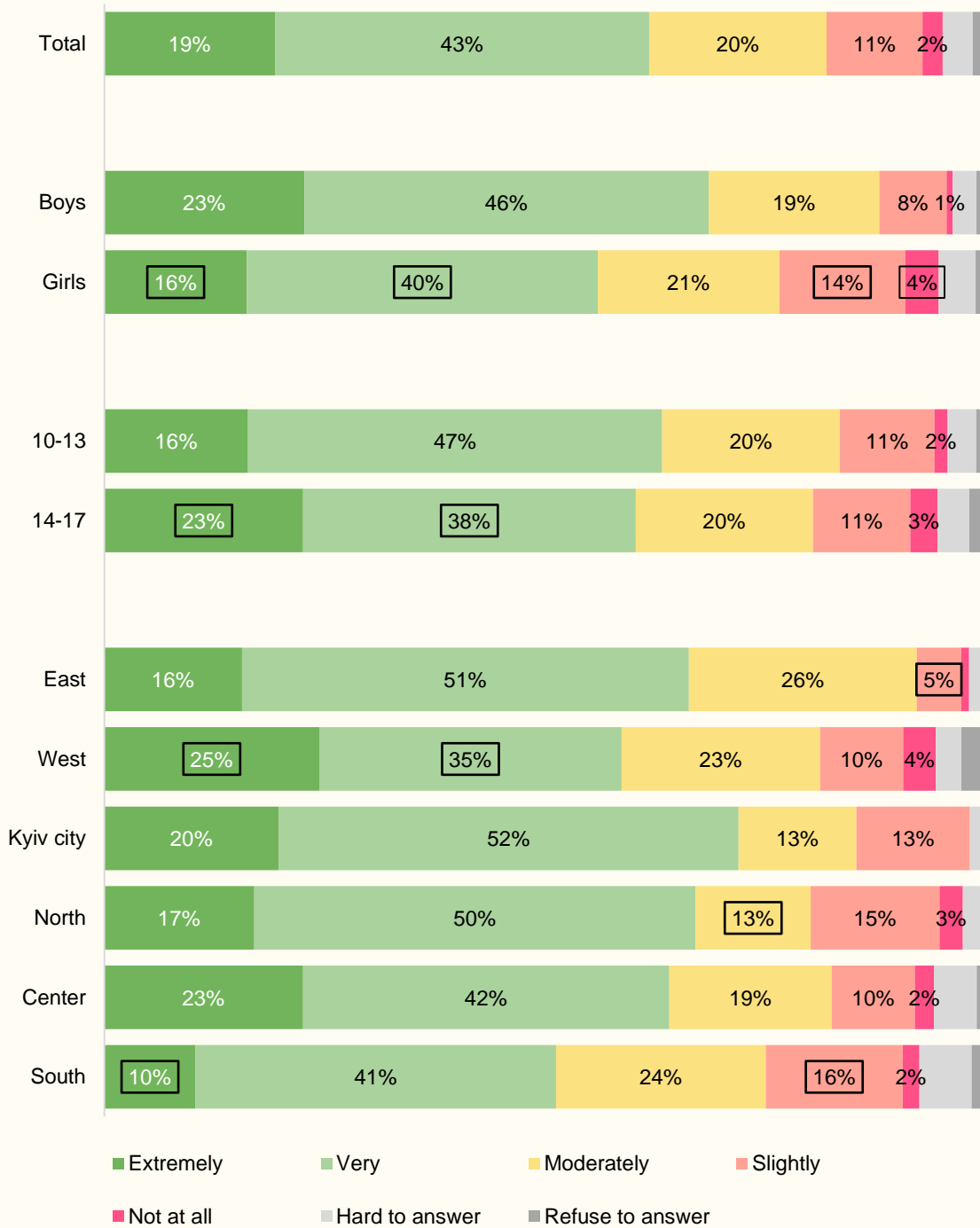
As for various physical activities, 75% kids indicated that they recently had been engaged in some kind of physical exercise. The girls were less likely to be involved in physical activity (71%) than boys (80%). There are no significant differences among age groups. However, at the regional level, children from the South indicated that they were physically active significantly less often (62%) than children from other regions and in Ukraine in general.

Do you agree with this statement: "I have been physically active (walking, running, or playing sport)"?



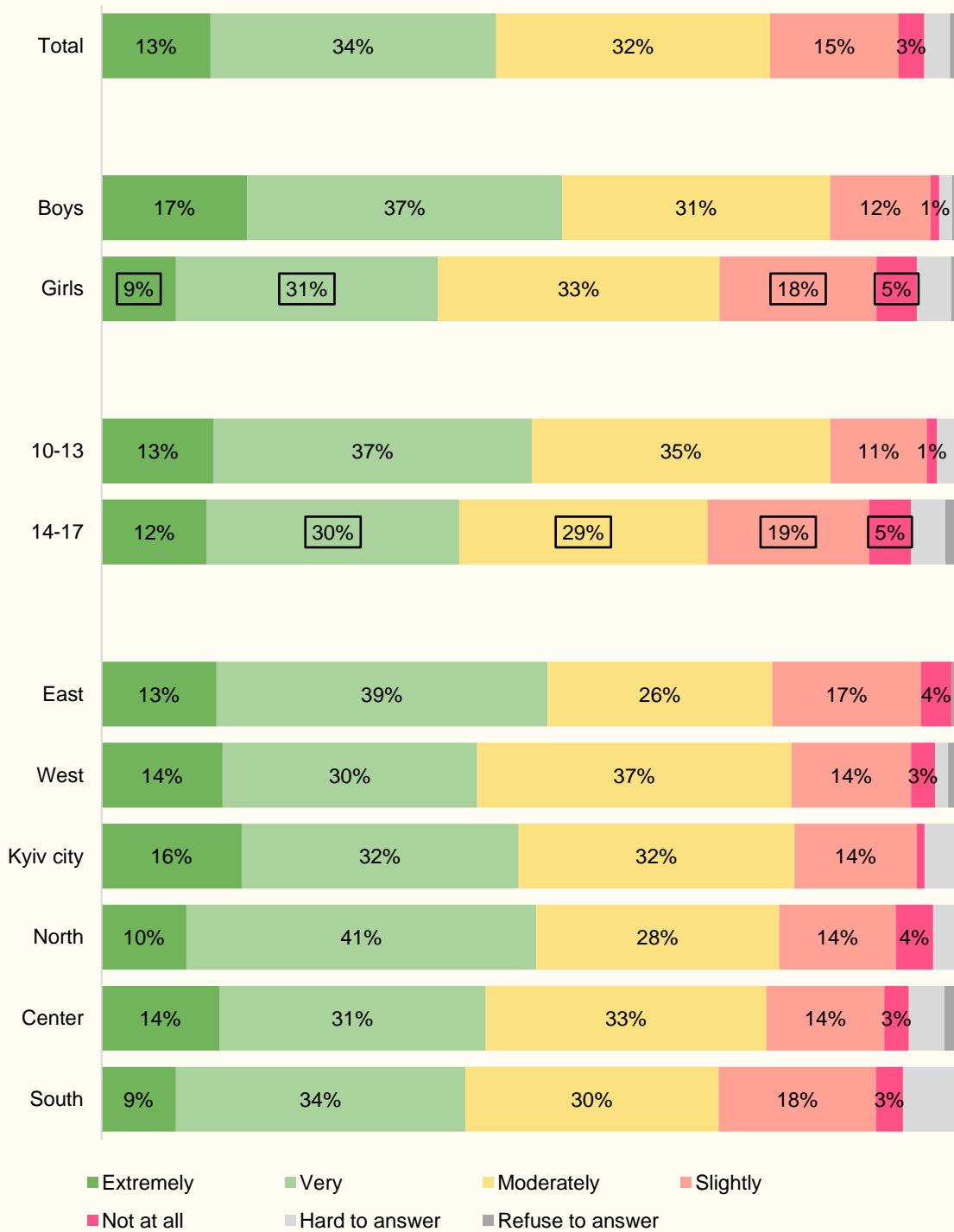
The percentage of children who believe that they could jog in the last week is less (62%) than children who indicated that they were engaged in physical activity. The trend remained: girls (56%) stated that they had the opportunity to jog less often than boys (69%). Regionally, as with physical activity, children from the southern region indicated the ability to jog less (52%) than in other regions. At the same time, children from Kyiv, on the contrary, agreed with this statement more often (72%).

**Do you agree with this statement:
"I have been able to run well"?**



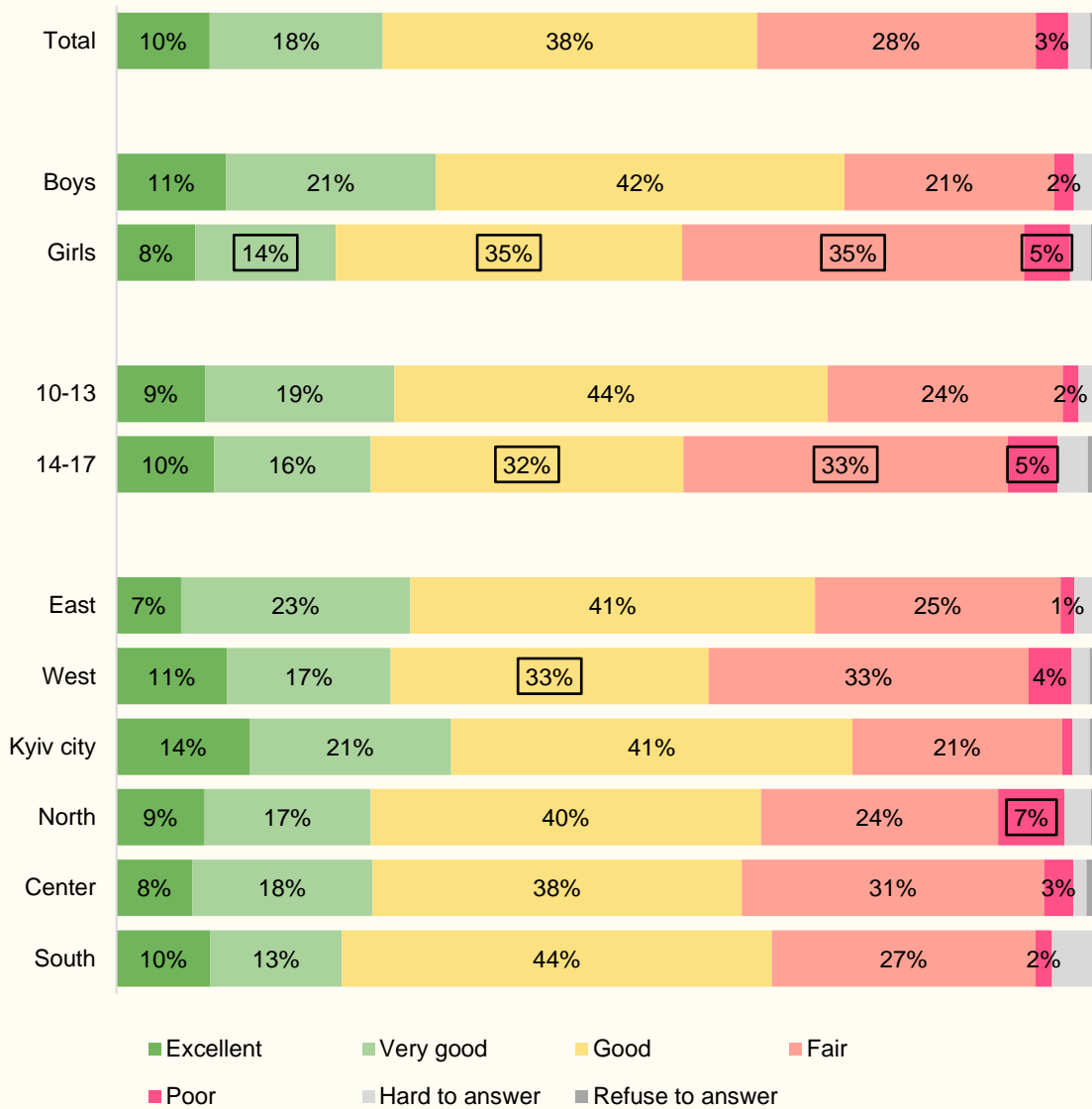
46% of children indicated they were full of energy in the last week. Similarly, among girls, the share of such respondents was much lower (39%) than among boys (54%). Although there is no significant difference between the number of children 10-13 years old and 14-17 years old, it is worth noting that the percentage among younger children who disagreed with this statement is lower (13%) than a similar indicator among older children (24%).

**Do you agree with this statement:
"I have felt full of energy"?**



In general, 66% of children rated their health as good or better. Boys once again showed a better pattern regarding this indicator (74%) than girls (56%), as do younger children (73%) compared to older ones (58%). Respondents from Kyiv (75%) also rated their health better than other region

In general, how would you say your health is, on the following scale:



In summary, the responses from the children's self-evaluations regarding their health status reveal a notable divergence in responses between children residing in Kyiv and those in other regions. This highlights the necessity for comprehensive healthcare initiatives to be extended, with a particular focus on enhancing children's health in regional areas. Additionally, special consideration should be given to the subgroup comprising girls and children aged 14-17, as they exhibit comparatively lower assessments regarding their health and engagement in physical activities.

Kateryna Bulavinova, a UNICEF Ukraine Health Specialist, says the challenges in the healthcare system is diverse. Social media monitoring and other studies demonstrate that there is a distrust towards doctors within the society and the competence of healthcare professionals. For example, doctors are often not ready to discuss the topics of sex, weight, or drugs with teenagers and young people. Usually, they have neither specific knowledge in these areas nor communication skills to discuss sensitive issues with young people.



Healthcare in Ukraine is grappling with multiple challenges, including a trust deficit among some adolescents and young people towards health professionals, as revealed by social listening reports and other sources. This concern is compounded by insights from extensive consultations with parents, caregivers, and adolescents, using a human-centered design approach. A critical issue identified is healthcare worker competencies, especially in communication. There's a notable lack of medical professionals trained to discuss sensitive topics like sexual health, body image, and substance use with teenagers and young adults. This shortfall signifies both cultural and educational barriers, where healthcare workers not only lack expertise but also exhibit discomfort in these conversations, leading to ineffective or insensitive guidance for adolescents and youth seeking counsel on these critical issues.



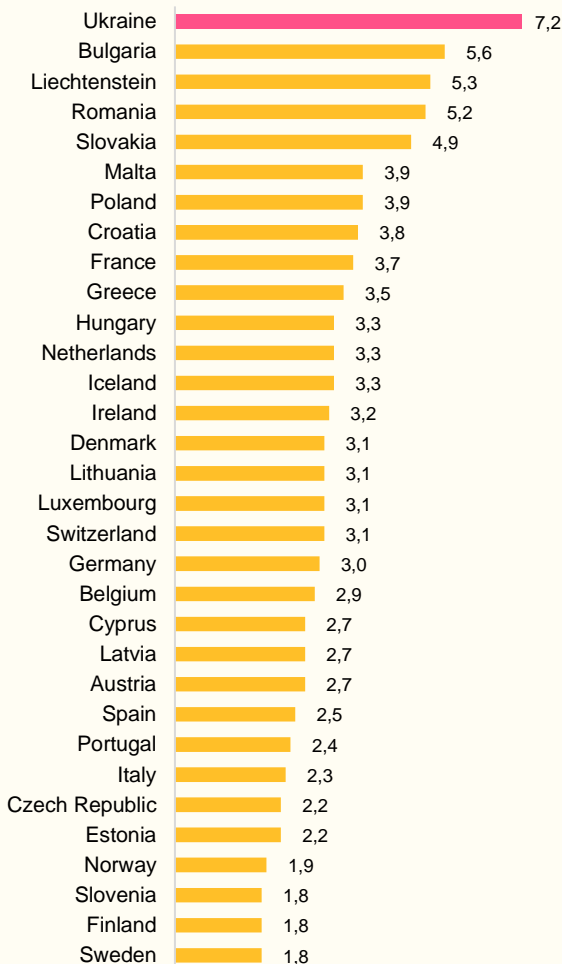
Kateryna Bulavinova

The Health Expert, UNICEF Ukraine



Mortality and weight of newborns

Mortality rate of children under the age of 1 per 1,000 newborns, 2021



Based on child mortality indicators, Ukraine registers concerning outcomes. The mortality rate for infants under 1 year, at a per 1,000 newborns measure, and the overall mortality of children aged 0-17 per 100,000 child population in Ukraine notably surpass those of European counterparts. The disparity is particularly noteworthy when compared to countries with similar results. Specifically, the child mortality rate for those aged 0-17 in Ukraine stands at 46 deaths per 100,000, nearly twice as high as the worst rate among EU nations — Hungary, with 28 deaths. Sweden has the lowest mortality rate in the European Union, with only 9 deaths.

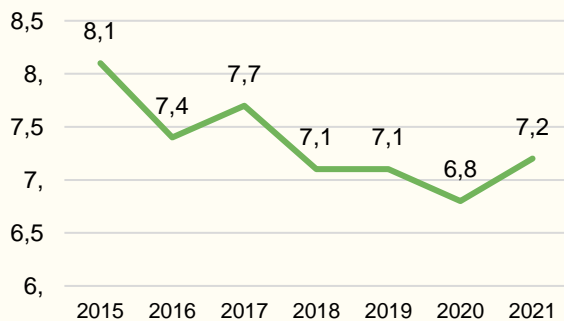
However, it is worth noting the positive dynamics in Ukraine for 2015-2021 in both indicators:

- ◆ The mortality rate of children under 1 year per 1,000 newborns decreased from 8.1 to 7.2.
- ◆ Mortality of children aged 0-17 per 100,000 child population decreased from 69 deaths to 46 deaths.

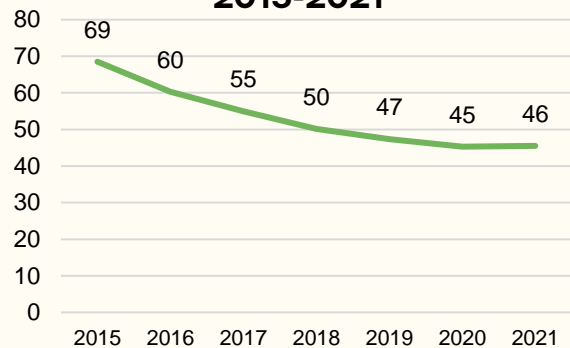
It should also be taken into account that the data for 2021 do not reflect the impact of a full-scale war, which potentially significantly worsened these indicators.

Reducing mortality among infants and children is one of the prerequisites for improving the demographic situation in the country as a whole, which requires a comprehensive approach, including increasing the efficiency and availability of medical care, stimulating the development of education in the field of motherhood and childcare, as well as improving living conditions and access to necessary resources.

Mortality rate of children under the age of 1 per 1,000 newborns, Ukraine 2015-2021



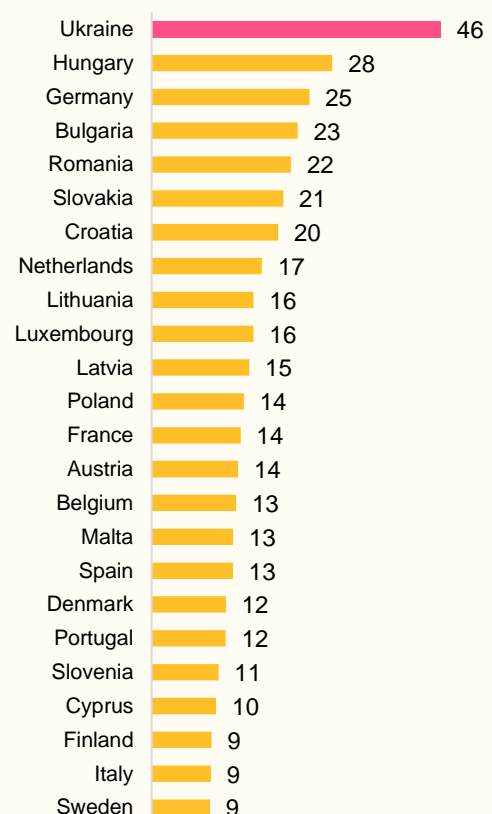
Mortality of children aged 0-17 per 100,000 child population, Ukraine 2015-2021



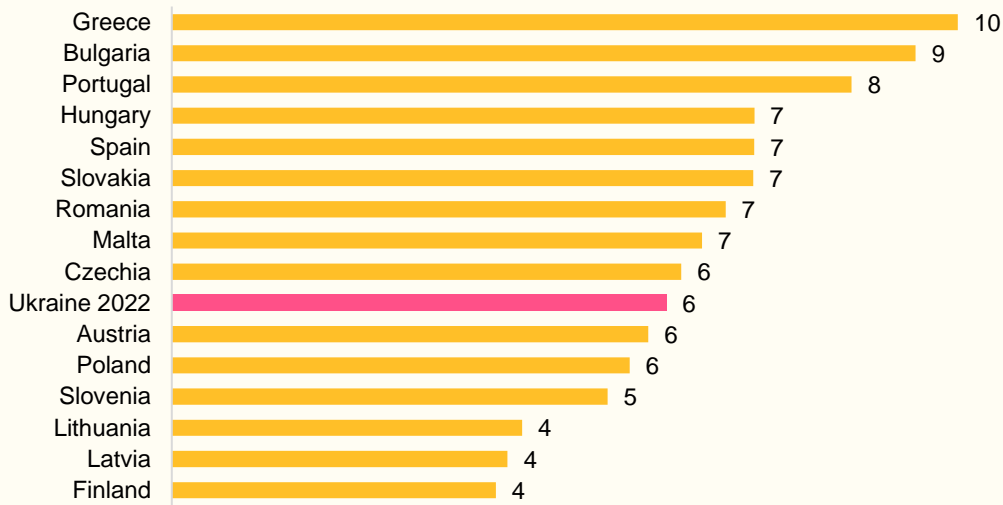
Another important indicator is the percentage of infants born with low birth weight (below 2500 g). In this aspect, Ukraine does not significantly differ from the indicators of the European countries. Although data for 2021 is unavailable for most EU states, Ukraine's 6% prevalence aligns more closely with nations demonstrating better outcomes, such as Austria, Poland, and Czechia.

Addressing this requires the formulation and sustenance of medical initiatives tailored for pregnant women. These programs should ensure accessibility to regular medical check-ups, ultrasound examinations, and other diagnostic procedures. Furthermore, implementing educational programs directed at pregnant women and young mothers is pivotal, emphasizing proper nutrition, adopting a healthy lifestyle, and imparting essential knowledge on childcare practices.

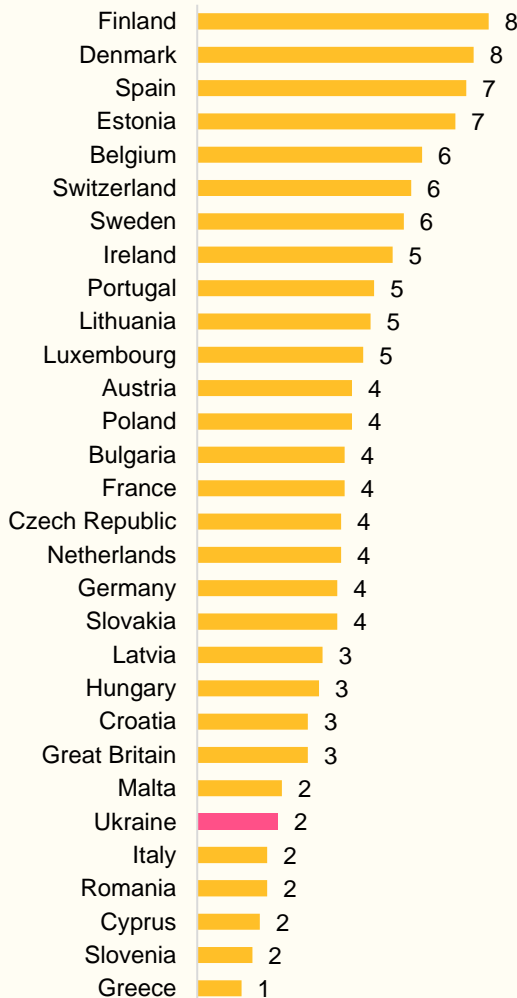
Mortality of children aged 0-17 per 100,000 child population, 2021



Percentage of newborns with low body weight, 2021



Percentage of children with disabilities of the child population aged 0-17, 2021



Facilitating the complete integration of children with disabilities into social life and activities is pivotal for shaping their quality of life and holds far-reaching implications for the holistic development of society. By extending support to the most vulnerable members of our community, we establish an environment conducive to unlocking their potential and fostering active participation in societal affairs. This, in turn, contributes to a sustained elevation in overall well-being. Recognizing and accommodating the unique needs of children with disabilities within the framework of the Index represents a crucial step toward cultivating a more inclusive society that embraces all its constituents.

In Ukraine, 2% of children, totaling 156,010 individuals, have the status of people with disabilities. Although this figure may seem comparatively low in contrast to other EU countries, it emphasizes the importance of creating all-encompassing conditions to facilitate the complete integration of these children as valued contributors to society.

The Advisor-Presidential Commissioner for Barrier-Free Environment in Ukraine, Tetiana Lomakina emphasizes that specialists involved in the assistance system for children with disabilities should acquire modern skills in their work.



Tetiana Lomakina

The Advisor - Presidential
Commissioner for Barrier-Free
Environment in Ukraine

I would say that everyone involved in the assistance system for children with disabilities should be the first to develop these skills. We inherited Soviet traditions where it seemed to us that a child with disabilities should be isolated from society, hidden, disregarded, positioned solely as objects of our support. But when today, our mothers with children travel to neighboring countries, they suddenly realize that they are full-fledged citizens, treated equally, and all opportunities are open to them: to move freely, visit cafes, communicate, attend meetings, they are welcomed everywhere.

Vaccination coverage

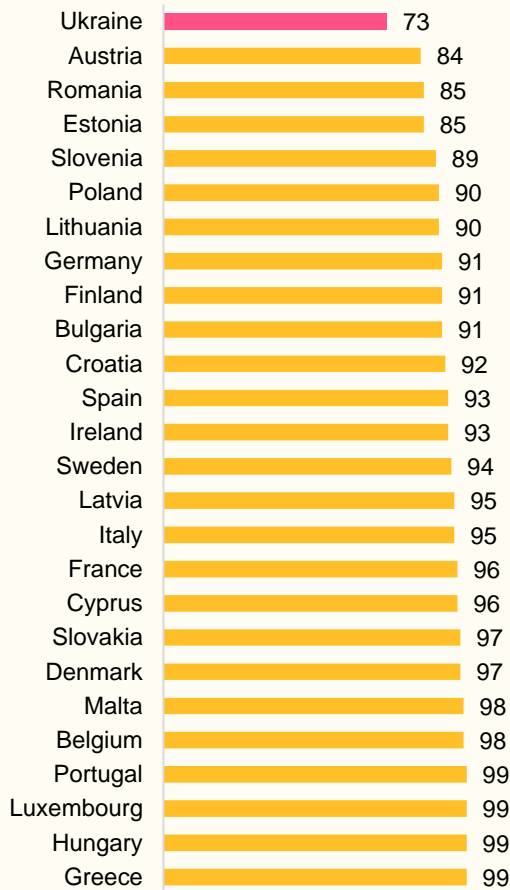
Diphtheria, tetanus, and pertussis (DTaP) are infectious diseases that can lead to severe complications, especially if they spread among children. Poliomyelitis, commonly known as polio, represents a grave threat to children's health. Immunization against these diseases, especially poliomyelitis, serves a dual purpose. It averts the onset of the diseases themselves and plays a pivotal role in triggering a robust immune response. This immune response, in turn, provides reliable protection against severe diseases and potential complications, emphasizing the critical role of vaccination in safeguarding children's health.

Ensuring children's vaccination against these diseases has become crucial to public health strategies. This not only contributes to the individual well-being of children but also establishes collective immunity, mitigating the risk of epidemics and fostering an overall enhancement in societal well-being.

However, Ukraine's vaccination coverage rates against diphtheria-tetanus-pertussis (DTaP) lag significantly behind those of EU countries. In 2022, 73% of Ukrainian children received three doses of the DTaP vaccine, in contrast to Austria, the EU country with the lowest rate, where 84% of children got three doses. Generally, the vaccination rate against DTaP across most EU nations exceeds 90%.

Similar to the improvements seen in child mortality rates, there has been a noteworthy improvement in vaccination coverage since 2015. At that time, only 51% of Ukrainian children had received three doses of vaccination, which has risen to 73% in 2022, reflecting a positive trajectory in the vaccination initiatives.

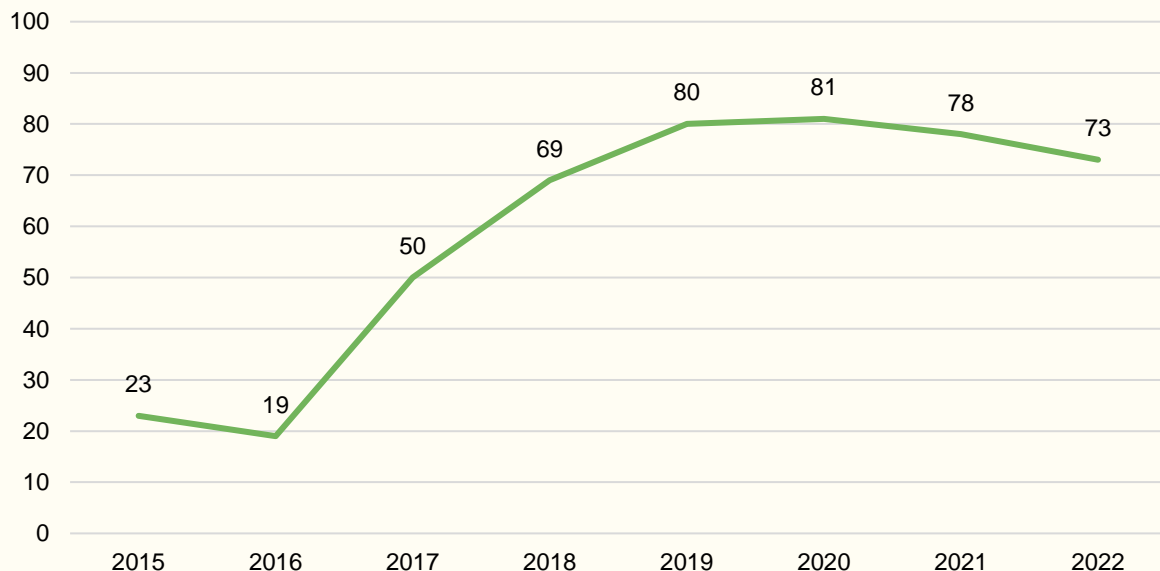
Vaccination coverage against diphtheria-tetanus-pertussis (DTaP) of the child population, 2022



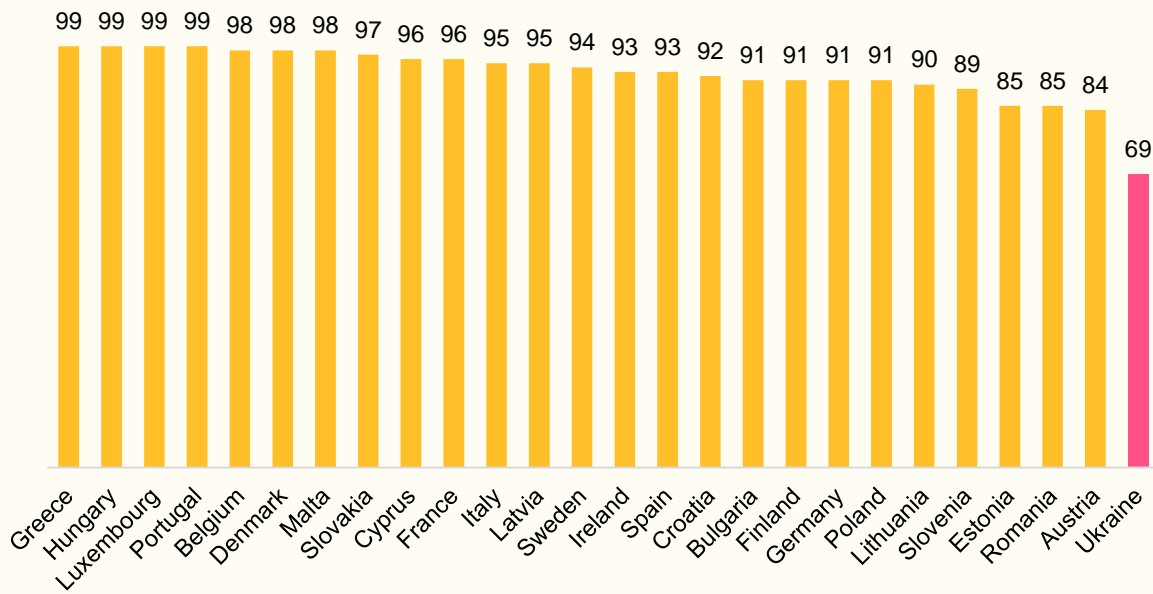
A parallel scenario is observed in the percentage of children receiving three doses of poliomyelitis vaccination. Only 69% of Ukrainian children have them, contrasting starkly with most EU countries where this indicator reaches over 90% of children. Similar to the situation with DTaP, there is a positive albeit gradual improvement in polio vaccination rates in Ukraine.

The war has affected the level of population vaccination. According to the experts, parents are vaccinating their children less due to stress and uncertainty, as it is more difficult for them to think about long-term matters. Also, due to hostilities, some children could not be vaccinated. Another reason for reduced access to vaccination is disruptions in vaccine supply. In the future, Ukraine may face outbreaks of infectious diseases due to insufficient population vaccination.

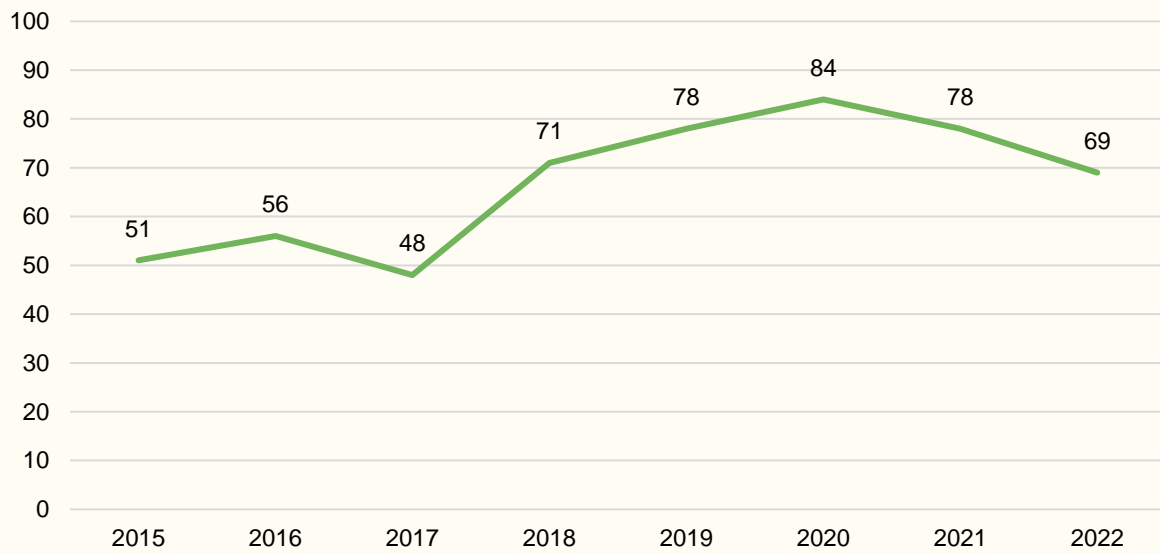
Vaccination coverage against diphtheria-tetanus-pertussis (DTaP) of the child population, Ukraine 2015-2022



Childhood polio vaccination coverage, 2022

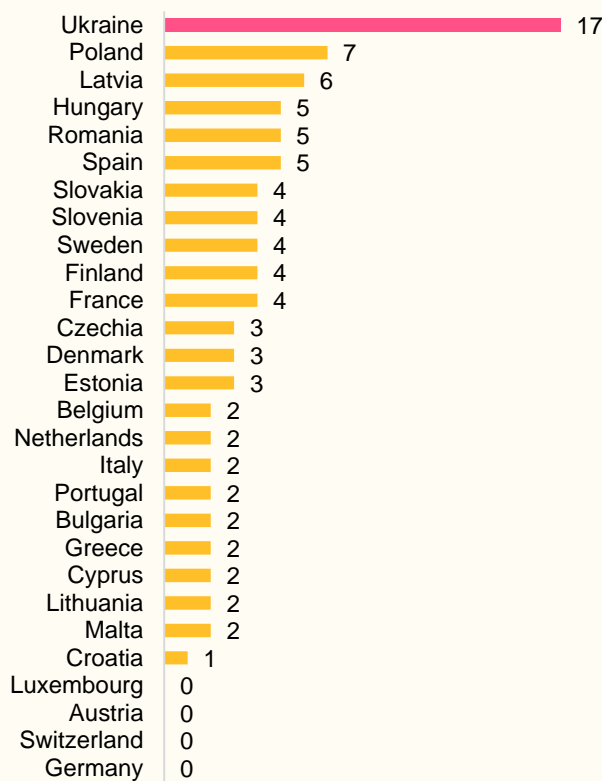


Polio vaccination coverage of children, Ukraine 2015-2022



Access to medical services

Percentage of households with children in which a member was unable to obtain medical care when needed in the past 12 months, 2021

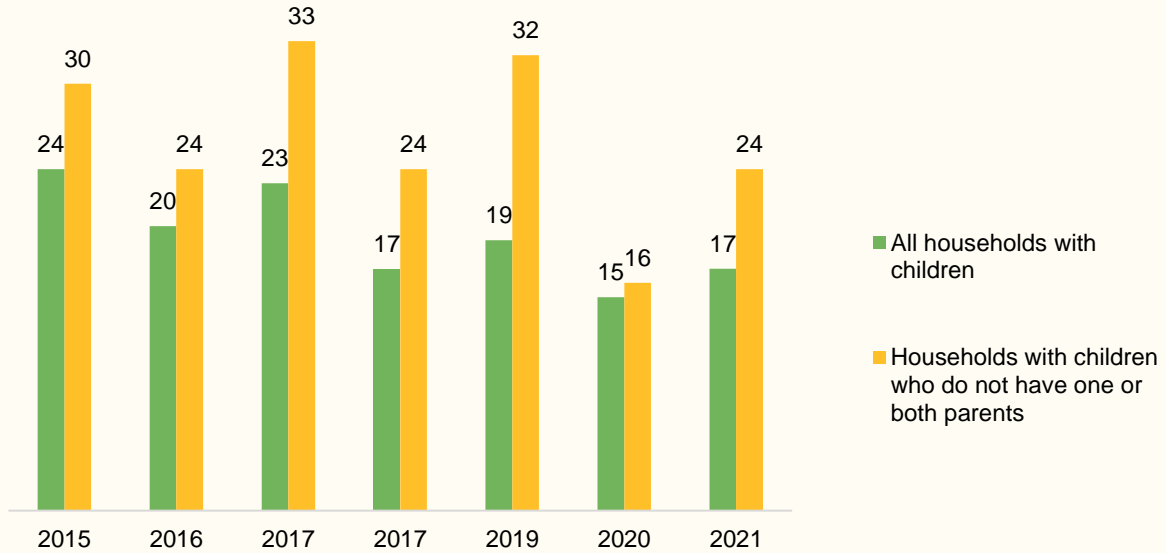


A large part of households with children in Ukraine have significant problems with access to medical services. 17% of households with children indicated that during the past 12 months, one of the members was unable to obtain medical care or purchase medicines or medical supplies in 2021 (State Statistics Service of Ukraine [Household Living Conditions Survey], 2021). If we compare these data with similar indicators for EU countries (Eurostat [Income and living conditions], 2023), the gap between Ukraine and European countries is very significant – the closest country on a similar indicator is Poland, with 7%. Considering the dynamics of this problem in Ukraine, since 2015, the percentage of such households has decreased by 7% – from 24% in 2015 to 17% in 2021.

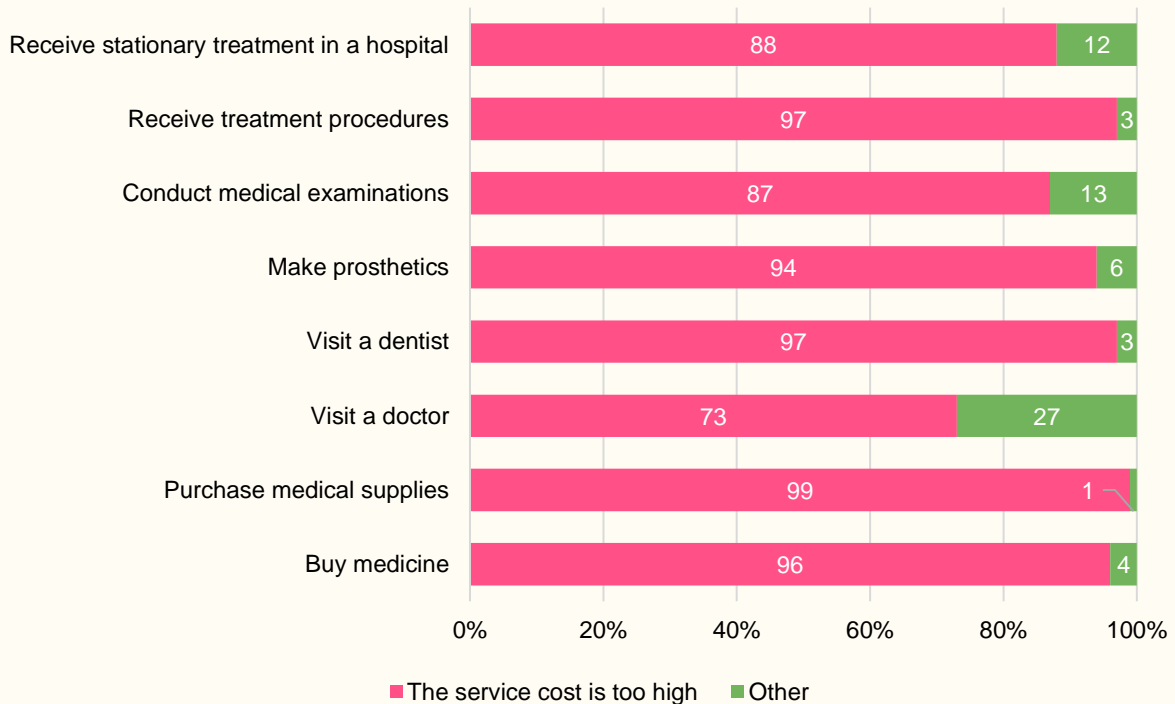
Important factors in highlighting the problem of access of households with children to medical services are:

- ◆ Significant difference between different households with children. In households where one or both parents of a child are absent, the share of those who could not obtain medical assistance or purchase medicines or medical supplies when needed is significantly higher than among all households with children. This trend is followed throughout the years 2015-2021.
- ◆ For all types of health care, the main reason was that the cost of services was too high, highlighting the problem that children living in poorer households are more likely to have worse access to health services. This trend is observed among all households with children and households where one or both parents are absent.

Percentage of households with children in which a member was unable to obtain medical care when needed in the past 12 months, Ukraine 2015-2021



Reasons for not receiving medical care, all households with children, Ukraine 2021



The war created challenges for the availability of medical services in Ukraine. Doctors continue to perform operations during air raids and rocket attacks. There are also interruptions in access to medical services in the frontline and de-occupied regions.

The war started by the Russian Federation poses a formidable challenge to medical services, particularly concerning the accessibility and quality of healthcare. Medical professionals, alongside public organizations, demonstrated swift mobilization and adaptation to the exigencies of war. However, looking ahead, the field of medical services awaits numerous challenges in the long term.

The ongoing war has a daily impact on the health of children. Specifically, as a result of the aggression by the Russian Federation, 1,115 children (Children of war, 2023) have received injuries of varying severity. The repercussions of military actions on children's health manifest in diverse ways. Experts underscore that the number of children injured due to abandoned shells and mines is anticipated to rise even after the cessation of active hostilities. This underscores the enduring health implications that persist in the aftermath of conflict.



There are also many injured children because there are children from different hospitals, and different regions, such as Kherson, Mariupol, and Chernihiv, in serious conditions, with serious injury cases. They come to us in "Ohmatdyt" and receive treatment. First of all, these are the mine-explosive injuries. Secondly, there are a lot of children with psychological, post-traumatic disorders.



Pavlo Andrieiev

The head of the Acute Children's Rehabilitation Department at the National Specialized Children's Hospital "Ohmatdyt"

The situation with access to medical services in the occupied territories, in settlements on the contact line, and frontline cities is critical. The general director of the National Specialized Children's Hospital "Ohmatdyt," Volodymyr Zhovnir, notes that it is difficult to provide medical services to children located near the place of hostilities as it is difficult to find the necessary specialists there. The situation is better in the de-occupied territories, as mobile brigades work there. Tetiana Lomakina, the Advisor - Presidential Commissioner for Barrier-Free Environment in Ukraine, notes that she would recommend parents take their children out of areas with critical destruction and difficult access to medical services.

**Tetiana Lomakina**

The Advisor - Presidential
Commissioner for Barrier-Free
Environment in Ukraine

The de-occupied territories may have slightly better access to medical services because this is Ukraine, and there is an opportunity to get somewhere, at least with mobile teams. We understand that everything there has been bombed, destroyed, etc. And courageous people live there today, and brave people commute here – I know, people from all over Ukraine go there to provide that medical care. Active military hostilities continue there, and the situation is adverse. If the mother of such a child had asked me, I would have recommended her to find an opportunity to get the child out of that situation, to leave. And here, most likely, the question for the entire system is whether we are ready to accept mothers with those children from occupied or de-occupied territories and where to place them, how to provide them with services in other territories – this is a huge question, of course.

In the rear part of Ukraine, due to the risk of constant air attacks, there is constant tension and risk in the provision of medical services.

Experts highlight a concerning trend where the war has led to a decline in the early detection of diseases, primarily because parents are hesitant to seek medical assistance promptly. The challenges are exacerbated for families who have relocated to the central and western regions of Ukraine, as they often face difficulties in swiftly adapting and locating new family doctors and pediatricians. This disruption in the continuity of healthcare services can adversely affect the timely diagnosis and management of health issues, underscoring the broader impact of conflict on the healthcare infrastructure and accessibility.



And it is very, very important to inform the population on a large scale that such a thing [service] exists and that they can receive help. Many people, parents, simply do not know that they can get help somewhere. Someone moved to another city, and he/she doesn't know anything there at all. In addition to going to a hospital, people have to decide where to live, what to eat, and what to do next. Therefore, if there is large-scale information, i.e., in every service where a person applies, they will also be informed about the available treatments for them and their family.



Pavlo Andrieiev

The head of the Acute Children's Rehabilitation Department at the National Specialized Children's Hospital "Ohmatdyt"

A UNICEF Ukraine Health Specialist, Kateryna Bulavinova, says the war has challenged access to healthcare services: many people have lost contact with their doctors. According to her, the National Hotline of the Ministry of Health and UNICEF, "Jointly to Health", which provides consultations on vaccination, infant and young children feeding, records numerous complaints from displaced families facing manipulations at healthcare facilities in a place of their stay. For example, refusals to vaccinate children and adults unless they re-sign a declaration with a doctor of that facility.



Kateryna Bulavinova

The Health Expert, UNICEF
Ukraine



The war has challenged access to healthcare services: many people have lost contact with their doctors due to displacement. When they try to see other doctors, they may encounter manipulations, e. g., "We are not going to vaccinate you unless you re-sign a declaration with us."



According to the general director of the National Specialized Children's Hospital "Ohmatdyt", Volodymyr Zhovnir, the prolonged stays in shelters and bomb shelters during air raids have exacerbated chronic illnesses in children. Instances of asthma exacerbations have become more prevalent, and there is a heightened frequency of recorded pneumonia cases among children.

Children with cancer have faced particularly adverse effects due to the ongoing conflict. The necessity of consistently seeking shelter has negatively impacted their immune systems, impeding their recovery processes. While efforts were made to evacuate them abroad in the initial days of the full-scale invasion, not all children with cancer had the opportunity to receive the crucial treatment they urgently required. The challenges of ensuring adequate medical care for this group amid the chaos of constant threats further underscore the profound impact of war on the health and well-being of vulnerable populations.



When the full-scale invasion happened, we became the first foundation to conduct the medical evacuation of children with cancer. This was before the organization of the evacuation process through the Ministry of Health. So, I know exactly how the full-scale war has affected our children. Many children were undergoing high-dose therapy at that time. It's a treatment course that requires sterile conditions. For 21 days, the child and the mother stay in a sterile box where no one can enter. When the full-scale war occurred, these children had to leave these sterile boxes and go down to the hospital basements, which served as bomb shelters. There, they continued to receive very powerful, essentially life-threatening, medications for their immunity. Consequently, further treatment became very complicated because the children in these basements were exposed to various infections. During the evacuation we conducted on March 3, the children were traveling with severe pain, and we did what we could to alleviate their pain on the way. The evacuation lasted only one day, but considering that there was no other option, they traveled in general compartments, with other people and doctors. However, in reality, in sterile boxes, no one interacts even with the doctor directly.



Natalia Onipko

The president of the foundation
"Zaporuka"

One of the challenges facing the medical services sector is the availability of healthcare personnel. Notably, experts observe a trend where some medical professionals have sought opportunities abroad. The scarcity of specialists is particularly acute in frontline cities, amplifying the strain on healthcare resources. Additionally, there is a noteworthy shortfall in personnel specializing in rehabilitation, a critical area given the substantial and increasing number of individuals grappling with injuries and trauma.

The ongoing military mobilization extends to the personnel in hospitals. Compounded by the demands of the full-scale invasion, certain hospitals struggle with heightened workloads, contributing to burnout among healthcare professionals. These multifaceted challenges emphasize the urgent need for strategic measures to address workforce shortages and enhance medical education in the face of ongoing adversities.



Pavlo Andrieiev

The head of the Acute Children's Rehabilitation Department at the National Specialized Children's Hospital "Ohmatdyt"

I am motivated to help as efficiently as possible, but I see, for example, among my colleagues there are those who burn out little by little because it is very difficult for them. People can not cope psychologically. I am more than sure that in other hospitals, there are also people who hold on despite everything, and there are people who burn out. They need either rest, some kind of switch, or maybe even psychological help or something else. The war affects everyone on a different level, and everyone has to cope as best as they can.

Furthermore, concerns persist regarding the education of future healthcare providers. Specifically, there is an underutilization of clinical bases for training, hindering practical learning experiences in favor of theoretical study.

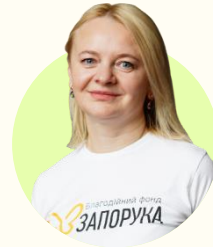
Experts acknowledge substantial progress in the realm of international cooperation. However, they highlight disparities in the distribution of funding and support among hospitals, which often depended on the proactive efforts of medical staff. In general, Ukrainian hospitals have received financial backing from international donors.

Experts underscore the importance of programs fostering the exchange of experience and knowledge, as well as collaborative treatment initiatives. They emphasize the significance of initiatives that promote joint approaches to medical

care rather than programs solely centered on patients traveling abroad for treatment. This shift toward collaborative strategies strengthens the healthcare system locally and fosters a culture of shared expertise and mutual support in confronting the challenges posed by the current healthcare landscape. In line with this, Ukrainian doctors are motivated to work and adopt international experience.



I believe that the quality of medical care for children meets international standards. What our doctors are doing now, their willingness to learn, to adopt foreign experience, and even how they are evaluated by foreign colleagues, is a confirmation of my words.



Natalia Onipko

The president of the foundation "Zaporuka"

Experts highlight that the quality of medical services remains high in large cities. Nevertheless, a notable pattern emerges where the farther one moves from the urban centers, the lower the quality of these services. Small cities and towns, in particular, grapple with shortages of specialized specialists, such as pediatric neurologists and surgeons, limiting the scope and depth of available healthcare expertise in these regions. This discrepancy underscores the need for targeted efforts to address the uneven distribution of medical resources and enhance healthcare accessibility in smaller communities.

Preventing diseases is deemed essential for individual well-being and as a proactive measure to alleviate future strains on the healthcare system. Experts emphasize the significance of prioritizing preventive services, particularly for noncommunicable diseases such as obesity, hypertension, and diabetes. The establishment of mobile medical teams is seen as a pivotal strategy to facilitate timely examinations and the early detection of diseases in children, contributing to a more effective and sustainable healthcare approach. By focusing on preventive measures, there is potential to mitigate the burden on the medical system in the long term, fostering a healthier population and promoting overall well-being.



Kateryna Savinova

The founder of the Association of
Children's Hospitals of Ukraine



As the head of a children's institution, I would like to emphasize comprehensive disease prevention for children because this is our future. There will be a healthy adult population if there is a healthy children population. The development of these diseases is largely influenced by lifestyle. In order not to create a burden on the medical network, we must teach the population to be healthy. Both in physical and mental health.



Pediatrician Anastasia Barzylovykh notes that the problem with providing medical care in the frontline cities is the lack of a coordination center that would direct doctors to the places they are needed. The expert notes that it is not always possible to find out whether there are children in a particular place.

Dimension 2.

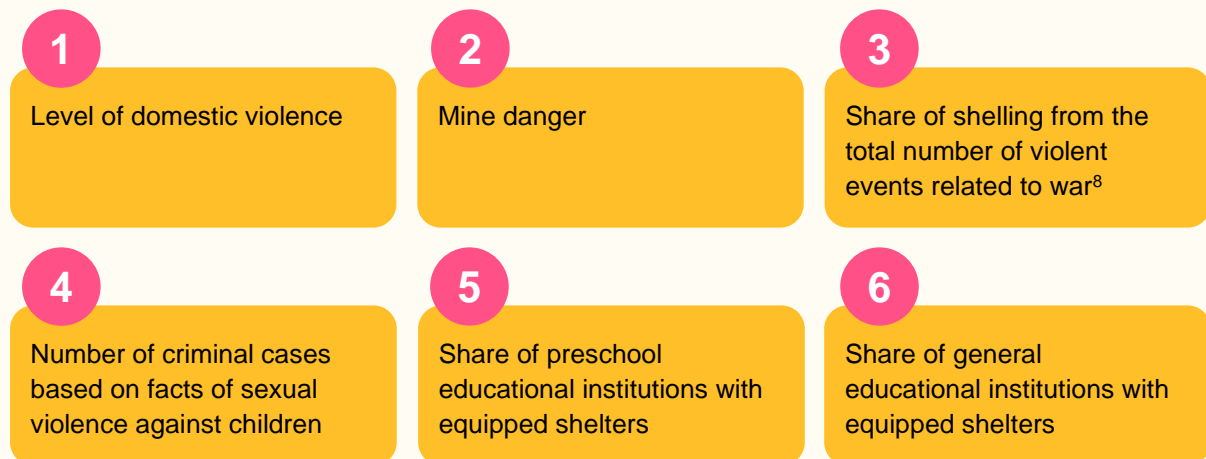
Security

General overview

Children in Ukraine nowadays face challenges in numerous aspects of their well-being as they are directly affected by the physical threats imposed by the ongoing war. The Security section of this report delves into a meticulous analysis of indicators that reflect the critical indicators related to the safety of children amid the war. This layer of analysis is crucial to gauge the impact of war on children's well-being, especially considering the recurrent shelling and the threat of landmines.

Measurement calculation

To assess the well-being of children in this dimension, the following 6 indicators are used:



Indicators 1 and 4 are formed based on statistics provided by the National Social Service on the number of children registered as victims of abuse.

Data for Indicator 2 is collected from the study of the territorial communities' resilience to war-related challenges and the impact on decentralization reforms ("What Makes Communities Resilient – First Lessons After February 24, 2022") by the Center for Sociological Research, Decentralization, and Regional Development (KSE, 2023) of the KSE Institute. The number of children was calculated based on the number of submitted declarations by age based on the information published in

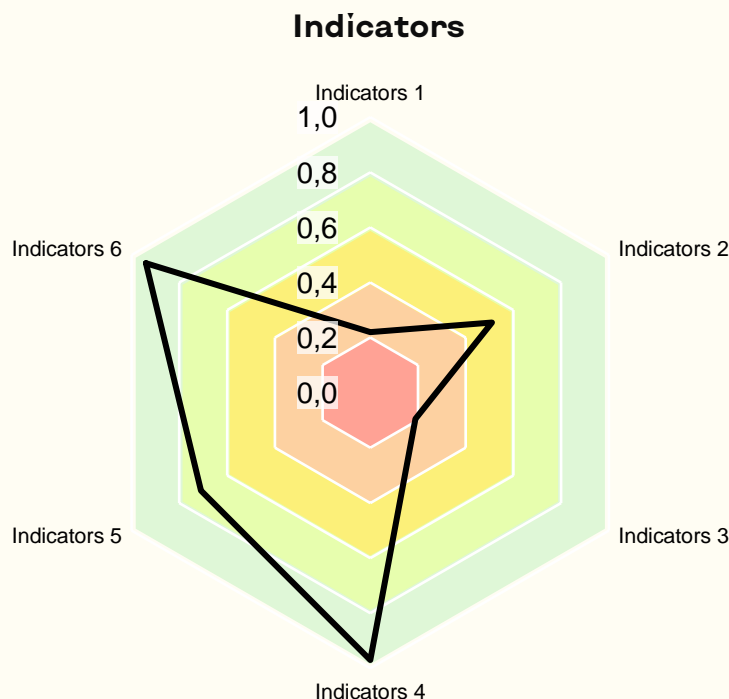
⁸ Violent events related to war include battles, explosions, and remote violence for the period January to August 2023

the register of declarations with family doctors of the National Health Service of Ukraine. Also, as part of the research, the Center collected information on the military status of the community (whether it was occupied or in a war zone) as of September 2022.

Indicator 3 consists of information collected by The Armed Conflict Location & Event Data Project (ACLED, 2023) through a detailed process of data collection, analysis, and crisis mapping. This project carefully collects data on reports of political violence and protests worldwide, including details such as dates, actors, locations, victims, and types of events. To better understand and explore different conflict scenarios, the ACLED team conducts a thorough analysis. Both the data and the analyses are open for free use.

Indicators 5-6 are formed based on information provided by the Ministry of Education and Science of Ukraine on the provision of shelters in educational institutions as of December 20, 2022.

Results



0.59

Violence

In total, in 2022, 3,153 children were registered as victims of domestic violence or ill-treatment. The largest number was registered in Kyiv (1,418). Out of 3,153 children, a total of 108 in Ukraine were classified as victims of sexual violence.

According to experts, violence towards children is expected to increase, particularly domestic violence. Child psychologist Svitlana Royz notes that parents are already coming to her for counseling, admitting that they are struggling with their emotions and resorting to hitting their children.



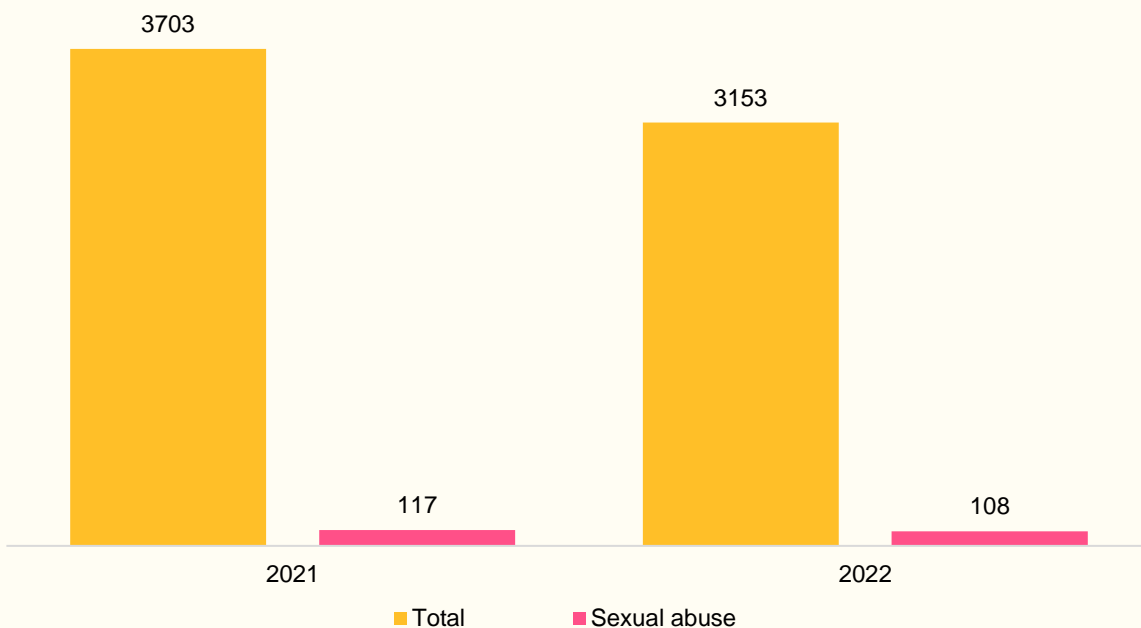
Violence against children is an incredibly complex issue during times of war. Do you know what requests we get most often from parents now? "I can't control myself, and I hit my child." I simultaneously sympathize with the parents because I understand that they can no longer endure the pressure and stay within ethical boundaries. I don't know how to help the children because, yes, the violence will escalate. Yes, it's definite, and it's already happening. When this occurs, it's a blow to the support system, and the child loses resilience, making it even more challenging for them to cope with stress. This applies to both families in challenging situations and those in even more dangerous regions. I don't even know where to begin because education doesn't work here; we need projects that could provide opportunities for adults to recover.



Svitlana Royz

Child psychologist

The number of children who are registered for violence against them or ill-treatment



War consequences and mining

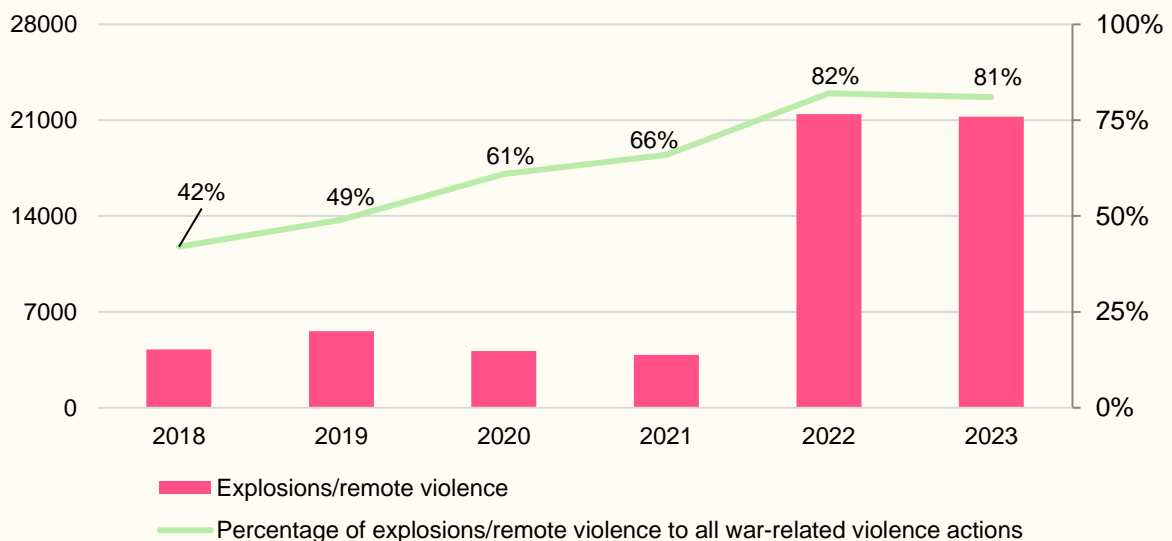
Despite the protracted nature of the Russian-Ukrainian war since 2014, notable escalation in the magnitude of destruction, military engagements, artillery bombardments, air attacks, and the geographical extent of the affected regions have been observed since the year 2022.

ACLED classifies "Explosions/Remote Violence" as "one-sided violent events in which the instrument for engaging in conflict creates asymmetry by taking away the target's ability to respond." Means used in cases of "explosion/remote violence" are explosive devices, including but not limited to bombs, grenades, improvised explosive devices, artillery fire or shelling, rocket attacks, heavy machine gun fire, air or drone strikes, or chemical weapons. This category also includes suicide attacks using explosive devices. "Explosions/Remote Violence" can be used against both armed agents and civilians. Directed attacks against civilians are also separately codified under this definition (ACLED, 2023a).

It is also worth noting that the figures given differ from the estimate of the full database since ACLED also collects information from Russian and occupied sources as of February 24, 2022. It is difficult to trust the data from that side, therefore sources that come only from international or Ukrainian media/official statements of state and local bodies were included in the calculations. Data from Russian and Russian-controlled sources were included only when the relevant event was also covered by an alternative source not associated with Russia.

According to data from ACLED, while the final pre-war year recorded 3,890 instances of explosions and diverse forms of remote violence, the corresponding figure surged to 23,649 in 2022, constituting 82% of all conflict-related incidents in Ukraine. As of September 1, 2023, 22,741 cases were documented, representing 81% of the total recorded incidents. Within this context, it is noteworthy that 8% of the incidents in 2022 were categorized as targeting civilians, a figure that decreased to 5% in 2023.

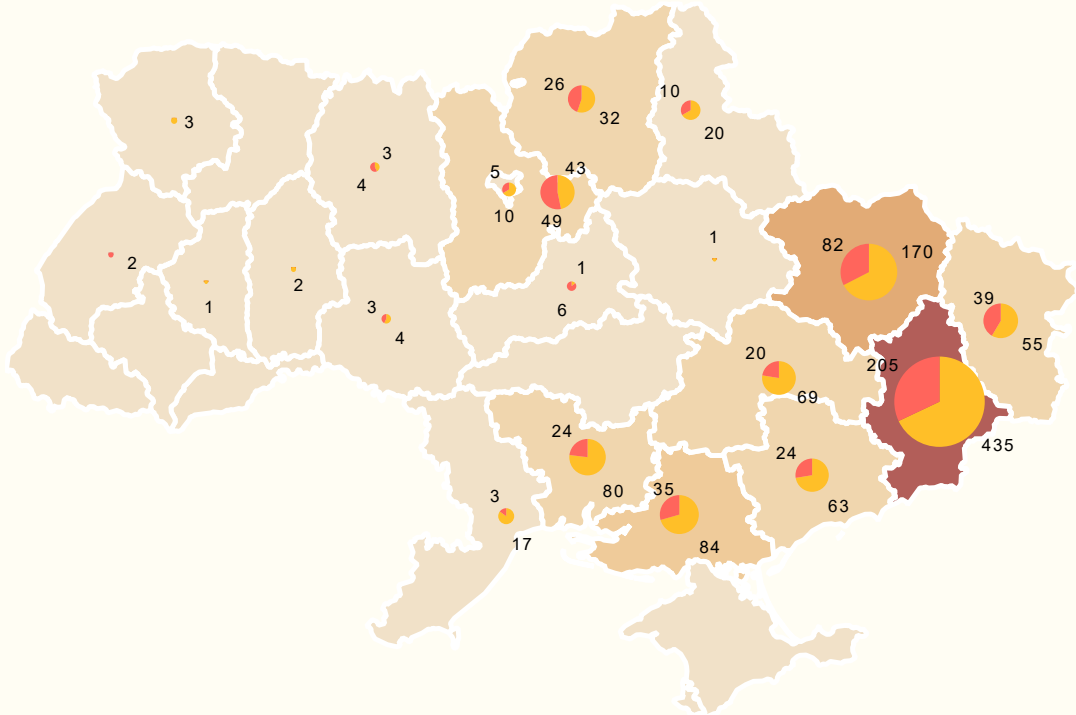
Explosions/Remote violence, 2018-2023



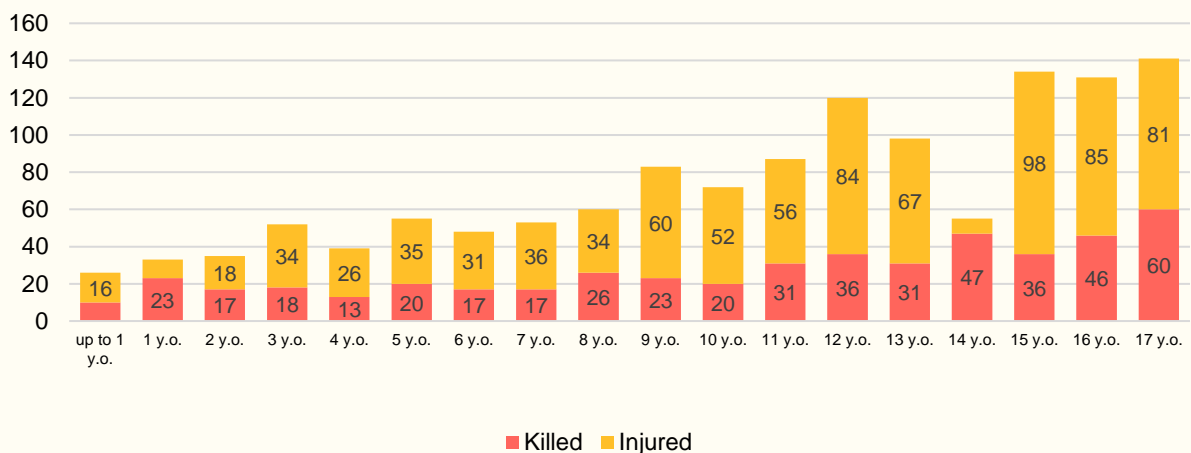
From February 24, 2022, to June 30, 2023, the Office of the United Nations High Commissioner for Human Rights (OHCHR) recorded a total of 1,630 civilian casualties among children in Ukraine: 535 dead and 1,095 wounded. The actual number is much higher. Most children were affected in the East of Ukraine.

Civilian casualties among children

By oblast: 24.02.2022-30.06.2023

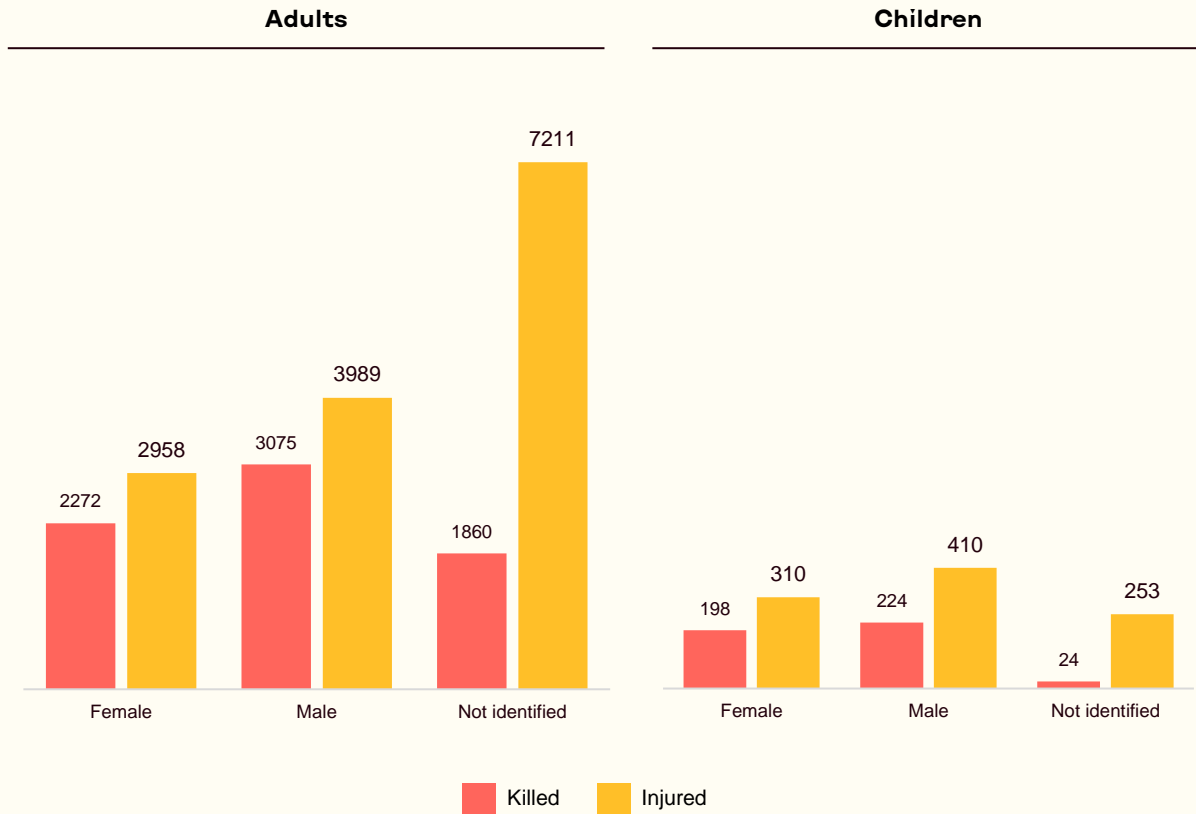


By age: 24.02.2022-30.06.2023



Between 24 February 2022 and 30 June 2023, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) documented a total of 22,784 civilian casualties from the use of long-range explosive weapons (Ukraine: Civilian Casualties - 24 February 2022 to 30 June 2023 - Ukraine, 2023). This included 7,653 dead and 15,131 wounded. These casualties accounted for 91% of all civilian casualties recorded by OCHA during the time period. Children accounted for 6% of the wounded (973 wounded) and 6% of the dead (446 victims).

Casualties among the civilian population due to the use of explosive weapons with a long range



84% of these losses occurred in territories under government control at the time, and 16% in territories occupied by the Russian Federation. Most of these incidents occurred in densely populated areas.

In conditions when artillery shelling and air attacks become a regular occurrence, it becomes imperative to organize the educational process in a manner that allows children to seek shelter in the event of a threat. As of the end of 2022, 37% of secondary general education institutions were equipped with civil protective structures (shelters), whereas merely 14% of preschools possessed such facilities. Moreover, within general education institutions, only 34% of students could be accommodated in these designated spaces, while in preschools, the corresponding capacity was 16%.

Experts note that Ukrainian education quickly adapted at the beginning of the full-scale invasion to resume the educational process. However, the adaptation of education to the conditions of war is progressing slowly. In particular, it is pointed out that not all schools are equipped with shelters to return to in-person education. The Head of the Coordinating Center for the Development of Family Education and Childcare, Iryna Tulyakova emphasizes that schools far from the conflict zone continue online learning because communities cannot provide shelters. According to her, bringing children back to school buildings should be the number one priority

now, as three years of remote learning impact the development of children's communication skills.



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare

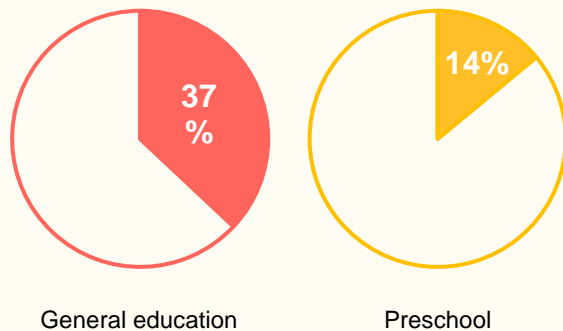
Certainly, a child who has been studying in a bed for three years is used to it. They don't want to go elsewhere, but it affects their mental health and communication skills. Statistics on access to education show that everyone has a chance to study in Ukraine. However, if you look at the quality of this education and the number of students attending offline regularly, it is a very low indicator. It's not even a goal. It is a task that needs to be declaratively fulfilled — by preparing bomb shelters. We will be studying like this for many more years, and if at least one community is left without a school next year, it indicates that we are unable to provide access to education at all.

However, shelters are not solely confined to dedicated civil protection structures. They are also established in dual-purpose facilities, in rudimentary shelters like basements, cellar floors, underground rooms, and similar spaces, or suitable shelters within other entities.

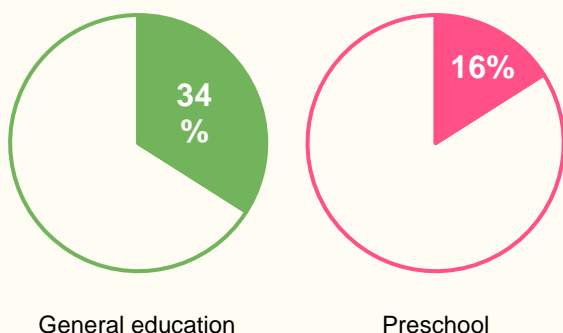
By the conclusion of 2022, 29% of schools had arranged their shelters within their premises, 63% in dual-purpose facilities and simpler shelters, and an additional 2% set up shelters within other entities. In total, 94% of schools had some form of shelter by the end of the preceding year.

The situation is less favorable concerning preschool shelters. While 12% organized shelters within their premises, 50% utilized dual-purpose facilities, and simpler shelters, and 9% established shelters within other entities. Overall, only 71% of preschools had implemented shelter

Availability of Protective structures of civil defense in educational institutions



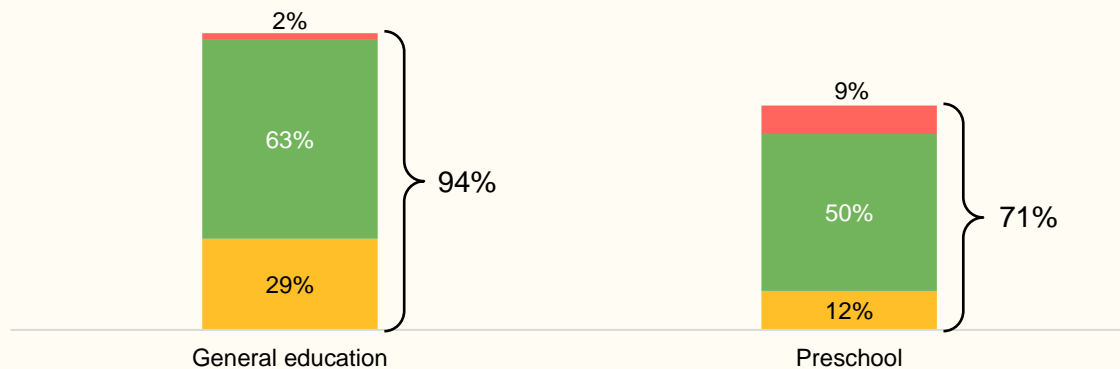
Capacity of Protective structures of civil defense in educational institutions



arrangements.

In comparing the discrepancies in shelter conditions between general education and preschool institutions, there is an urgent imperative to enhance the circumstances for the latter. This is crucial, as a substantial number of children currently lack access to secure shelters during the war.

The state of shelter (objects (buildings) of educational institutions)

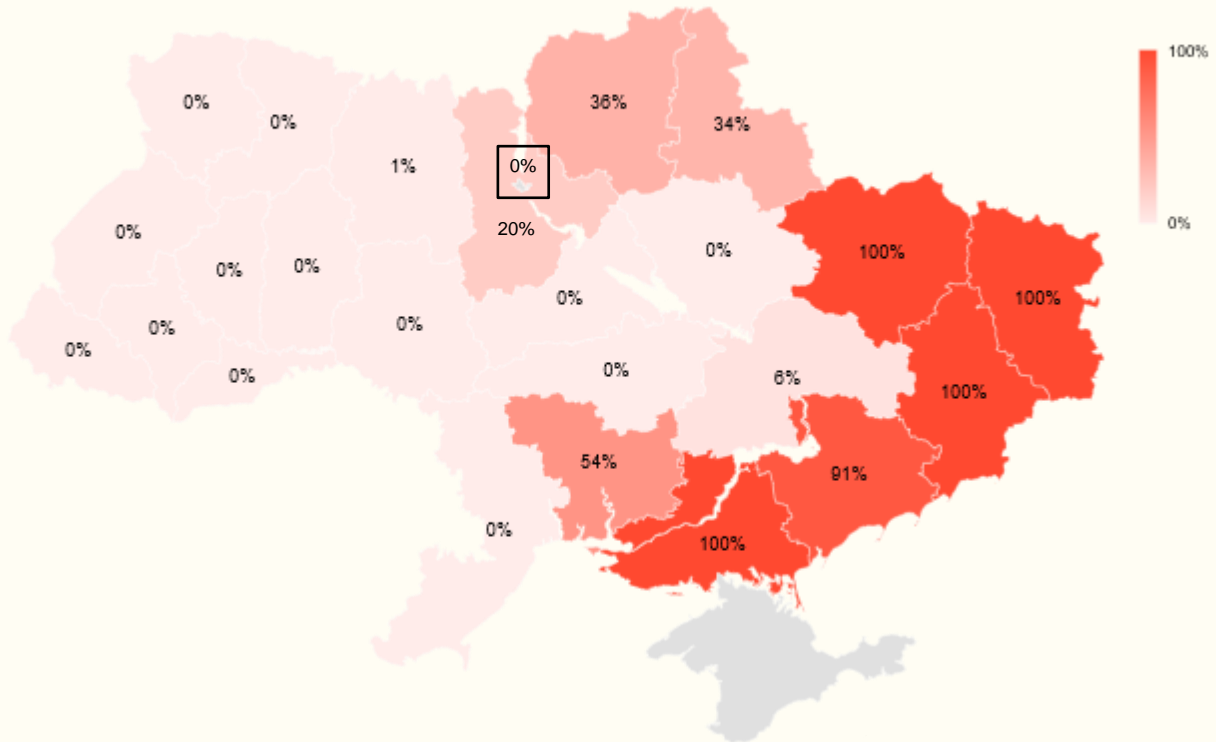


- Organized in protective structures of civil defence, dual purpose buildings, basic shelters based of other entities
- Organized in own dual purpose buildings and basic shelters based on the results of commission surveys
- Organized in own protective structures of civil defence (ready and limited ready for use as intended)

Beyond the immediate threats of explosions and shelling, the presence of minefields and unexploded ordnance poses a substantial danger to children. According to available data, the OCHA estimates that approximately 10.7 million Ukrainians could be at risk of harm from landmines or unexploded ordnance. In 25 out of the 122 districts (rayons) impacted by the war, over 15% of residents expressed concern regarding the potential presence of explosive devices. Notably, the regions most severely affected by civilian casualties are Donetsk, Kharkiv, Kyiv, Kherson, and Luhansk oblasts.

Based on the calculations of the child population by the community (hromada) done by the Center for Sociological Research, Decentralization, and Regional Development of the KSE Institute, it is discerned that all children residing in the Kharkiv, Luhansk, Donetsk, and Kherson oblasts are under the threat of mines and explosive devices. Furthermore, in Zaporizhzhia (91%) and Mykolaiv regions (54%), many children also grapple with the peril posed by these hazardous remnants of conflict.

The percentage of the child population of regions threatened by mines in 2022 (%)



Although officially reported figures by mid-2023 indicated over 400 casualties from explosive remnants, the actual number is likely higher. OCHA reported 905 civilian casualties from the explosive remnants of war and mines, with 97 victims among the child population.

The mined territory reaches 174 thousand km². Demining is a decades-long task, possibly even for many decades. This was reported by the Prime Minister of Ukraine, Denys Shmyhal, at the Demine Ukraine forum (September 27, 2023). According to the World Bank, costs for demining reach more than \$37 billion. It is important to note that these estimations apply only to the territory under the control of Ukraine. The situation in the occupied territories is only getting worse. During the years of occupation by the Russian Federation, many mines and shells have been accumulated, which will only complicate sappers' work.

Experts note that Ukraine has an effective mine safety program developed by the international organization UNICEF.



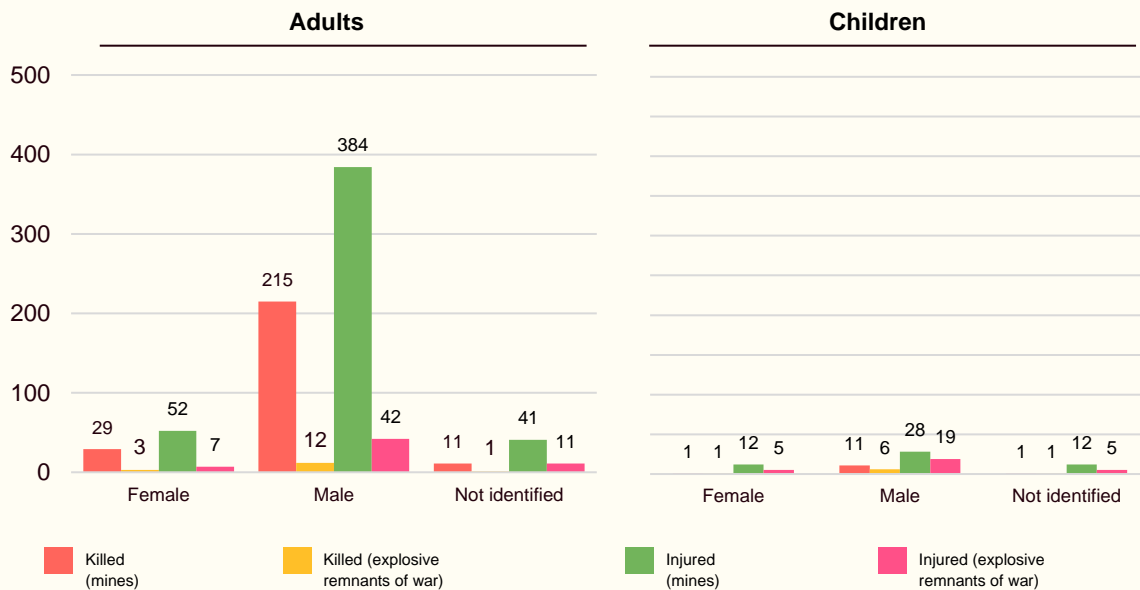
This is exactly the topic in which I can only say positive things, since we have a lot of mine safety programs, thanks to our international donors. In this case, the biggest partner is UNICEF, which actively supports this direction. Its program works well. They've teamed up with the Ministry of Internal Affairs program, creating the security officer, and the security classes – that's the area I can only say positive things about. That's enough and we just need to keep scaling it. We simply need to scale the existing practices. There is absolutely no need to reinvent the wheel here. Everything is there, everything is clear, everything is accessible, children know how to deal with it, it is on TV, it is in social networks, it is in schools.



Daria Herasymchuk

The Advisor – Presidential Commissioner for Children's Rights and Child Rehabilitation

Civilian casualties due to mines and explosive remnants of war



Creating safe conditions for children in Ukraine is extremely urgent. Children should feel safe at school, in kindergarten, and at home. Currently, there are no national guidelines for children left alone at home to know what to do in case of an air raid. Moreover, experts note that children still experience stress while being in shelters.



Olena Naumenko

Child psychologist

“Going to the shelter is for their physical safety, it's not even discussed, but it's understandable. Children should go and know clearly, “if I'm not at home, but at school/kindergarten, it will be safe here.” They are still scared, to be honest, even in the shelter. In the shelter, some children are scared, and this is not right. Physical safety must be there, but emotional safety must also be secured.”

One of the controversial issues is the forced evacuation of children from the frontline areas. Global practice does not recommend evacuating children without parents. However, after cases of abductions, assaults, and deportations of children in Ukraine, a rule was introduced that a child must be evacuated from the frontline zone (Cabinet of Ministers of Ukraine, 2023). Regional military administrations decide to evacuate in coordination with military command authorities and the Coordination Headquarters for the mandatory evacuation of the population.

The Head of the Coordinating Center for the Development of Family Education and Childcare, Iryna Tulyakova, believes that during the procedure of forced evacuation, it is advisable to involve additional psychologists to establish a dialogue.



Iryna Tulyakova

The Head of the Coordinating
Center for the Development of
Family Education and Childcare

“Evacuating from the most dangerous areas is correct and necessary. At the same time, during the evacuation process, we need to try to minimize additional trauma for children and their families.”

Due to the emotional tension brought by the war, violence against children in families where the child is a witness to aggression may increase, experts note. This includes not only physical violence but also emotional violence. As a result, the child may begin to exhibit violence towards others.



In our organization, we constantly teach adults and children about preventing violent behavior. We see that violence is increasing in families. Psychological violence is increasing when a mother can go days without talking to her children because she is upset about something happening in the family, or the child, I don't know, tore a jacket or something else happened.



Darya Kasyanova

The Chairman of the Board of
Civil association "Ukrainian Child
Rights Network"

Dimension 3.

Education

General overview

The dynamic changes and swift technological advancements in the contemporary world set forth new requisites for children's education. Beyond the conventional role of knowledge transfer, education plays a pivotal role in cultivating critical thinking, social adaptability, and readiness for future challenges.

The enrollment of children in preschool and school institutions is dictated by the need to establish an optimal environment fostering children's comprehensive development. The quality of education is contingent not solely on pedagogical methodologies but also the extent of accessibility tailored to diverse social groups and individual needs. Recognizing these evolving educational dynamics is integral to equipping children with the skills and adaptability necessary for navigating the complexities of the modern world.

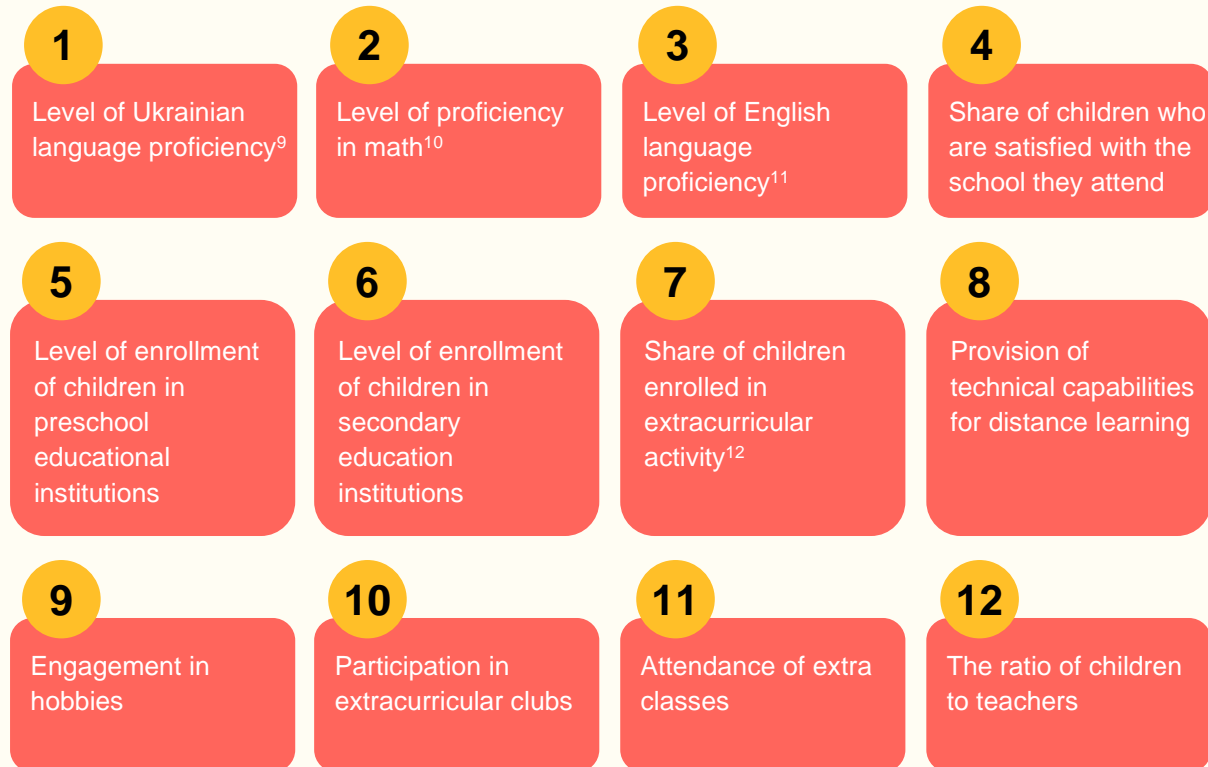
Average scores in subjects like English, math, and Ukrainian serve as objective benchmarks for evaluating the efficacy of educational programs. These scores mirror the extent to which fundamental knowledge is absorbed and measure children's preparedness for the challenges they will confront in adulthood.

Extracurricular clubs, hobbies, and other supplementary activities complement the academic curriculum by offering avenues for creative development and fostering the exploration and nurturing of talents. Engaging in such initiatives plays a pivotal role in shaping a well-rounded personality and broadening the social horizons of children. Beyond academic achievement, these activities contribute significantly to the holistic development of students.

This holistic approach to education is driven not only by providing knowledge to the children but also by preparing them for life in contemporary society. Cultivating intellectual and social competencies within the educational framework constitutes a strategic endeavor toward establishing conditions for a well-rounded, healthy, and joyful childhood. Such an approach is foundational for ensuring a high level of well-being for children in the present and as they transition into adulthood. Recognizing education as a means to foster comprehensive development underscores its pivotal role in shaping fulfilled and thriving individuals.

Measurement calculation

The following 12 indicators are used to assess children's well-being in this dimension:



Indicators 1-3 reflect the average scores of External Independent Testing (ZNO)¹³ and National Multi-Subject test (NMT)¹⁴ in the relevant subjects according to the data of the Ministry of Education and Science (MOES) for 2023. The minimum score required for entering a contract for certain specialties was 120 points (On Approval of the Procedure for Admission to Higher Education in 2023, 2023).

Indicators 5 and 12 reflect the level of coverage of children in preschool educational institutions from all children of preschool age and the ratio of the number of teachers to all children of school age. The data for Ukraine are based on statistics provided by the MOES (IEA | Key Education Figures, 2022). Ukrainian results are compared with the corresponding characteristics of the Organisation for Economic Co-operation and Development (OECD) countries for 2020 (OECD 2023).

⁹ Average score of External Independent Testing (ZNO)/National Multi-Subject test (NMT) in the Ukrainian language

¹⁰ Average score of External Independent Testing (ZNO)/National Multi-Subject test (NMT) in mathematics

¹¹ Average score of External Independent Testing (ZNO)/National Multi-Subject test (NMT) in English

¹² Share of children enrolled in extracurricular education, % of the total number of school-age children

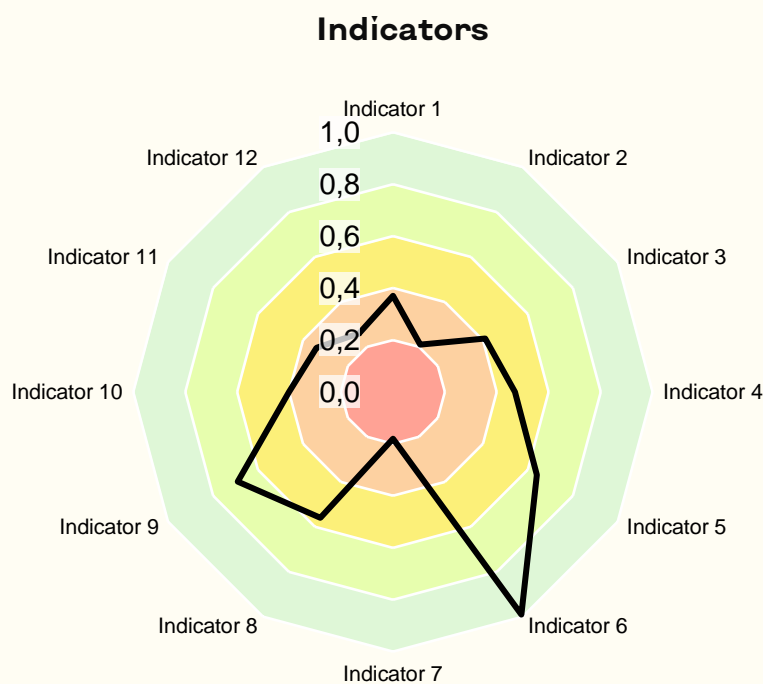
¹³ External independent evaluation (ZNO in Ukrainian) is an assessment of learning outcomes acquired at a certain educational level through testing. The Ukrainian Center for Educational Quality Assessment conducts it. The evaluation results for graduates of the secondary education system are used for admission to higher education institutions. They are counted as an assessment for state final certification. Source: <https://mon.gov.ua/ua/tag/zno>

¹⁴ The National Multidisciplinary Test (NMT) is an assessment of learning outcomes in the form of testing, consisting of three blocks: Ukrainian language, math, and the history of Ukraine. The NMT was introduced in 2022 to replace the External Independent Evaluation (EIE) due to the full-scale invasion of the Russian Federation in Ukraine

Indicator 7 indicates the coverage of school-age children by extracurricular activities in institutions of general secondary and extracurricular education in 2022/2023, according to the MOES.

Indicators 4, 8-11 were formed based on the quantitative survey of children and parents. Parents were interviewed about assessing the conditions for distance learning (availability of a computer/laptop, Internet, tablet, smartphone, etc.) for children recruited for the survey through the parents.

Results



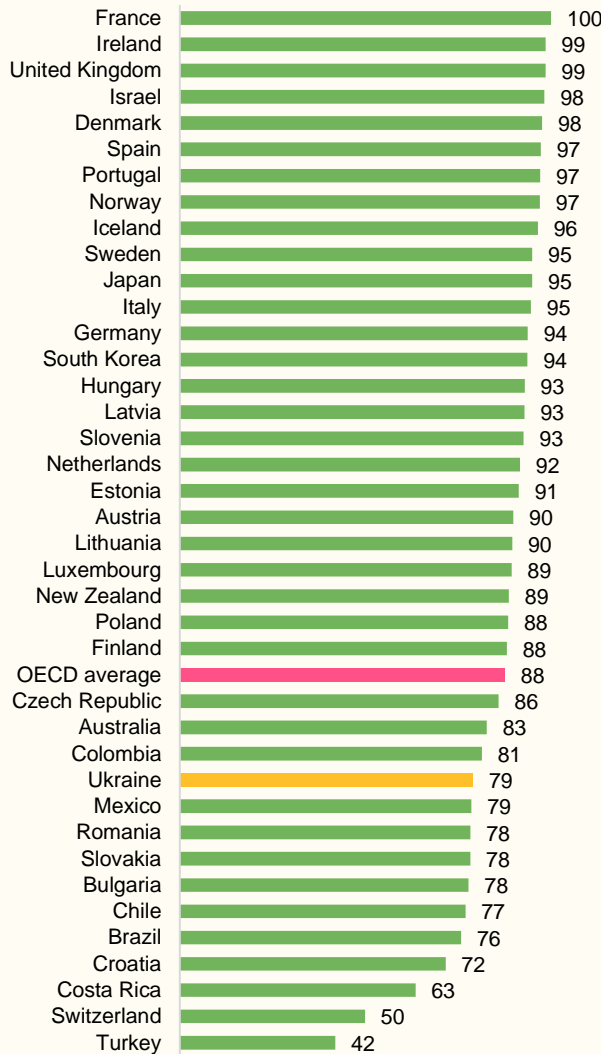
0.46

Preschool and school education

More and more OECD countries are focusing on the development of preschool education and the care of young children. Cross-country research shows that engagement in high-quality early childhood education is associated with positive outcomes in both the short and long term (Klein, S. 2001).

As of March 2023, preschool education institutions in Ukraine cover 79% of children in the corresponding age group, which lags behind the enrollement of many countries. On average, 88% of preschool-aged children are enrolled in this type of education institution among OECD countries.

Enrollment of children in preschool education institutions (%) - Ukraine (2022) and OECD (2020)



The OECD governments are recognizing the pivotal role that early childhood education plays in the cognitive and emotional development, learning, and overall well-being of children. Those who receive high-quality structured learning in their early years are more likely to achieve positive educational outcomes as they progress through their academic journey. This tendency is particularly declared among individuals from socio-economically disadvantaged backgrounds due to limited opportunities in the home educational environment (OECD [Education at a Glance], 2023).

The affordability of preschool education not only contributes to the well-being of children but also facilitates the employment of parents, thereby contributing to economic prosperity. Expanding the coverage of preschool education in Ukraine will not only enhance the well-being of children but also serve as a crucial tool for empowering parents to work and fostering the active participation of women in the labor market.

In Ukraine, 98% of school-age children attend secondary education institutions. This indicator has consistently remained very high over the past three years (2020-2022). High attendance rates are also consistent among girls and children living in rural areas. At the regional level, the percentage of children attending secondary education institutions is also consistently high (the lowest is 96% in Kyiv).

However, high enrollment does not guarantee a high level of academic performance. The External Independent Evaluation (ZNO)/National Multidisciplinary Test (NMT) provides an opportunity to objectively assess the abilities of children in Ukraine based on their learning outcomes in secondary education institutions.

Previously, math and the Ukrainian language consistently ranked among the most popular subjects children chose for ZNO, considering the requirements of the specialties they were applying for. Since 2022, when the Ministry of Education and

Science introduced the NMT to replace the ZNO due to the Russian Federation's full-scale aggression, math, and the Ukrainian language have become components of the test.

Math is particularly important because it is included in the Program for International Student Assessment (PISA), a worldwide study by the OECD in member and non-member countries to evaluate education systems by measuring the performance of 15-year-old schoolchildren in math, natural sciences, and reading. PISA includes math in its assessments because it is an essential skill for students to apply in real-world contexts and make informed judgments and decisions (PISA, 2023). It's worth noting that in 2018, Ukraine participated in the PISA for the first time. Overall, Ukrainian students demonstrated lower scores (Mazorchuk, M., et al. 2019) than their peers in OECD countries. Specifically, the most significant challenges were observed in mathematical competence.

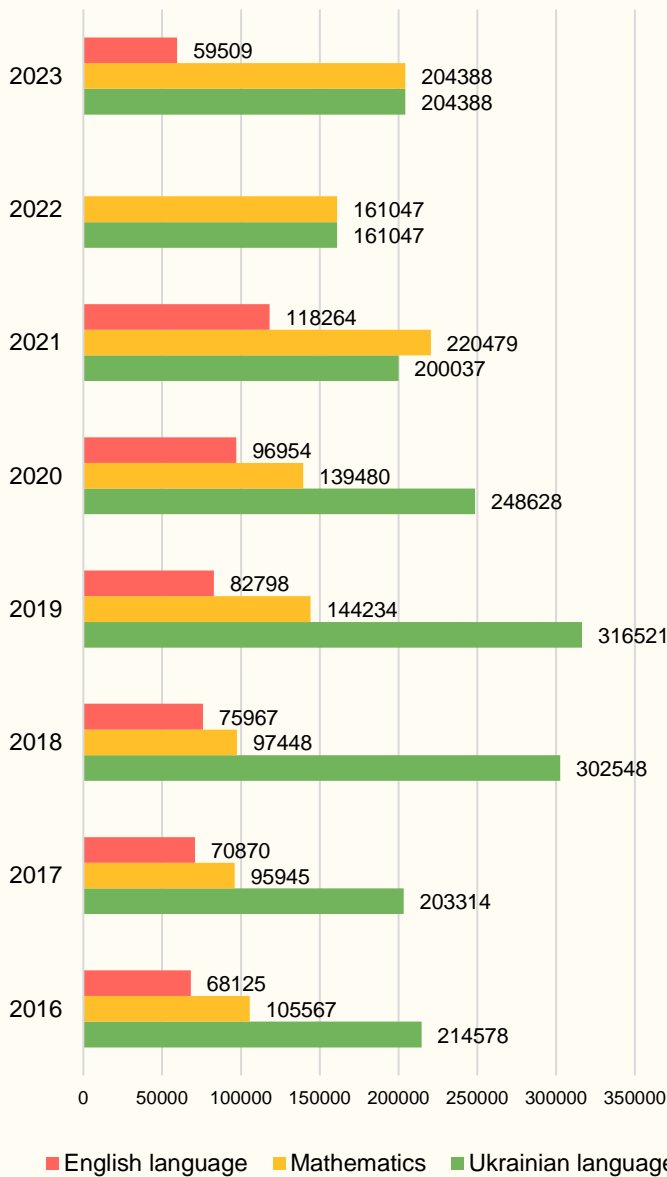
On December 5, 2023, the results of the PISA-2022 international study were published, including for Ukraine (MON 2023b). The 2022 results provide an opportunity to track trends in wartime learning. Also, it is important to consider that participation in the study is not representative of the entire country due to the limited involvement and frequent air alarms in some regions. Ukrainian pupils from only 18 oblasts took part in the testing.

According to the results of PISA-2022, in Ukraine, as well as in other countries, a significant drop in success in all subjects was noted, which may be related to long-distance learning during the pandemic and war in the case of Ukraine.

Ukrainian students in mathematical literacy have the lowest rate of educational attrition among all the studied fields, and the results have worsened by 12 points compared to the previous cycle in 2018. The majority of Ukrainian students achieved only a basic level of mathematical literacy, while only 32% achieved level 3 and above.

The acquisition of English proficiency stands as a profoundly significant element in the development of children. Proficiency in English not only unlocks many opportunities for children in contemporary societies but also constitutes a prerequisite for their comprehensive engagement in the future labor market. During the period spanning from 2015 to 2021, when external examinations were conducted, the English language consistently garnered the highest average scores. This can be attributed, in part, to the fewer number of children opting for English compared to Ukrainian (compulsory for all) and mathematics. In contrast, math consistently recorded the lowest average scores compared to the other subjects.

Number of participants who took part in testing (in Ukraine)

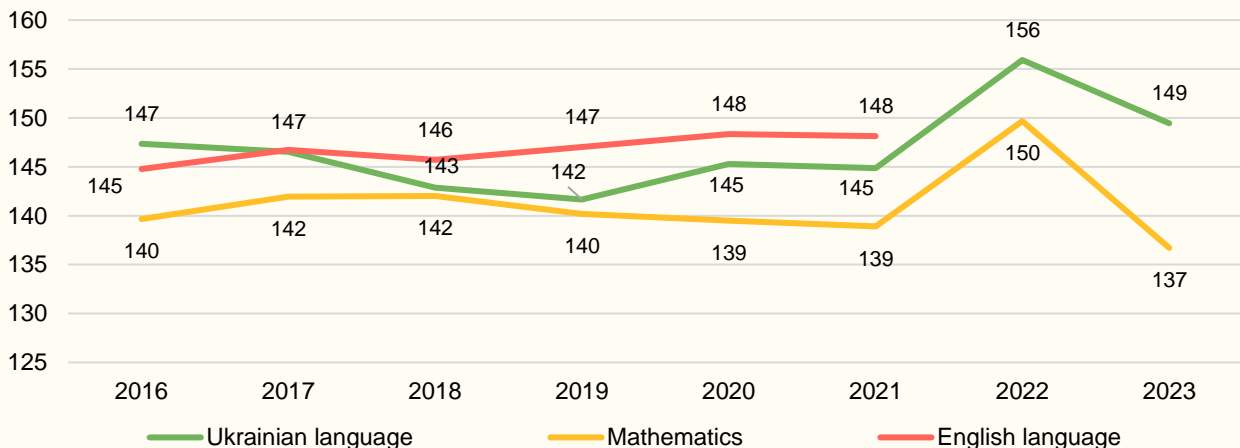


In 2022, with the introduction of the NMT, the English language examination was not conducted. In 2023, the average score for the Ukrainian language was 149, for math 137, and English 153. Only the results for the English language showed an increase compared to the last available data from the ZNO in 2021. The decline in results for Ukrainian language and math potentially reflects the impact of the war on the educational process.

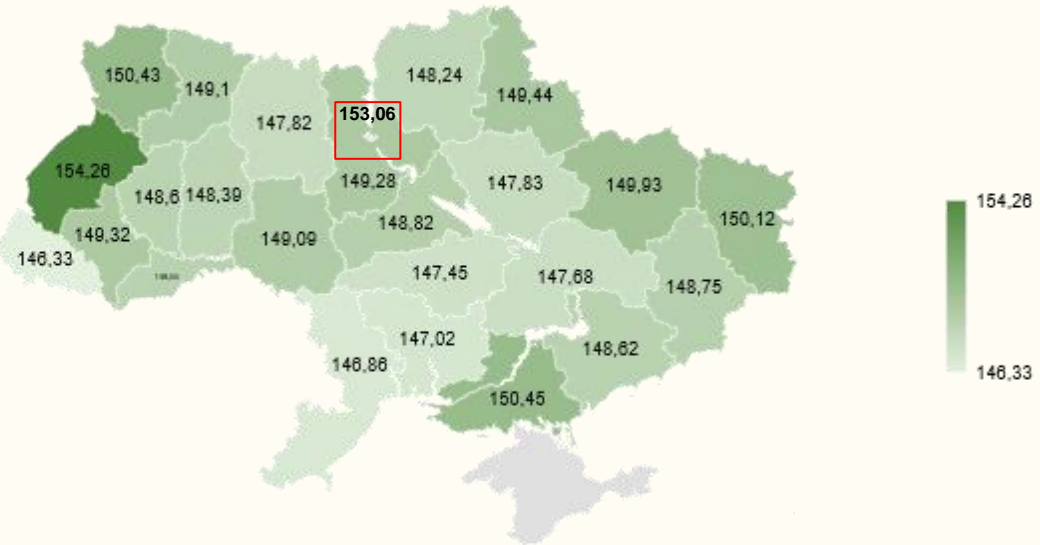
The highest scores were achieved by students from the Lviv oblast and Kyiv, significantly outperforming other regions in all three subjects. The lowest scores for Ukrainian language and math were observed in the Zakarpattia oblast.

Overall, despite better results in Ukrainian and English languages, improving math scores is crucial for the comprehensive development of children and adolescents.

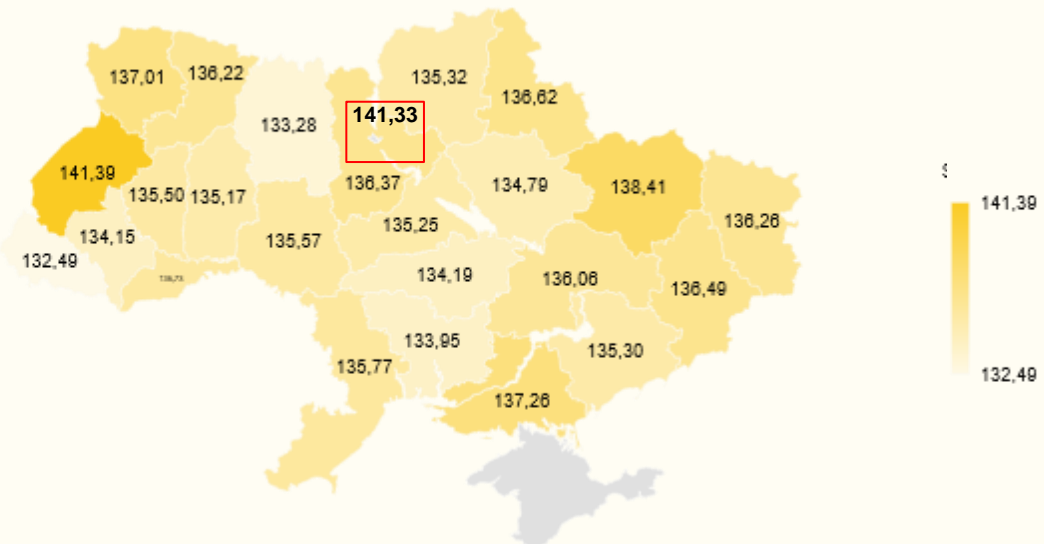
Average scores of ZNO/ NMT



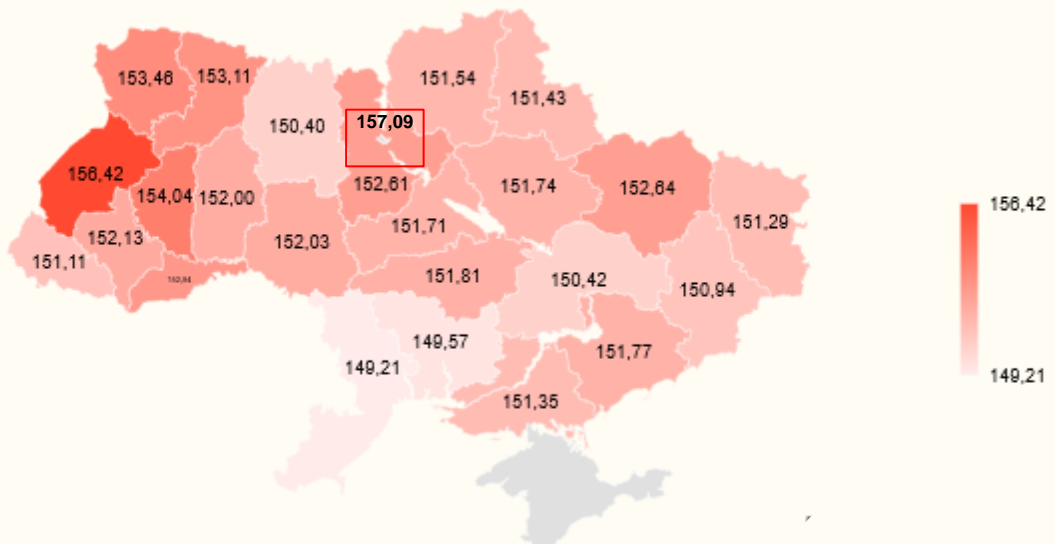
The average score of NMT in Ukrainian 2023 by region



The average score of NMT in Mathematics 2023 by region

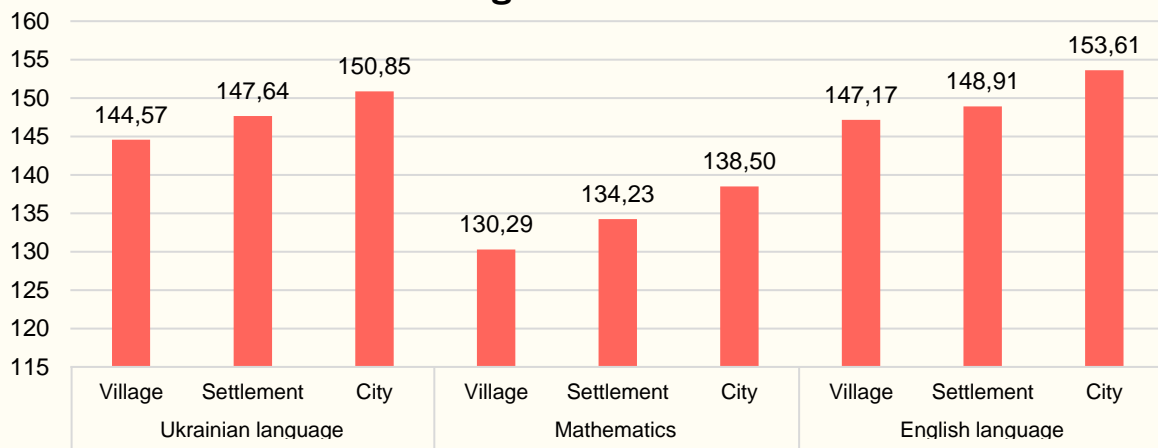


The average score of NMT in English 2023 by region



Significant differences also exist at the city/village level. Children from rural areas consistently achieve lower scores in the ZNO/NMT for all three subjects than children from urban areas. This difference was most visible in 2015-2021 when the ZNO was conducted. From 2022, with the introduction of the NMT, the gap between different types of settlements has decreased, although it still persists. It is crucial to narrow this gap to ensure that children from non-urban areas have the opportunity to receive quality education, as lower scores in the ZNO/NMT translate into a reduced likelihood of securing budgetary university seats. For many rural residents, pursuing education on a contractual basis might not be financially feasible.

The average score of NMT 2023



The indicator of resource distribution in education is the student-to-teacher ratio. A lower number of students per teacher considers factors such as increased teacher salaries, investments in professional development, and enhanced utilization of modern technologies and approaches in teaching (OECD 2021).

Compared with OECD countries, Ukraine does not significantly differ from European countries in this indicator. At the same time, improving this indicator can positively impact a certain category of students. One of the advantages of smaller classes is the opportunity for teachers to focus more on students' individual needs. According to research on this issue, smaller classes can benefit specific groups of students, such as those from less affluent families (Bouguen, A., et al. 2017).

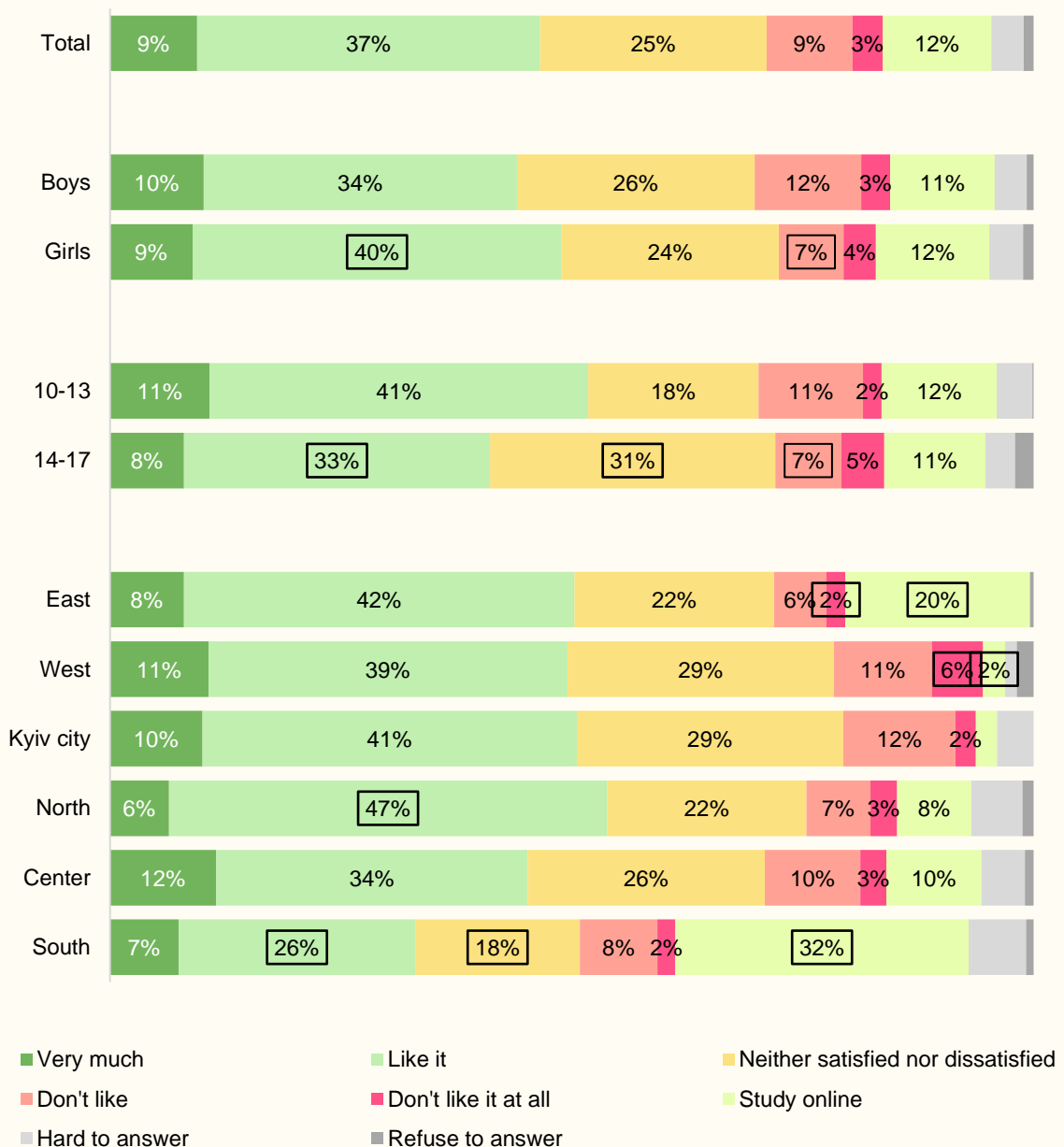
Ratio of students per teaching staff - Ukraine (2022) and OECD (2020)



It is essential for children to be satisfied with their schooling. Approximately half of the children surveyed indicated that they enjoyed learning at school (46%). In contrast, only 12% stated that they did not enjoy it. There were no significant differences between boys and girls, but younger children aged 10-13 more often expressed that they enjoyed learning at their school (52%) compared to older children (41%). At the regional level, only children from the South significantly differed in their responses, with only 33% stating that they enjoyed going to their school. In contrast, 53% of children felt this way in the north.

Among children from the eastern and southern regions, the percentage of children who were learning online was significantly higher than in other regions (20% and 32%, respectively), mainly due to the ongoing hostilities in these regions and more frequent artillery and air attacks.

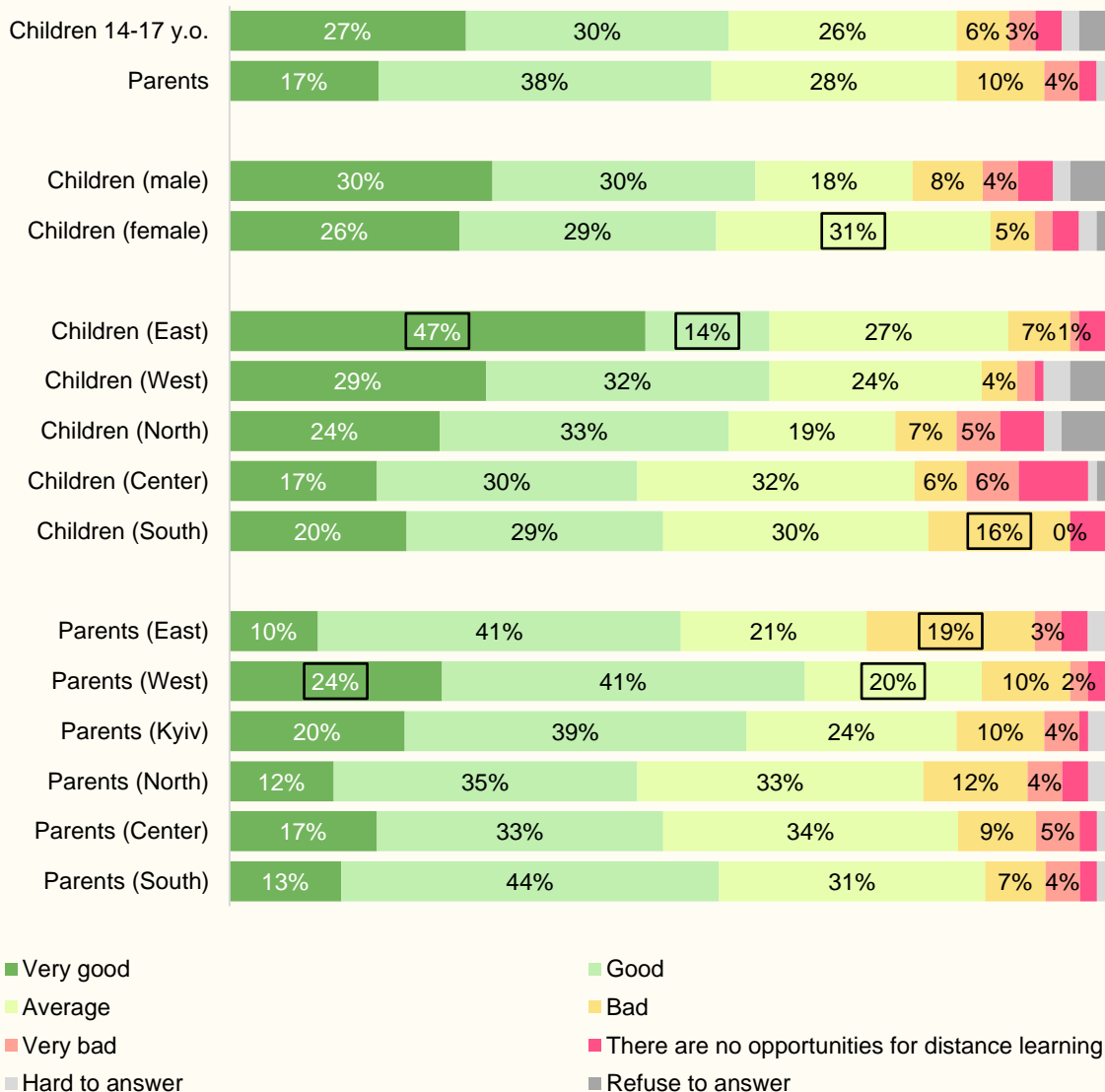
How much do you enjoy going to your school?



In the context of distance learning, proper technical equipment in households plays a critical role so that children can connect to their school activities smoothly. Both children and parents evaluated the conditions for distance learning similarly, with 57% of children and 55% of parents stating that they had very good conditions for online learning.

There were no significant differences in evaluations of online learning between children of different genders or regions. However, parents from the Western region were much more satisfied with the conditions for distance learning (66%) than parents from other regions. Parents of children from the Eastern region more often mentioned poor conditions (22% compared to 14% of all parents who indicated poor conditions). Considering parental complaints, attention should be given to ensuring that children from the East and South have the necessary resources for distance learning, as these children may fall significantly behind their peers from other regions in the future.

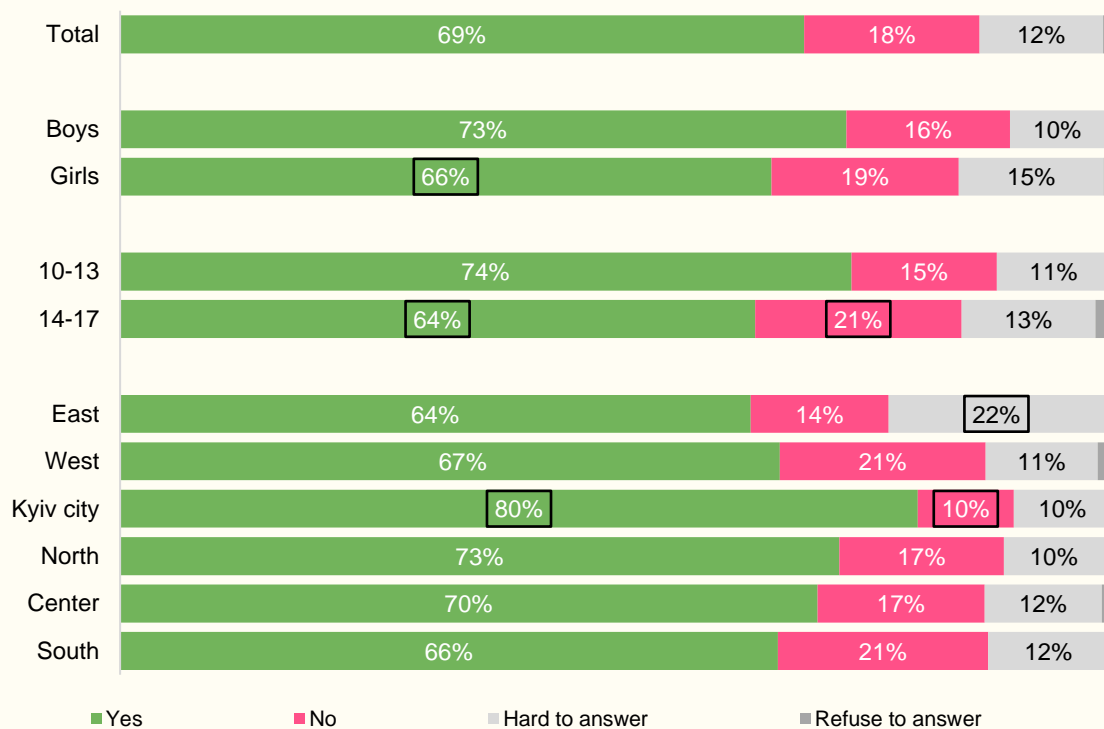
Conditions for distance learning (availability of a computer/laptop, Internet, tablet, smartphone, etc.)



Extracurricular activities

The presence of hobbies in a child’s life is a significant factor for overall development (Krnjaić, Z. 2020). Most children in Ukraine indicated they had hobbies (69%). Boys tend to have hobbies more frequently (73%) compared to girls (66%), as well as younger children (74%) compared to children aged 14-17 (64%). At the regional level, only children from Kyiv were notably different, as here the percentage of children with hobbies was significantly higher (80%) than the sample average.

Are there hobbies that you engage in regularly and find deeply meaningful and fulfilling?



In addition to hobbies, extracurricular activities, and interest clubs contribute to the diverse development of children. The percentage of children attending such activities was less than half (40%). Older children less frequently indicated engaging in such activities (35%) compared to children aged 10-13 (45%). Similar to the previous indicator, children from the South also attended extracurricular activities and special interest clubs less frequently (32%) than their peers from other regions of Ukraine.

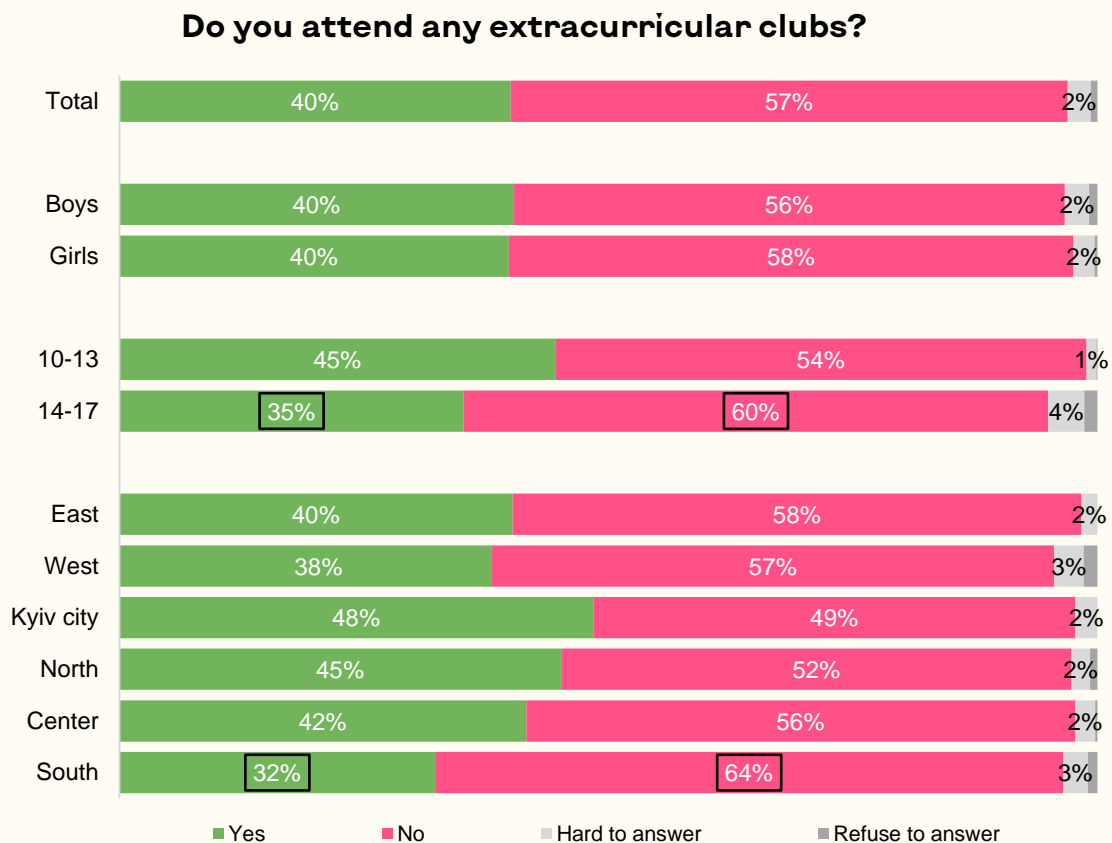
The Ministry of Education and Science of Ukraine (MOES) collects data on the involvement of school-age children in extracurricular activities in general secondary and extracurricular education institutions. This does not include other, mainly private, clubs children may attend but provides additional information. 18% of children attend interest clubs organized by educational institutions in Ukraine in the 2022-2023 academic year. Compared to other regions, in Donetsk, Luhansk, Mykolaiv, and

Kherson oblasts, an absolute minority of children are involved in such clubs due to the ongoing war.

Encouraging children to participate in extracurricular activities will contribute to improving not only their academic performance but also their social skills. This, in turn, will positively impact their well-being.

Special attention should be paid to girls and children aged 14-17. For children from the South and the East, more conditions should also be created for extracurricular activity because, in addition to influencing their success in life, this will allow them to develop holistically in the war conditions.

Only 34% of children attend additional classes in school subjects, and this number does not differ significantly by age, gender, or region.



The full-scale invasion of the Russian Federation in Ukraine has posed challenges for Ukrainian education: learning under air raid alarms, the absence of bomb shelters in schools, the suppressed emotional state of children and teachers, the impossibility of conducting a full-fledged admissions campaign, and more. According to data from the Ministry of Education and Science of Ukraine (MON, 2023), in the first half of the academic year 2022/2023, only 15% of educational institutions operated offline. 33% of schools operated remotely, and 51% used a hybrid approach. Some children, particularly those relocated within the country or abroad, continue to study in two schools.

One of the problems is that some children in Ukraine continue to receive "nominal" education. Child psychologist Olena Naumenko notes that children continue to be enrolled in schools that exist formally, but in reality, classes are not conducted there. Often, these can be children who have been evacuated to the rear parts of Ukraine and want to stay in their former school due to difficulties in adapting to a new place.



We have a significant number of children who are currently not in school or, as we say, in nominal schooling. It is a hidden problem. Children who studied in Donetsk and Luhansk oblasts have moved, for example, to the western oblasts or even abroad. And it is difficult for them to adapt. Their parents have not adapted themselves, and they limit the children's opportunities to integrate as well. Hence, children continue to study, for example, in Donetsk School No. 5 or Mariupol School No. 7, which actually does not exist today. In this situation, we most likely think about the teachers who need to be financed, and for this, the children must be listed there. In other words, we seem to be formally teaching children, but in fact, we are not.



Olena Naumenko

Psychologist

There is a similar trend with children staying abroad. In countries where the right to education is not mandatory, children may not study: either in a Ukrainian school or in a school abroad.



Darya Kasyanova

The Chairman of the Board of
Civil association "Ukrainian Child
Rights Network"



There is a category of children who went abroad but do not study. I know it is not mandatory in Poland, so you can study remotely in a Ukrainian school. And I know such cases when children neither study here, nor there, and after two years of staying in Poland, they do not know the Polish language and do not study.



Experts believe that over the past three years, impacted by the COVID-19 pandemic and war, the Ukrainian education system has suffered significant losses. In particular, the prolonged online learning format has affected students' ability to learn information, as it is challenging for children to focus on this mode of education. Due to the full-scale invasion, the most affected are children from frontline and combat zones, followed by those from occupied territories, and then the entire territory of

Ukraine, which was engaged in online learning. Children who had the opportunity to study offline experienced the least loss. According to the experts, priority should be given to addressing the educational needs of the first three categories.



Of course, when we talk about the frontline zones, there are more educational losses. Due to shelling and constant danger, the desire to learn decreases, and motivation is insufficient. School and education, although an attempt to return to their routine, were not a priority for the child in that situation. No one paid attention to the quality of education, and the losses are colossal. As for children from the occupied territories, they received basic knowledge, but it was distorted according to the principles of Russian propaganda. These two categories of children have the greatest educational losses. In the third place are children with disabilities from the entire territory of Ukraine who studied online due to the lack of accessible shelters, mobility issues, and so on.



Daria Herasymchuk

The Advisor – Presidential Commissioner for Children's Rights and Child Rehabilitation



The emotional state of children is another challenge for education. Nighttime air raid alarms and insufficient sleep affect children's cognitive abilities and ability to absorb information. However, experts do not consider this to be a critical issue in the field of education at the moment.



Yulia Sobol

The co-founder of the Children's Geography initiative



I think schools and teachers should consider the child's mental state that is not conducive to learning. When this happens, there should be some flexibility so there is no pressure and fear that the child is not performing well. For example, in Canada, COVID-19 was an incredible shock. Then, they decided that children and mental health are the number one focus. That is, coping skills are more important than grades, and if you are not doing well right now (you are sick, it's hard for you to study), no one is pressuring you. Students graduate, and everyone finds a job, basically. Of course, this had negatively affected children: worse focus, less reading, and less effort. But I think it is very important to prioritize mental health and well-being right now.



The war affects not only the emotional state of children but also teachers, who are supposed to be a support for children but, due to their own experiences, may not always be able to do so. One of the suggestions from experts is to provide teachers with psychological support and take more care of their mental health so that they can effectively work with children. The Head of the Coordinating Center for the Development of Family Education and Childcare, Iryna Tulyakova notes that the resourcefulness of teachers is currently low.



It is clear that there is a need to address teachers and their training. It is crucial to enable teachers to maintain a healthy psycho-emotional state as they work extensively with children. There are programs and online courses such as "Mental Health for Teachers," along with periodic open sessions. However, teachers are very fatigued, and they might be unable to reach out to the children. The education system should implement comprehensive programs for psychological support for educators. Perhaps, it could even require them to work with psychologists or supervisors to support their mental health.



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare

Experts note that replacing the External Independent Survey (ZNO) with the National Multidisciplinary Test (NMT) is one of the positive decisions in the education field. Currently, it is important to protect children and allow them to continue studying in Ukrainian higher educational institutions, as children now have many opportunities to study abroad. Also, according to experts, because of the war, children experience constant stress, so there is no need to create additional difficult exams, but, on the contrary, create more conditions for university admissions.

The Ukrainian education system must adapt to new challenges. According to the experts, it is important to simplify the school program and prioritize the child's mental health rather than grades and academic performance. Another change in the program should be the introduction of training in medical assistance and behavior in crisis situations.



Daria Herasymchuk

The Advisor – Presidential
Commissioner for Children's
Rights and Child Rehabilitation

We need to simplify the school curriculum; it is very complex and not adapted to the needs of the child. There is simply no right to choose a subject or course that truly interests them. I believe there should be a minimum curriculum for elementary and middle school, but with a small option for choice, and high school should be entirely elective. A child has much more interest in learning when they make the choice themselves. As for assessment, there is complete chaos; some subjects are graded, and some are not. The assessment system in universities differs from the school. Graduating students feel confused.

Also, the school should become inclusive and accessible to children with special educational needs. Currently, there are affordable schools in Ukraine built according to the new state building standards. The Advisor - Presidential Commissioner for Barrier-Free Environment in Ukraine, Tetiana Lomakina also notes that there is a problem that often in new schools due to the bias of the teaching staff there are no children with special educational needs.



The children went to school, but these are children with an invisible disability. Those who really didn't go to school before now went to school, and that's good. Children with visible disabilities continue to be discriminated against in our society because as it seems to us that this is impossible. "Why doesn't your child go to school?"- "Because she uses a wheelchair, and we don't have a ramp." Although this requires one decision of the city council, the school receives funds, they build a ramp, and the child can attend the school.



Tetiana Lomakina

The Advisor - Presidential
Commissioner for Barrier-Free
Environment in Ukraine

Dimension 4.

Mental health

General overview

Mental health is a multifaceted concept that goes beyond the common belief of the mere absence of mental health problems and positive functioning in various aspects of life. According to the Centers for Disease Control and Prevention (CDC, 2023), children's mental health encompasses achieving developmental milestones, managing emotional states, acquiring healthy social skills, and mastering effective coping mechanisms. Challenges in mental health significantly impact children's overall well-being, quality of life, and capacity to thrive within family, school, and community settings (Gromada, A., et al. 2020).

In the context of the ongoing war, the detrimental effects of post-traumatic stress disorder (PTSD) on children's well-being are exceptionally significant. Those who have undergone traumatic experiences often struggle with persistent and distressing PTSD symptoms, encompassing intrusive memories, heightened anxiety, and avoidance behaviors. The pervasive influence of PTSD can obstruct the cultivation of adaptive coping mechanisms, hinder the progression of various facets of maturity, and disrupt the development of emotional and prosocial skills.

In addition, school-age children struggling with PTSD may have difficulty concentrating on their academic tasks. After sleepless nights, they may show signs of fatigue. After experiencing traumatic events, children may periodically feel shame and guilt, which prompts them to express self-blame for these events. In the long run, this will have a negative impact on children's well-being (Rolon-Arroyo, B., et al. 2020).

Measurement calculation

To assess the well-being of children in this dimension, 9 indicators are used, 8 of which represent two conceptual groups: hedonia and eudaimonia, and one indicator for measuring potential PTSD. Eudaimonia includes experiences and activities related to using and improving one's best qualities, aligning fundamental principles with one's true self. Hedonia encompasses experiences and actions related to pleasure, enjoyment, and avoidance of pain and discomfort. This highlights the classic contrast between virtue and pleasure (David, S. A., et al. 2014). All indicators of this dimension are based on a quantitative survey of children.



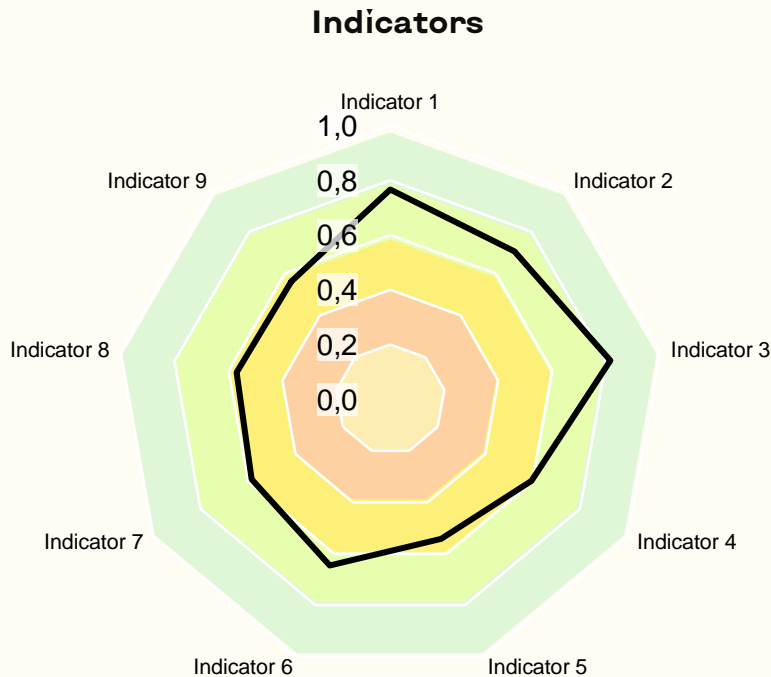
Indicators 1-8 are based on the methodology "The Child and Adolescent Personal and Social Assessment of Well-being" (CAPSAW) (Symonds, J. E., et al. 2023). The CAPSAW is an extensive 32-item tool designed to evaluate children's mental well-being. It encompasses four distinct subscales: a personal subscale assessing children's psychological well-being, along with three social subscales evaluating the impact of children's psychological well-being in their interactions with peers, teachers, and families.

The assessment covers children's mental well-being in the areas of hedonia (emotional and subjective aspects of well-being) and eudaemonia (related to a person's productivity and success in various areas of life). Each of these areas includes four dimensions. Within hedonia, children's perceptions of happiness, care, social approval, and security are assessed. In eudaimonia, this indicator assesses children's experience of independence, competence, willingness to help, and resilience.

Indicator 9 is based on the UCLA PTSD Response Index for DSM-5¹⁵. The UCLA PTSD Response Index for DSM-5 (UCLA-RI-5) from the University of California, Los Angeles, is one of the most popular tools for determining how children and adolescents cope with traumatic situations. It is often used in assessments following large-scale traumatic events or incidents of violence, where the public's response to mental health and recovery is important. Although its primary purpose is not to make a formal diagnosis, it can provide helpful preliminary screening information (ISTSS - UCLA Posttraumatic Stress Disorder Reaction Index, 2013).

¹⁵ DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is a classification system for mental disorders developed by the American Psychiatric Association (APA). This manual defines and describes different types of mental disorders, providing a standard language for the professional community to facilitate the diagnosis and treatment of patients.

Results



0.64

Hedonia

The concept of hedonia as a metric for mental well-being should be interpreted within the framework of (1) the sense of acceptance and care children experience from others, and (2) the level of safety they perceive in their environment, enabling them to function optimally (Symonds, J. E., et al. 2022), not solely in the pursuit of pleasure. It's essential to note that the term "hedonia" used here differs from hedonism, as it does not carry the same negative connotations associated with the excessive pursuit of pleasure.

Ukrainian children's hedonia was measured using a scale of 4 questions that formed the following structure:

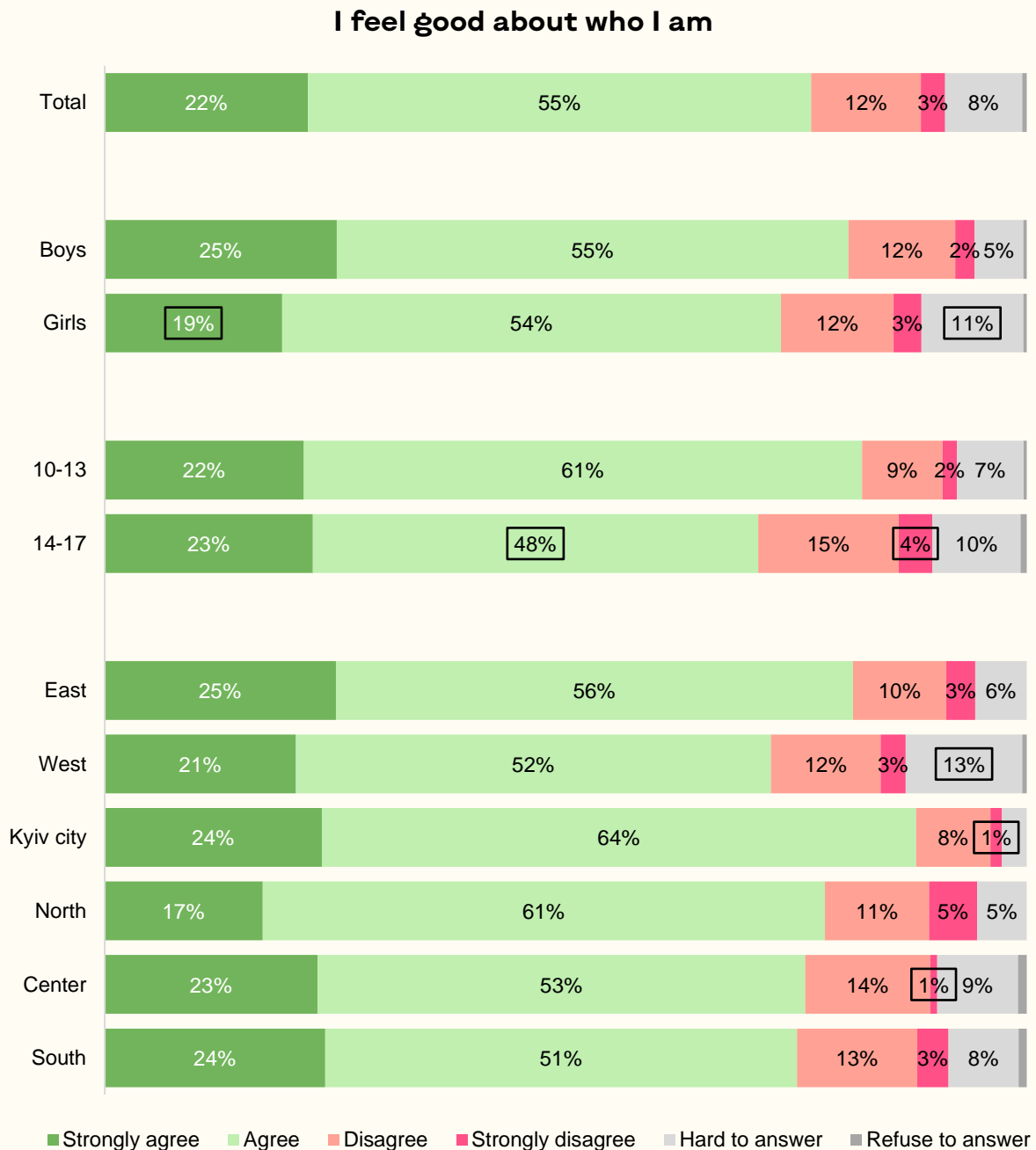
- ◆ Self-acceptance: "I feel good about who I am."
- ◆ Feeling of happiness: "In general, I consider myself a happy person."
- ◆ Feeling cared for by others: "People care about me."
- ◆ Feeling of safety: "In general, I feel safe."

According to the survey results, most children (77%) in Ukraine felt good about who they are. This indicates a high level of self-acceptance, but, at the same time, there are significant differences among different socio-demographic groups.

Girls of all age groups were significantly less likely to say they liked who they were (73%) compared to boys (81%). In addition, 11% of girls chose the "Hard to answer"

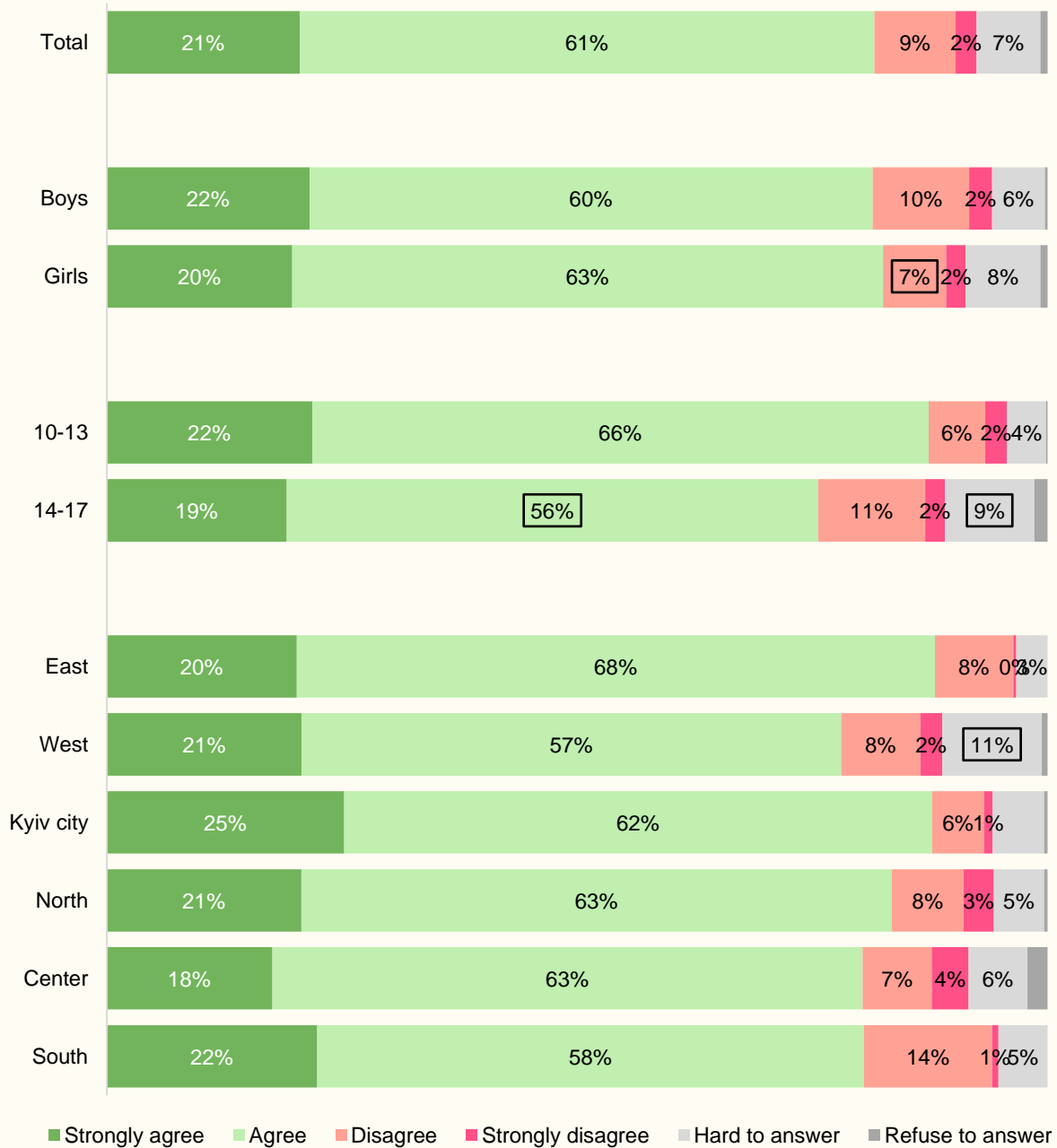
option. Differences by age groups are also present. Children aged 10-13 agreed with this statement much more often (83%) than children aged 14-17 (71%).

In the regional dimension, more children from Kyiv agreed with this statement (88%) than from other regions. All other regions do not differ significantly from the overall result. The results for respondents from the eastern region in general is also at a fairly high level (81%).



82% of children feel that others care about them. It is important to note that there are no significant gender and regional differences in this matter.

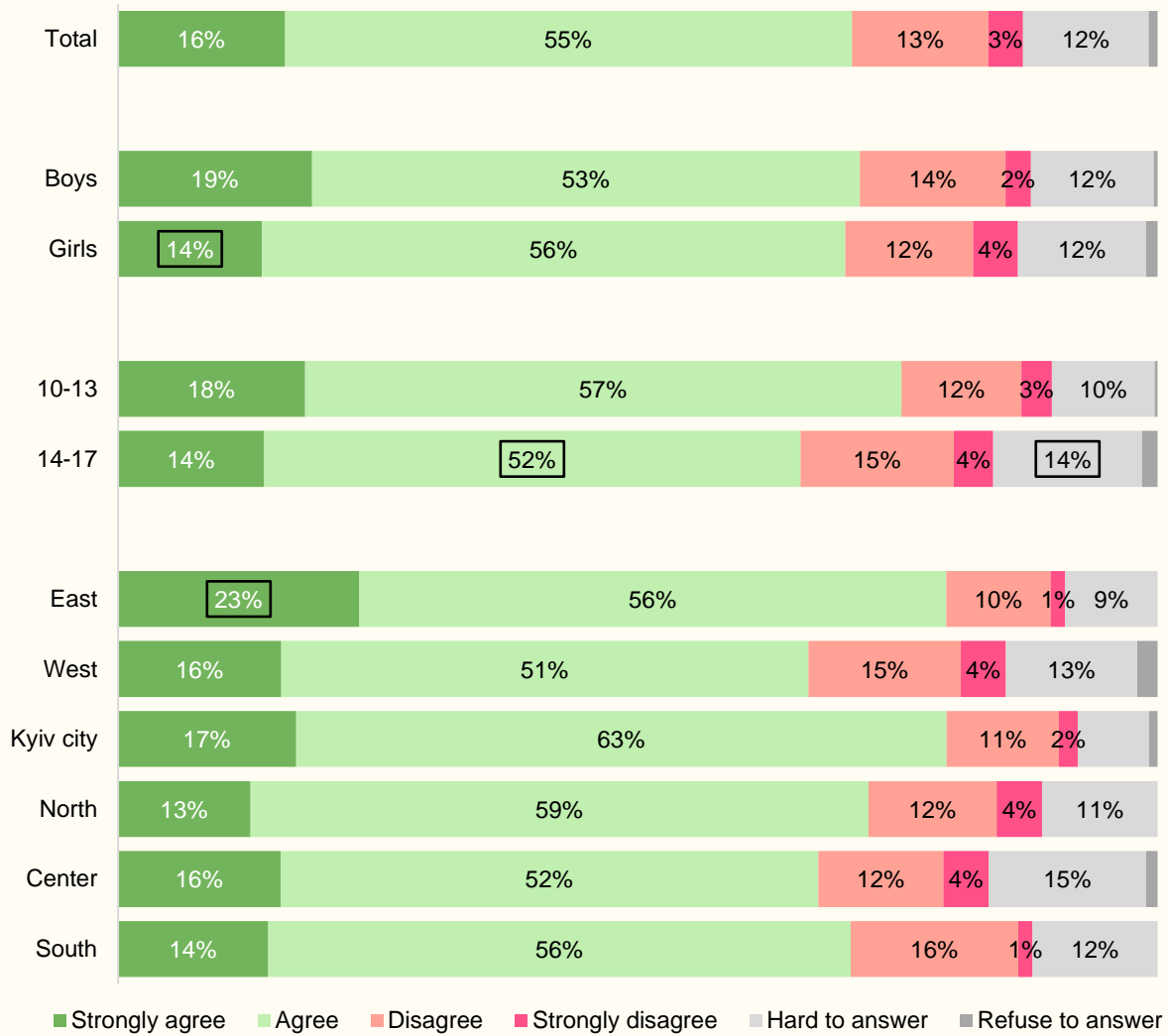
People care about me



Children's assessment of care for them almost coincides with the assessment of their level of happiness. For the happiness indicator, the situation is mostly similar to the one about the perception of care from others. 71% of children agreed with the statement on whether they consider themselves happy without a significant difference between boys and girls. Once again, children aged 10-13 years, as in the situation with care, were much more likely to consider themselves happy (75%) than older children (66%).

Interestingly, children from the eastern region consider themselves happy at the same level as children from Kyiv (80%). Such a high indicator may indicate that children have a relatively high level of psycho-emotional resilience, despite the destructive impact of the war.

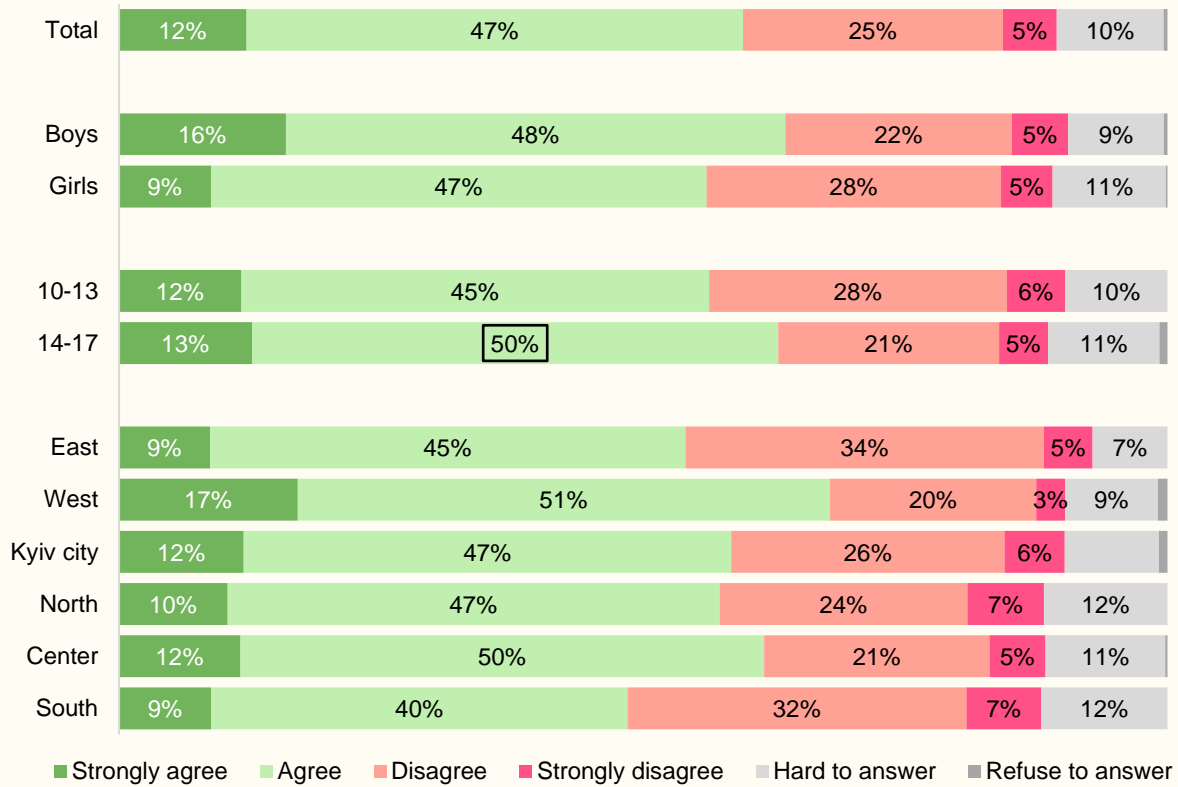
In general, I am happy



The sense of security among Ukrainian children was the lowest for the safety component of mental well-being – only 60% of children indicated that they feel safe. Age categories do not differ among themselves, but at the level of gender differences, the share of girls who feel safe was lower (56%) compared to boys (64%).

Children from the southern region felt less safe (49%) than other respondents in Ukraine. Although the percentage of children who feel safe in the eastern region does not differ significantly from the result for all children, the share of those who disagreed with this statement is much higher (39% for the eastern region versus 30% for Ukraine). This indicator is also high for the southern region – among those who did not agree with this statement, there were 39%. Children from the western regions felt the most safe – 68%, which is more than sample average.

In general, I feel safe



For hedonia, the overall findings indicate that, in most instances, children have a positive self-perception, feel cared for, and consider themselves happy. Notably, for these three hedonic components, a noteworthy observation is that children from the eastern and southern regions do not significantly differ from those in “quieter” areas. This implies that the positive attitudes reflected in hedonia are not markedly influenced by the direct impact of the war in regions closer to active hostilities. However, a regional distinction becomes apparent in children’s perception of their safety.

The hedonic component also illustrates that girls generally feel less positive emotions than boys: their level of happiness, and self-satisfaction is lower than that of boys, as is their sense of personal security.

A similar trend is observed in older children: they are less happy, less satisfied with themselves, and feel less cared for than younger children. This may be related to the process of children growing up and changing their worldview and more frequent conflicts with parents or guardians and peers. At the same time, the sense of security in their age group is higher.

It is important to note that although hedonic well-being focuses on positive emotions, seeking pleasure and avoiding pain, it is only one aspect of mental well-being. On the other hand, the eudaimonic dimension emphasizes the pursuit of meaning, self-actualization, and personal growth.

Eudaimonia

Outcomes of the eudaimonic dimension of well-being depend on whether children can actively contribute to the well-being of others in their social environment when they can act on their beliefs, and when they can overcome challenges to adapt to a change (Symonds, J. E., et al. 2022).

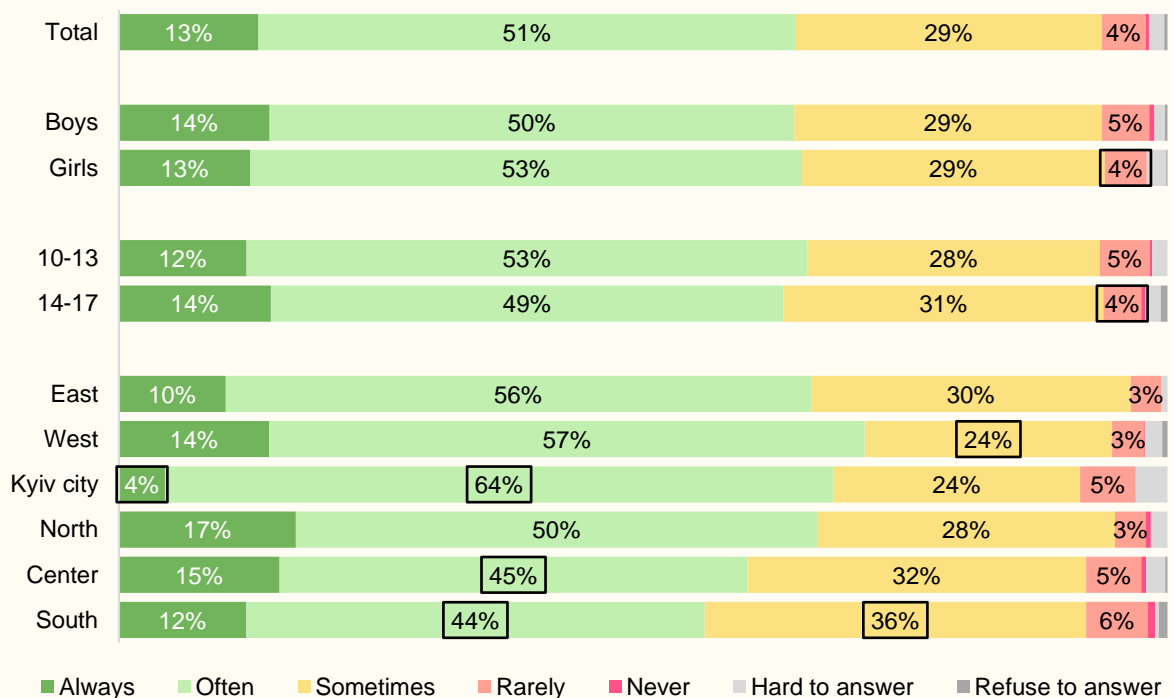
The eudaimonia of Ukrainian children was measured according to a scale of 4 questions that formed the following structure:

- ◆ Autonomy: "I can do what I want to do in my life."
- ◆ Competence: "'I can do things that benefit me."
- ◆ Resilience: "If I have a problem, I can find a way to deal with it."
- ◆ Helpfulness: "I am helpful to other people."

On average, indicators of the eudaemonic dimension of children's mental health have lower ratings than indicators of hedonia.

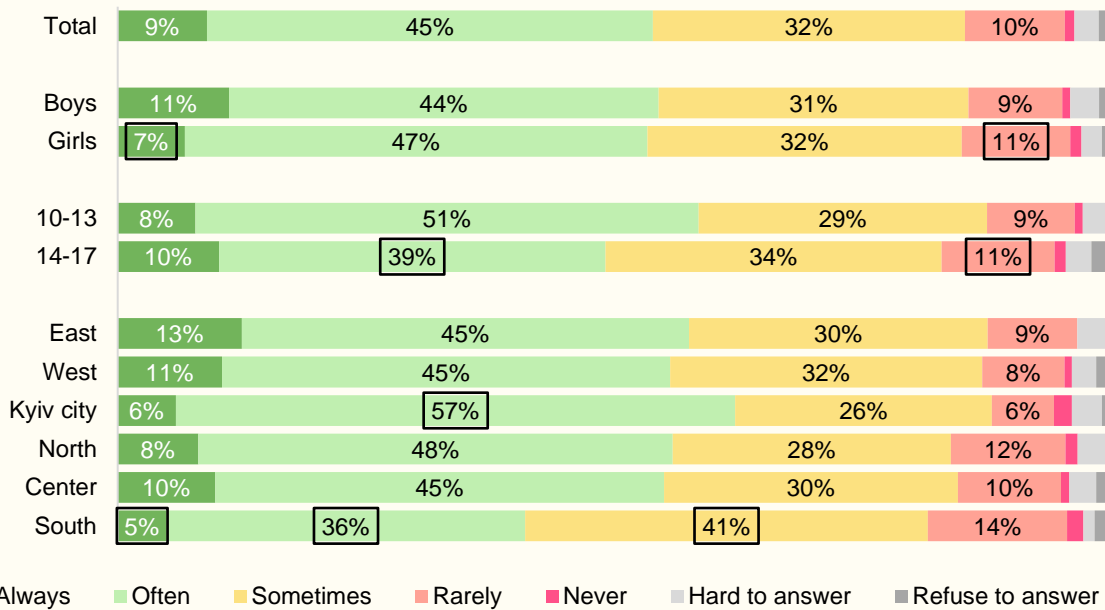
65% of children indicated that they can do things that benefit them, which is an indicator of competence in their lives. Among children of different ages and sexes, there are no significant differences in this regard. Regionally, there are children from the western region, where the share of those who can do this is higher (71%) than the national one, and children from the southern regions (56%), where this share is significantly smaller.

I can do things that benefit me



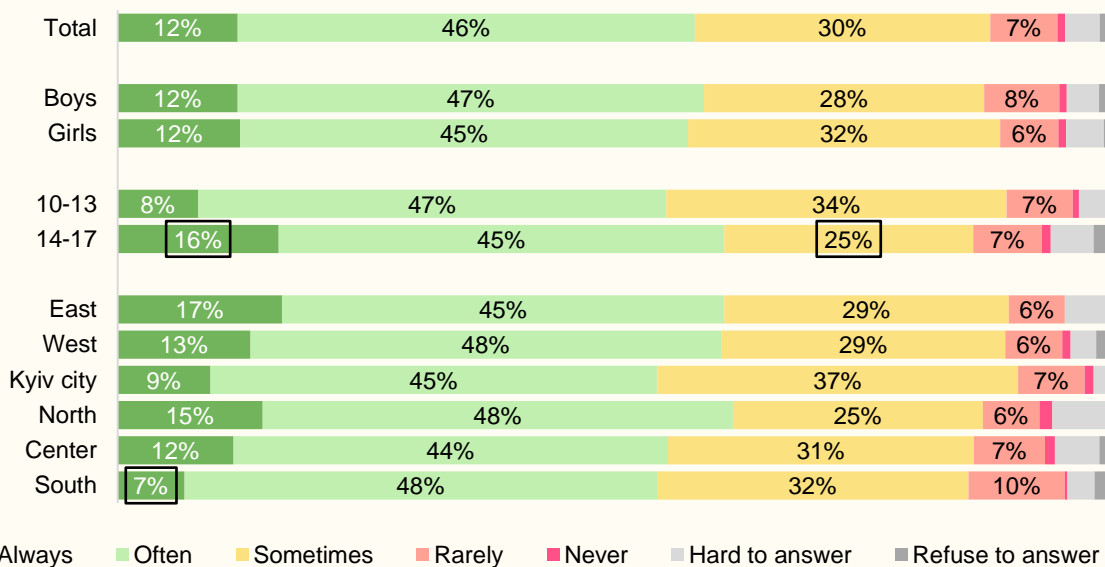
54% of children expressed that they are doing what they want in life. No significant variations were observed between boys and girls on this matter; nevertheless, younger children aged 10-13 tended to indicate this more frequently, accounting for 59%, in contrast to their older counterparts at 49%. On a regional scale, a distinctive pattern emerges with children from the southern region, where only 41% of respondents fall into this category, showcasing a notably lower proportion compared to other regions and the overall score.

I can do what I want to do in my life



58% of children feel that they can cope with problems when they arise. This characteristic does not significantly differ statistically among children by all socio-demographic characteristics – neither by age, gender, or region.

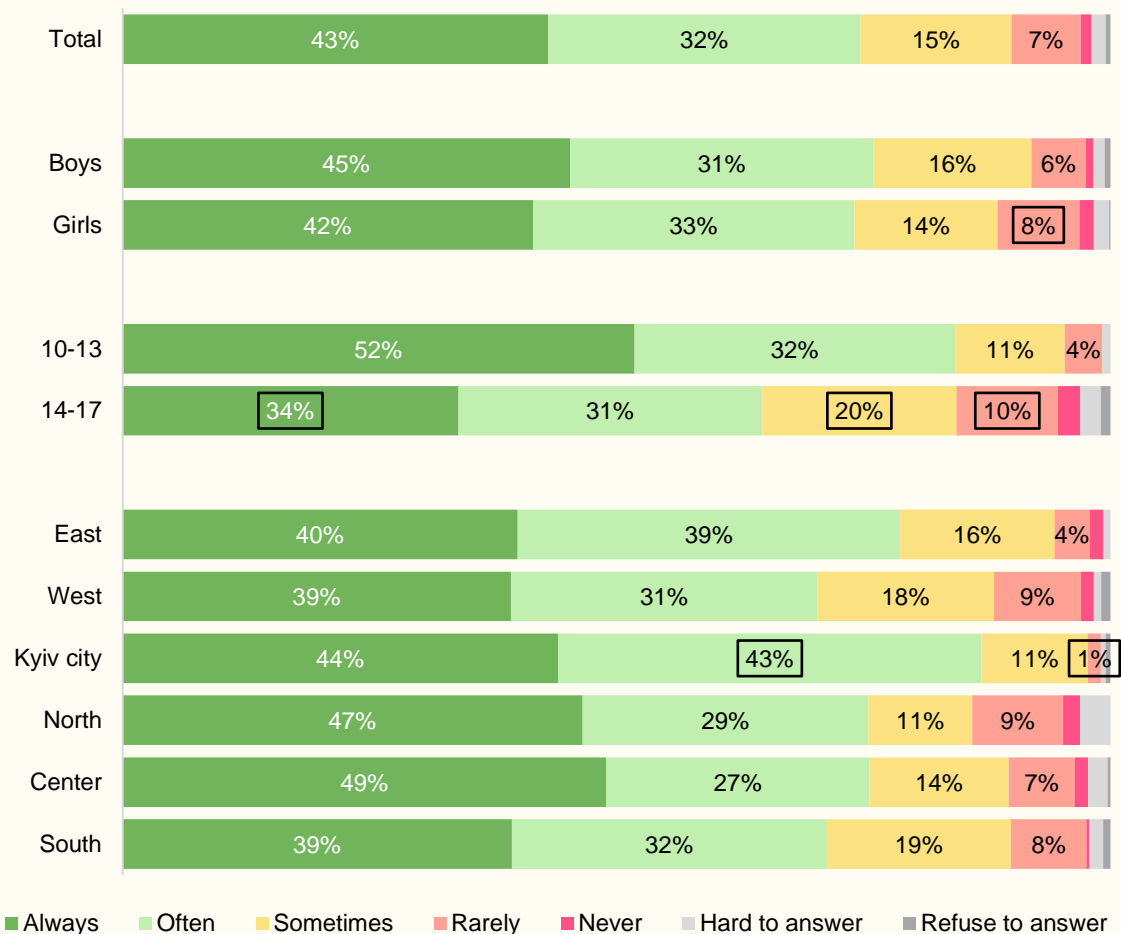
If I have a problem, I can find a way to deal with it



At the same time, certain differences are observed in the question of whether children have someone to turn to in case of a problem which was asked additionally to the eudaemonia questions. 75% of children indicated that they have someone to turn to. At the same time, significantly more girls indicated that they never have anyone to turn to in a difficult situation (8%) compared to boys (6%). Also, younger children more often indicated that there is someone to turn to (84%) than children from the 14-17 age group (65%).

Kyiv stands out very strongly among all regions. There is the largest number of those who agreed with the fact that there is someone to turn to (87%).

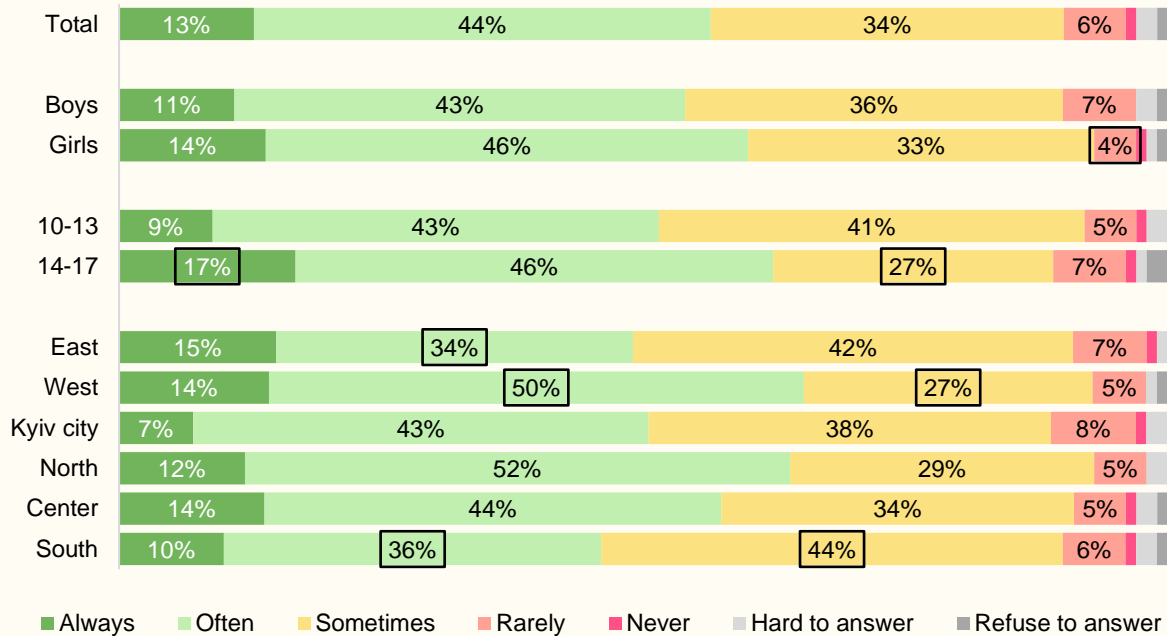
If I have a problem, I have someone to turn to in my life



The rate of children ready to help others reaches 57% throughout Ukraine. In this regard, older children more often indicated they were ready to help (63%) than younger children (52%). Also, on average, girls are more inclined to help (60%) than boys (54%).

Regionally, the west of the country stands out, where children more often agree that they are ready to help others (65%). conversely, the southern region shows the opposite dynamics – only 46% agreed with this statement.

I am helpful to other people



According to the results, the eudaemonic dimension of well-being is generally lower than the hedonic dimension. This is manifested in the fact that children feel less autonomy and competence in their actions, and less frequently feel they can solve problems and help others. This is especially evident in children from the southern region, where eudaimonic indicators are usually lower than those of the general Ukrainian and other regions.

Level of potential PTSD

The assessment of the level of potential PTSD was based on the UCLA Brief COVID-19 Screen for Child/Adolescent PTSD questionnaire (ISTSS - UCLA Posttraumatic Stress Disorder Reaction Index, 2013). This short screening form was developed from the full UCLA PTSD Response Index for DSM-5, which is based on many years of clinical research. The index was applied to more than 500,000 children and adolescents.

The questionnaire consists of 11 statements:

- ◆ I try to stay away from people, places, or things that remind me about what happened or what is still happening
- ◆ I get upset easily or get into arguments or physical fights
- ◆ I have trouble concentrating or paying attention
- ◆ When something reminds me of what happened or is still happening, I get very upset, afraid, or sad

- ◆ I have trouble feeling happiness or love
- ◆ I try not to think about or have feelings about what happened or is still happening
- ◆ When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my headaches or my stomach aches
- ◆ I have thoughts like "I will never be able to trust other people."
- ◆ I feel alone even when I am around other people
- ◆ I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don't want them to
- ◆ I have trouble going to sleep, wake up often, or have trouble getting back to sleep

Depending on the answer to each statement, each respondent was assigned a score:

1. Usually - 4
2. Often - 3
3. Sometimes - 2
4. Rarely - 1
5. Never - 0

Depending on the amount obtained from all the statements, the corresponding characteristics were assigned:

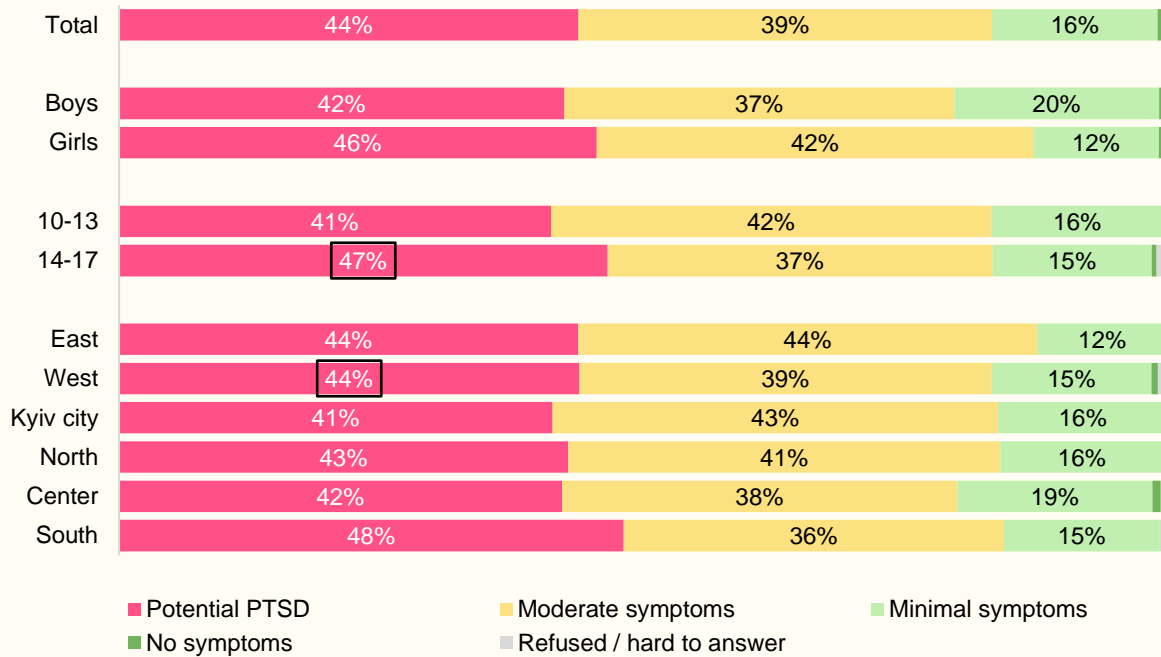
- ◆ 0-10 points – minimal symptoms
- ◆ 11-20 points – moderate symptoms
- ◆ 21 points or more – potential PTSD

This screening is a simple and effective method of identifying the risk of developing PTSD in children and adolescents in various situations. Screening is not a means of clinical diagnosis, but if indicated, a person may be referred for a complete evaluation and evidence-based treatment of post-traumatic stress disorder (ISTSS - UCLA Post-traumatic Stress Disorder Reaction Index, 2013).

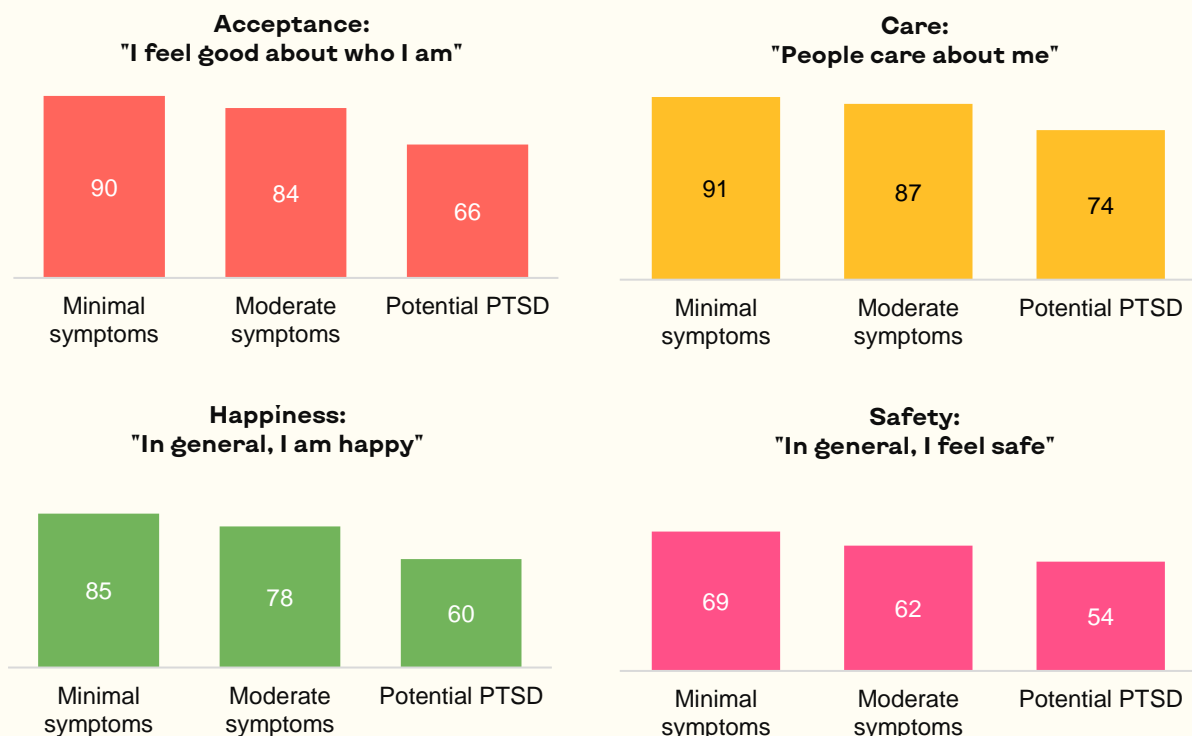
The analysis of responses reveals that 44% of children have symptoms of potential post-traumatic stress disorder (PTSD). In terms of age, older children exhibit a slightly higher prevalence than younger children, with rates of 47% and 41%, respectively. Notably, children from the East and South regions characterized by heightened war-related risks do not show significant differences in PTSD prevalence compared to children from other regions. It's crucial to emphasize that the questions

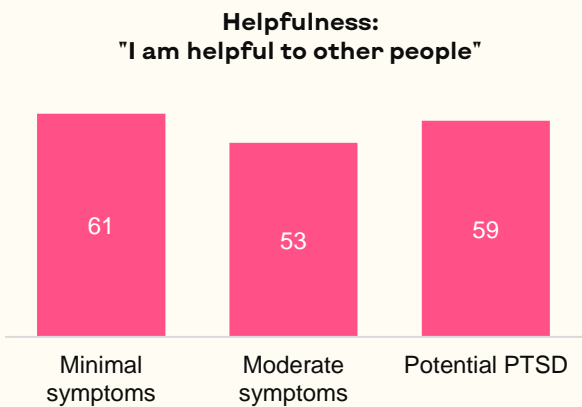
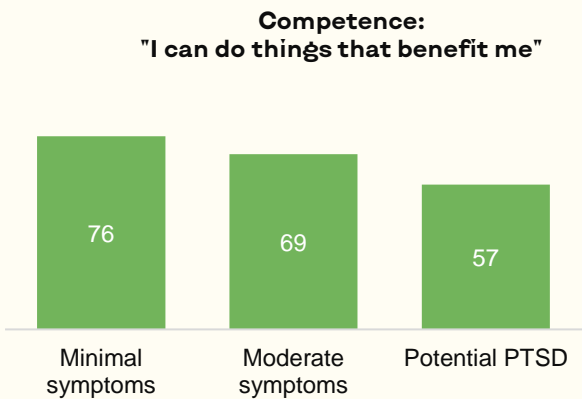
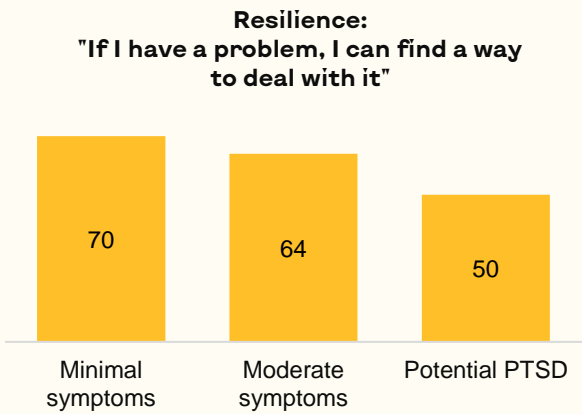
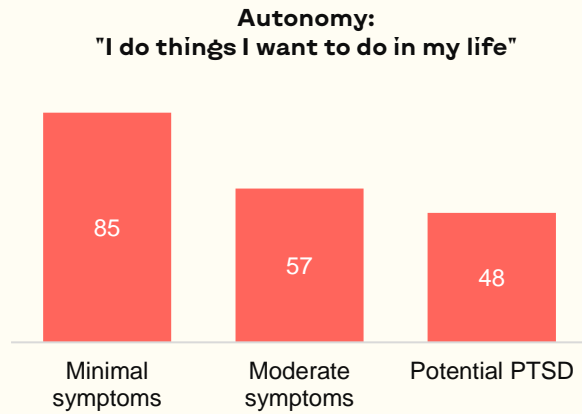
posed to the children in this study were not explicitly framed in the context of war. However, the potential impact of combat on children's mental well-being, as evidenced by the presence of potential PTSD symptoms, underscores the nuanced challenges associated with the repercussions of war (Dembitsky, 2023).

Presence of PTSD symptoms



There is a stable relationship between the presence of PTSD symptoms and both dimensions of mental health. In the case of hedonia, on all indicators, children with signs of potential PTSD have worse indicators compared to those children with moderate or minimal signs.





A similar situation also developed with eudaemonia, but there is one difference. In terms of autonomy (doing what one wants in life), competence (doing things that are beneficial), and resilience (the ability to solve a problem), children with potential PTSD performed worse. At the same time, regarding their willingness to help, there is no difference between children with minimal symptoms and potential PTSD. If compared with moderate symptoms, the willingness to help is higher among children with signs of potential PTSD.

The new phase of the war, which began on February 24, 2022, has become a significant challenge for children's mental health. In general, the experts interviewed as part of this study note that children tend to experience the consequences of war more easily than adults. This is attributed to the fact that concerns about the future, economic repercussions, and job availability do not yet burden children.. However, experts note a trend where children aged 14 and above may find the experience of war more challenging. At this age, children become more attuned to events in their country and start contemplating plans for their future, introducing additional layers of complexity to their wartime experience.

Possible exacerbation of PTSD is one of the consequences of the impact of war on children's psyche. In particular, this can manifest itself in the form of antisocial behavior, maladjustment, and suicidal behavior.

One of the challenges for mental health is that there are not many adults who can support and help the child. This applies to parents, teachers, social workers, and all other professionals who work with children. Children experience stress and become aggressive because they often repeat the behavior of adults who cannot regulate their emotions.

Children's psyche also suffers from the fact that adults now have much stress and cannot give them enough attention. Due to constant stress and anxiety, the number of divorces is increasing, experts say, and because of this, children's experiences are exacerbated.



Daria Herasymchuk

The Advisor – Presidential
Commissioner for Children's
Rights and Child Rehabilitation

Many families have separated during the period of a full-scale invasion, and even more are at a significant distance from each other. This also mentally impacts children — heightened emotions of adults who do not know what and how to say and whether to talk to the child about their feelings: 'What am I, as an adult, going through? What am I suffering from? Why am I nervous? Why am I crying?' All of this affects children; they see the real psychological state of the adult but do not understand it and interpret it in their way. The inability of adults to articulate their emotions harms children's mental well-being.

As a result of the military invasion of the Russian Federation in Ukraine, some children live in frontline territories, occupied territories, or are deported. In particular, psychologists note that children from frontline, occupied, and de-occupied territories are closed off and intimidated. In such conditions, children do not learn to trust their feelings; they lose trust in their experiences and emotions. For example, a child hears an explosion but does not react and continues sleeping, so they lose trust in their instincts. Children begin to be afraid to talk about their feelings and emotions.



I communicate a lot with children who have returned from deportation or forced displacement. They were not just in occupation (which was already much of psychological trauma), but they were also on the territory of the occupier. I also have experience communicating with children who, after de-occupation, continue to live at home in constant danger and under shelling. This communication experience allows me to confirm that the emotional development of such children significantly slows down. This can be simply explained by the instinct of self-preservation because when there is so much pain around you, it's easier to freeze and feel nothing than to deal with all the emotions. It is worth noting the reverse processes when a child who has been in the clutches of occupiers undergoes unnatural rapid 'maturation.' I asked them if they were scared, if they cried, and the children replied that they did not show their fear, pain, or despair because they were afraid of appearing weak. In other words, they start to control their emotions to the maximum, which is unnatural for a child. The same is practically felt in children in occupied territories. They are taught to 'be silent.' If you don't like it, 'be silent' anyway because they (occupiers) will come, shoot us, take away you, arrest, steal. The child cannot freely feel and express what they feel – this destroys from within and causes trauma.



Daria Herasymchuk

The Advisor – Presidential
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If we talk about children who live in the rear part of Ukraine and were not directly affected by the hostilities, then the consequence of the full-scale invasion, which affected the mental health of children, is the loss of routine. It is especially harmful for children with disabilities. In many cases, they depend on the infrastructure, making it more difficult to adapt to rapid changes. Also, autistic children are suffering from air alarms. Air alarms and moving to a shelter disorient them, break the structure and predictability in their lives, and, as a result, regression may occur.

The impact on mental health also occurred because children experienced emotional instability due to the loss of homes and friends and the uncertainty of their IDP (internally displaced person) status. In response to this challenge, experts suggest adapting programs for children in their new schools, even if the relocation is not war-related.

For children who are residing abroad, a feeling of guilt and increased anxiety is common. Since part of their family is still in Ukraine, they are stressed by reports of rocket attacks and news in general.



Iryna Tulyakova

The Head of the Coordination Center for the Development of Family Education and Childcare

“ And the Ukrainian children abroad are also in a very difficult psycho-emotional state, in a terrible state. They live in a news environment. Most of the children who live abroad have relatives in Ukraine. They are separated from their relatives and live by the news reports, and this causes great anxiety. When there are serious bombings in Ukraine, they write in chats, "Everyone hide." They react more emotionally to these events than those children and people who are here in Ukraine at this moment. The feeling of separation, suffering, and a sense of guilt are what psychologists are already working with. There is also a feeling of guilt that they are not in Ukraine, not close to their relatives when the situation is like this. ”

Child psychologist Svitlana Royz also notes that some children, in response to the events, enter a state of "freeze" and ignore everything happening. One of the signs of this is the absence of war-related topics in their speech and play. The psychologist believes that these children are in the most difficult emotional state because they do not process their emotions, making it more challenging for psychologists to work with them.

“ This is a healthy response; it's an opportunity for children to play out reality, regain control, and work through and release accumulated emotions and feelings. It's entirely normal for a healthy child to react this way. On the contrary, when a child avoids themes of war in speech and play, it indicates avoidance. ”



Svitlana Royz

Child psychologist

Dimension 5.

Relationships in the family and with friends

General overview

Family and friends are integral elements of the support system for children and adolescents in stressful situations or during difficulties. This is especially relevant during times of major upheavals such as war. Support and understanding from their family and/or friends provide a sense of security and help children better cope with challenges.

Also, relationships within the family and with friends are crucial for future development and self-realization. Family and friendship create some kind of "laboratory" where children learn to interact with others and resolve conflicts. By observing the behavior models, norms, and beliefs of their parents and friends, children:

- ◆ develop their cooperation, communication, mutual understanding, and mutual support skills.
- ◆ learn to take responsibility for their actions.
- ◆ form a worldview and civic position.

The dynamics of relationships within the family and with friends can influence the formation of emotional and social skills. Thus, this dimension affects other dimensions of the index, the overall ability of children to be resilient to external challenges and stimuli, emotional intelligence, and their future interaction with society.

In this section, we will explore the main indicators observed among Ukrainian children regarding their interactions with family and friends. Additionally, we will analyze how these dynamics may impact certain indicators of the mental health of our audience.

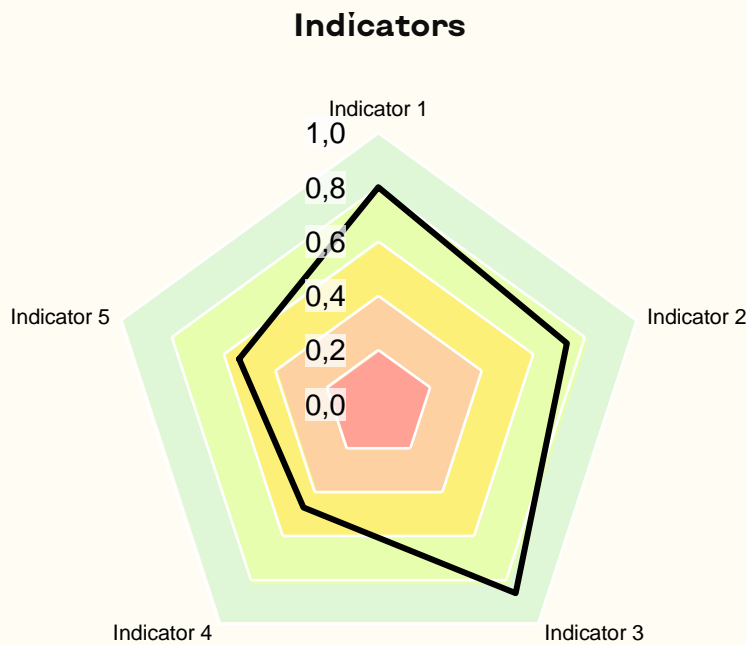
Measurement calculation

Five indicators are used to assess children's well-being in this dimension:



All indicators are based on the quantitative survey of children. The questions were formulated using the Multidimensional Students' Life Satisfaction Scale (MSLSS) (Huebner, E. S. 1994). The main goal of the MSLSS was to comprehensively assess children's satisfaction in essential areas of their lives, such as school, family, and relationships with friends. The scale's design is inclusive, considering varying ability levels, encompassing children with mild developmental disabilities and those classified as gifted. Moreover, it facilitates the questionnaire distribution among children of all ages, from 3rd to 12th grade.

Results



0.68

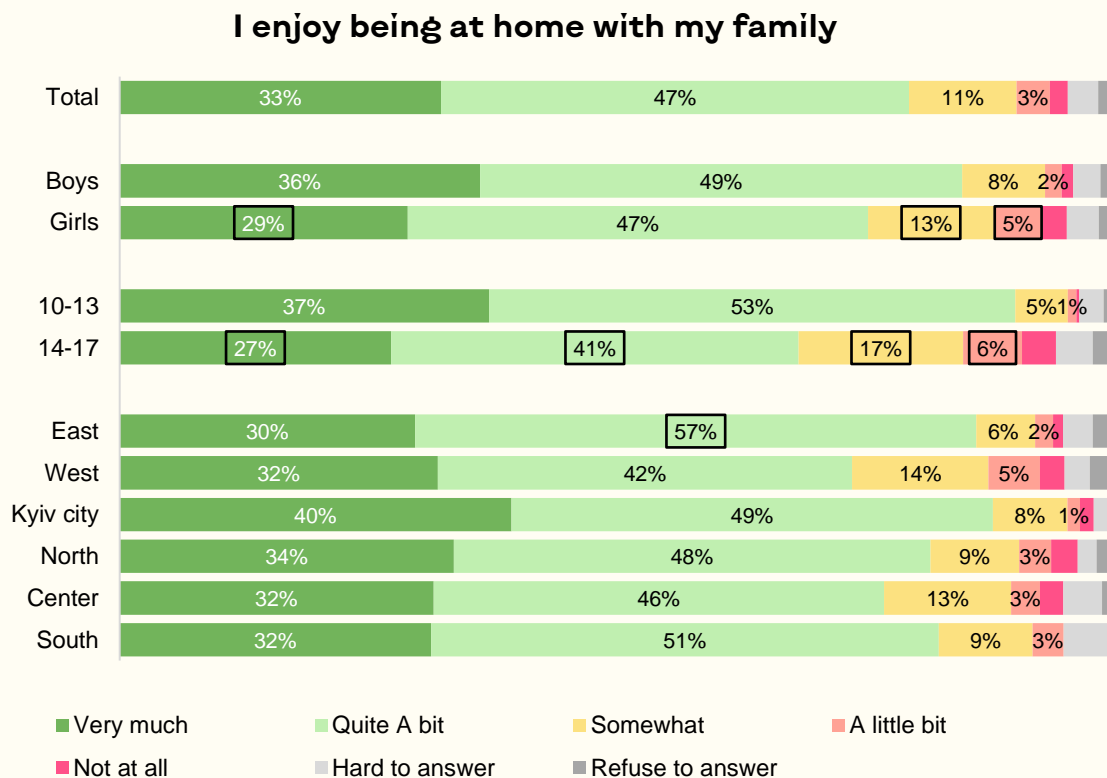
Relationships in the family

Indicators 1 and 2 are used to assess the state of family relations. Indicator 1 allows us to assess how much children like to be at home with their family, and indicator 2 illustrates the children's subjective perception of the harmony of relationships in their family.

According to the quantitative survey, girls (7%) more frequently indicated that they don't enjoy being at home with their family than boys (3%). Additionally, among girls, there is a higher percentage of those who do not have a definite decision on this matter.

In the breakdown by age groups, there are also significant differences. Younger children aged 10-13 significantly more often indicated that they like being at home with their family compared to children aged 14-17. Among the younger group, this was 82%, and among the older children, it was 63%.

In the regional breakdown, among children living in Kyiv and the country's eastern regions (88% and 87%, respectively), significantly more children indicated that they like being at home with their family compared to the national average (80%). Meanwhile, children from the western regions were much less likely to agree with this statement (74%).



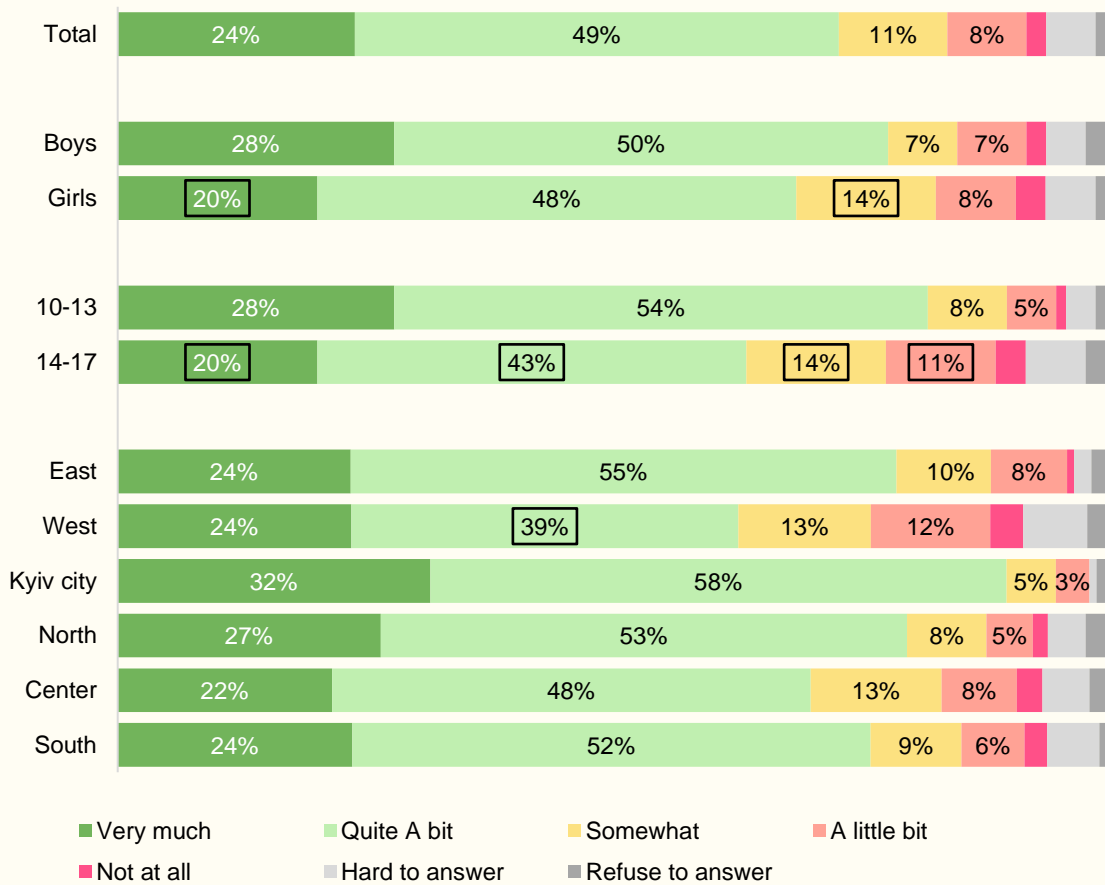
Similar indicators also apply to how children assess the harmony of relationships within their families. The majority agreed that they have good relationships (73%). As

with whether children like being at home with their family, girls much less often rated the relationships in their families as harmonious compared to boys.

By age, there is also a tendency for younger children to rate family relationships better than older children. As for the age group of 14-17 years, the share of those who agreed with this statement is much lower (63%) compared to the general dynamics for all age groups (73%) and compared to children 10-13 years old (82%).

Children from Kyiv more often agreed that the relationships in their families are good compared to the overall result (90% vs. 73%). As with whether children like being at home with their family, children from the western region much less often rated the relationships in their families as good (63%) compared to other regions.

My family gets along well together



In summary, younger children, boys, and children from Kyiv have significantly better results than others. In contrast, older children, girls, and children from the western region more often speak about worse relationships with their families. The results of respondents from the eastern region practically do not differ from the overall trend in Ukraine. In the case of the statement about liking to be at home with their family, it is significantly higher. It looks like military actions did not have much influence on family relationships. Presumably, in crisis situations, family ties can strengthen as a protective response to the threat.

Since the beginning of the full-scale invasion, 78% of Ukrainians have faced the loss or injury of a loved one as a result of hostilities (Kyiv International Institute of Sociology, 2023). According to the experts, one of the challenges for families lies in the fact that adults may lack the emotional resources to adequately support their children amidst the grief, given their own traumatic experiences. Experts believe that to alleviate the pain of loss for a child, it is not necessarily the involvement of a psychologist that is most crucial, but rather the support provided by adults.



Trauma in children just interrupts normal physical and psychological growth processes. I have worked and continue to work on an 8-step program for children who have lost their relatives. It's difficult for children, and it's even more difficult because adults are not prepared. The closest adults who experience their grief, first of all, are grieving themselves, and secondly, they simply don't know how to support them: how to behave with children, what to say, what not to do, what to do, and so on. It seems like there is already a lot of information available, and very good specialists work in Ukraine, and the programs are of high quality. But in case of loss, the greatest help for children is not a psychologist. It's very good if there is a psychologist, and he is knowledgeable, but the greatest help is from the close ones and adults who are there. This is lacking; we have very few adults.



Olena Naumenko

Psychologist

Group therapy is one of the recommendations of experts to help families with grief.



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare



For example, many military children who lost their parents turned to us very recently. I believe there should be group work for such families and children, where they experience common pain together. I'm not saying that we should force people to deal with their psychological state and mental health. Still, we should encourage it as much as possible in all possible ways, as far as it's available.



Experts note that Ukrainian families are currently experiencing a certain separation due to different cultural and political views. This phenomenon was even more prominent during the first year of the war. This is especially acutely felt in frontline, occupied, and de-occupied settlements, where part of the family is located on the territory of the Russian Federation or where family members have become collaborators.



I think it's a very difficult situation in the frontline areas because there may be different opinions among people in some villages or cities. Occupied, de-occupied, especially de-occupied, where someone cooperated, someone adapted, someone lost someone. It must be very hard. I think that people have many relatives who went to Russia and this separation is particularly challenging to experience. Because here there are enemies all around, and there are also separations and losses in the family.



Yulia Sobol

The co-founder of the Children's Geography initiative

Also, language conflicts often arise in families. Children and parents had conflicts regarding the language of communication: Ukrainian, Russian, or Surzhyk¹⁶.



Olena Naumenko

Psychologist

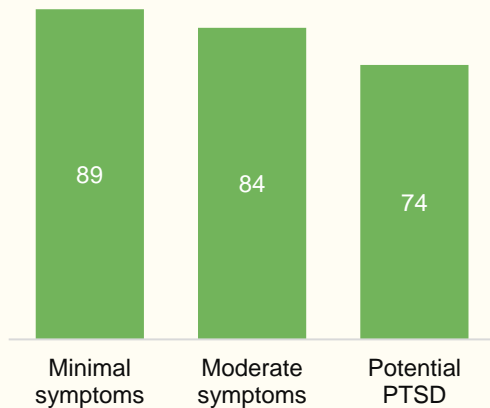


The pandemic can jokingly be called a dress rehearsal, during which we were forced to communicate only in the family circle. Now, some children were forced to stay where they might not want to. They experienced their trauma there, especially in the first year of the war. I had many such phone calls when adults and children from different regions of our country simply could not find a common language. "I'm for the Russian language," "I'm for the Ukrainian language," and "I'm speaking in Surzhyk," and it became such a problem that it was impossible to cope with. Now, there is a little less emotional intensity; people are more rationally approaching it. This problem is being solved little by little.



¹⁶ Ukrainian-Russian mixed language

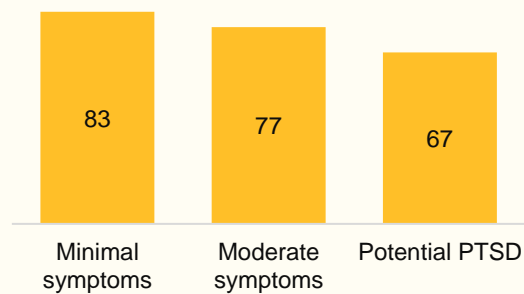
I enjoy being at home with my family



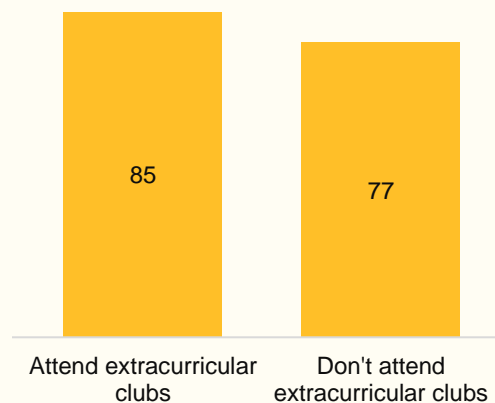
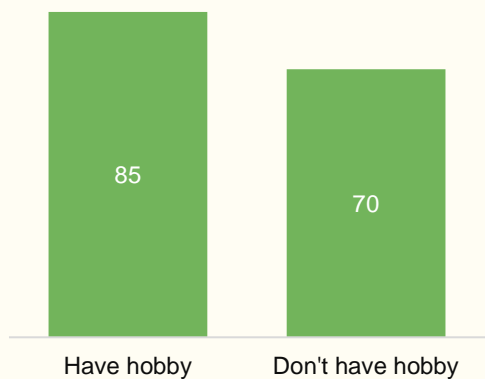
Just as different levels of PTSD symptoms affect the characteristics of mental health, children with varying levels of PTSD impact relationships with their parents differently. Children who belong to the category with potential PTSD are significantly less likely to enjoy being at home with their family and are less likely to rate their family relationships as good.

In addition to PTSD, there is also a connection with children's extracurricular activities and relationships with family. Children who have hobbies or attend clubs indicated much more often that they like to be at home with their family.

My family get along well together



I enjoy being at home with my family



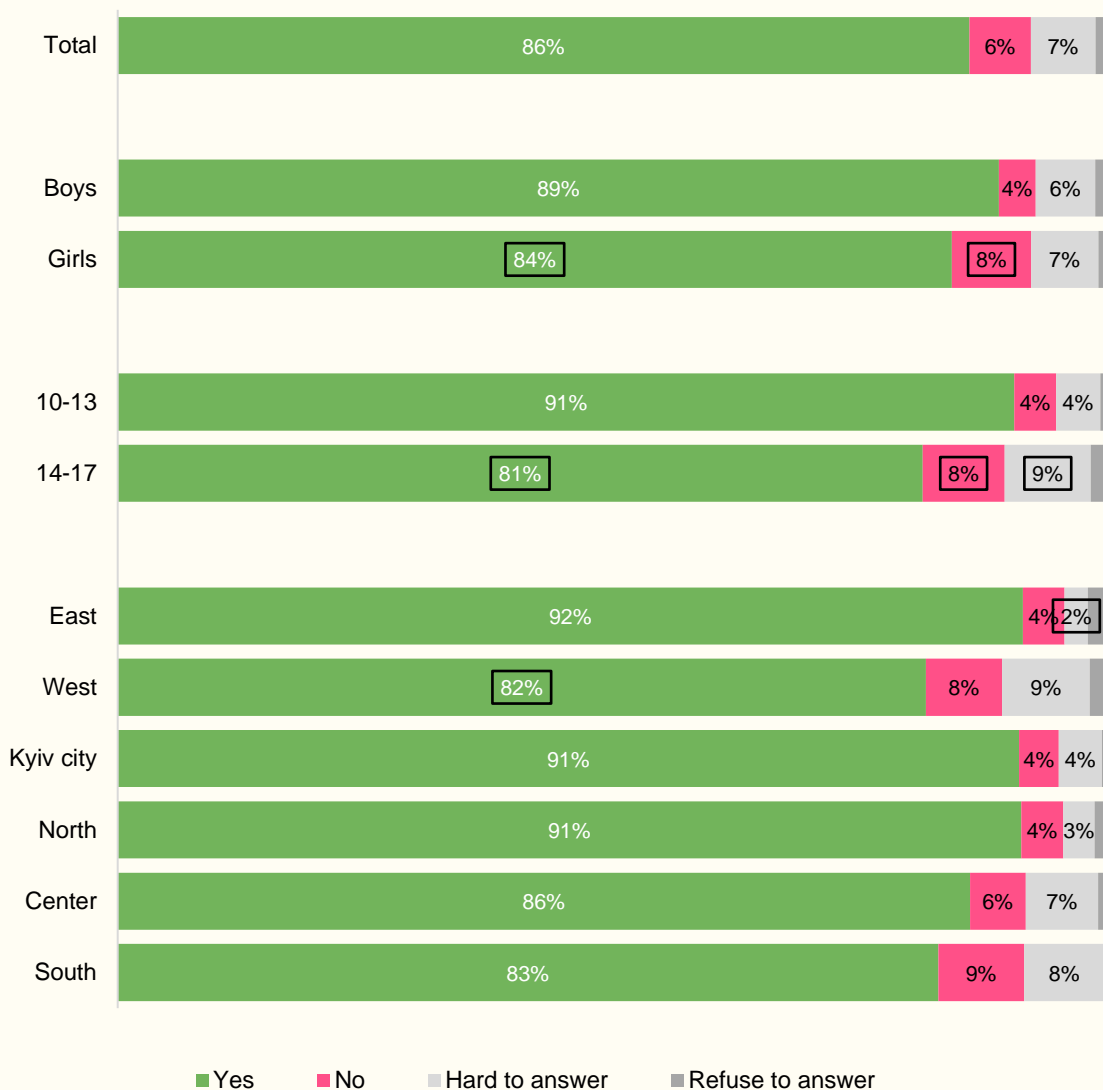
Relationships with friends

The survey results for indicators related to relationships with friends show generally high and positive figures, although there are some differences. Girls, in general, find it more challenging to form friendships with their peers, and older children find it more challenging to connect with new friends. Additionally, the majority of children agree that friends support them in difficult moments in life. This potential positive effect on each child's well-being is notable.

The absolute majority of children indicated that they have friends at school - 86%. At the same time, only 48% of respondents indicated that it is easy for them to establish friendly relations. The share of those who find it difficult is 17%.

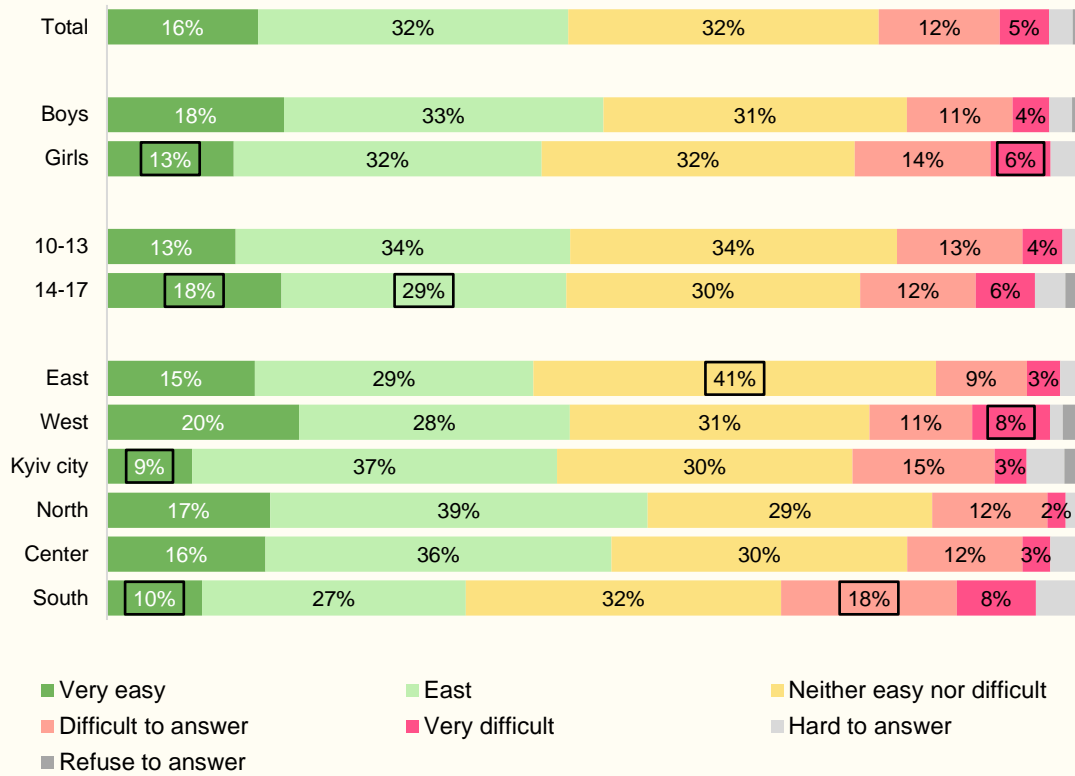
Various socio-demographic groups exhibit certain differences. Among girls, significantly fewer indicated having friends (85%), and fewer found it easy to make friends (45%). A similar situation is observed among children aged 14-17: significantly fewer indicated having friends (82%). However, within this age group, there is no significant difference in the number of those who find it easier to make friends compared to the overall figure for the country.

Do you have friends at school?



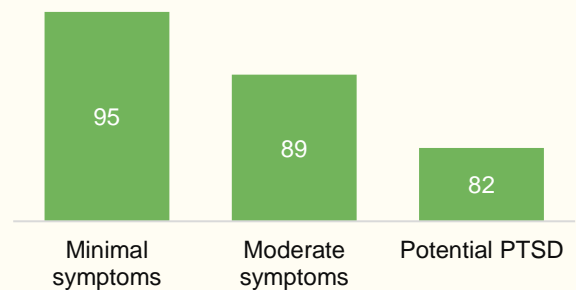
In the regional breakdown, there are also significant differences for both indicators compared to the overall result for Ukraine. Children from the western region less frequently mentioned having friends (82%). At the same time, there are no differences in how easy it is for them to make friends. The southern region stands out in this indicator, where there are significantly fewer such children (10% compared to 16% overall in Ukraine).

How easy is it for you to make friends at school?

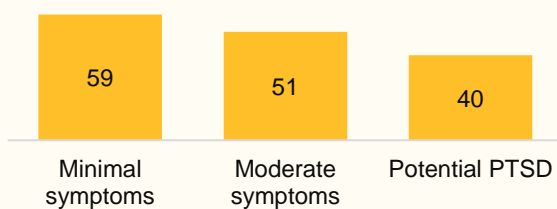


In addition to affecting family relationships, PTSD also affects relationships with friends. Children with potential PTSD were also significantly less likely to report having friends and finding it easy to make friends compared to other children with moderate or minimal symptoms.

Do you have friends at school?



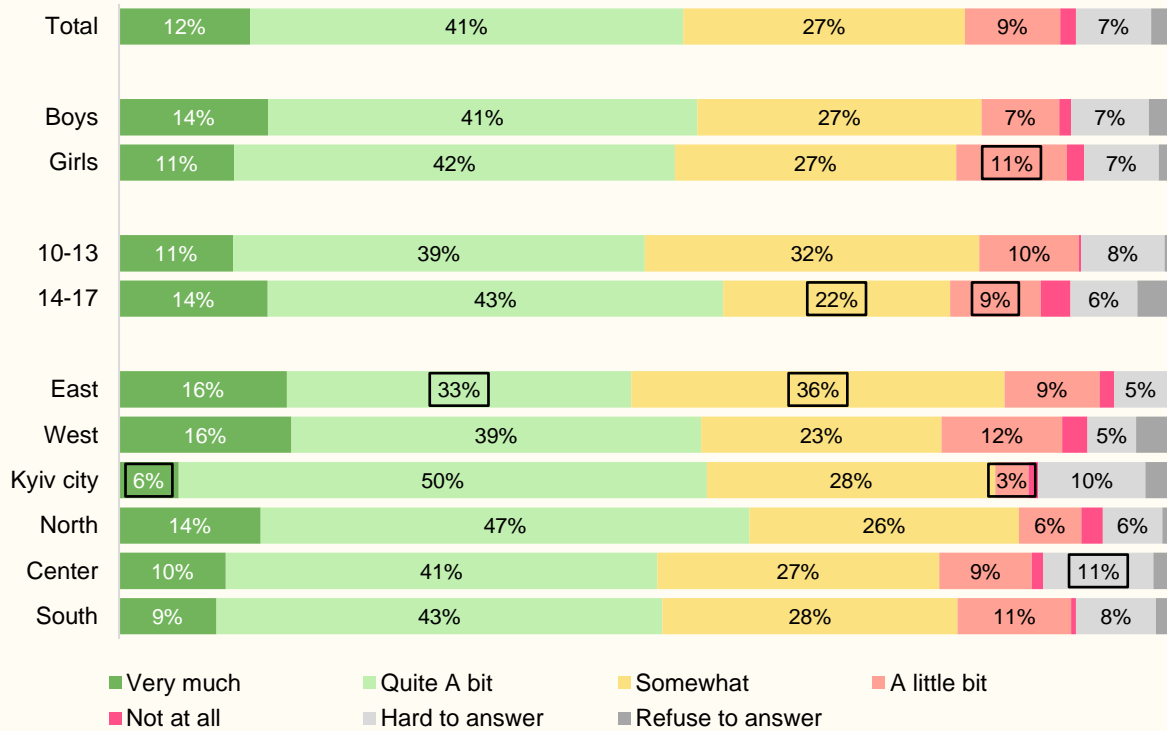
How easy is it for you to make friends at school?



An essential element of social relationships is support from friends during difficult periods in life. Overall, more than half of the children indicated that their friends support them during challenging times (54%). There are no gender, age, or regional differences in

the results of this indicator. However, among girls, significantly more disagreed with this statement. At the same time, in Kyiv and the South, there are significantly fewer individuals who completely agree with this statement (9%) compared to other regions.

My friends support me in difficult times



Experts confirm that as a result of the war, children become more empathetic and support each other, helping to live through traumatic experiences together.

“Watching children in schools, I believe they have become more empathetic; they experience trauma together. If some negative news happens and, we start a wave of tears, pain, emotions, and it is very difficult to return the children to a normal state so that they can study.”



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare

Dimension 6.

Social and emotional skills

General overview

Children's social and emotional skills become the foundation for successful adaptation and psychosocial development. Effective communication is a key component of social skills, which helps children express their thoughts, listen to others, and understand the emotions of others. It contributes to the creation of healthy interpersonal relationships and the development of cooperation skills.

In addition, the development of emotional intelligence allows children to understand better and manage their own emotions, as well as to recognize and consider other people's feelings. It contributes to the formation of internal resilience and helps children cope more effectively with life's challenges.

Measurement calculation

To assess the well-being of children in this dimension, the following 9 indicators are used:



Indicators 1-5 are based on the quantitative survey of children. The questions were formulated using the Strengths and Difficulties Questionnaire (SDQ) (SDQ, 2023). This is a short behavioral screening questionnaire for children and adolescents. Child psychiatrist Robert N. Goodman developed it. It is used to measure the

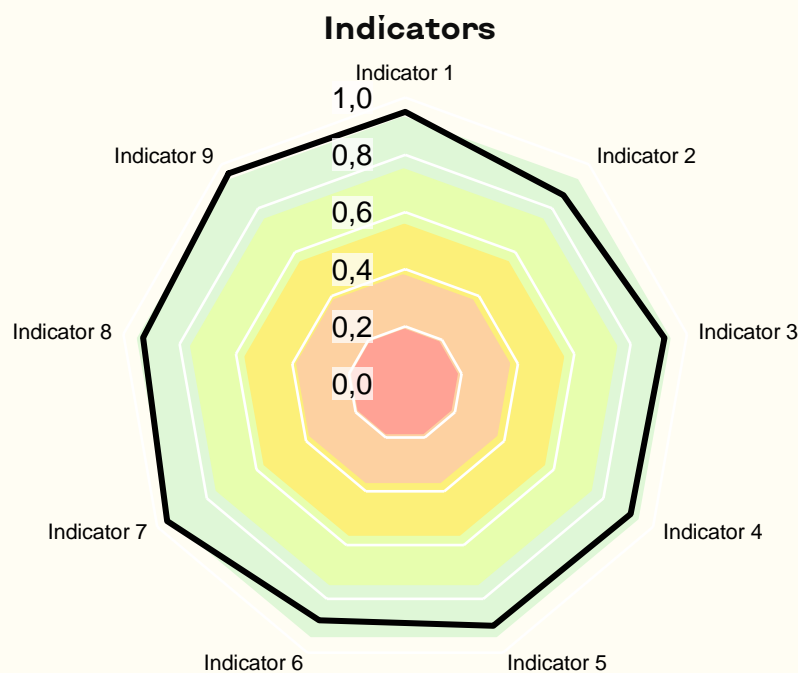
emotional and behavioral problems of children and young people, as well as their strengths and positive qualities.

The SDQ has different versions for different purposes and respondents. It can be filled by children, young people or their parents, teachers or other carers. It can also be used for clinical assessment, outcome assessment, and research.

The SDQ consists of 25 questions divided into five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior. Questions from the scale of prosocial behavior were used for the Well-Being Index.

Indicators 6-9 are formed based on a quantitative survey of children using the Revised Olweus Bully/Victim Questionnaire (Olweus, 2006).

Results



0.92

Kindness and empathy

Children's kindness and empathy are important elements of prosocial behavior.

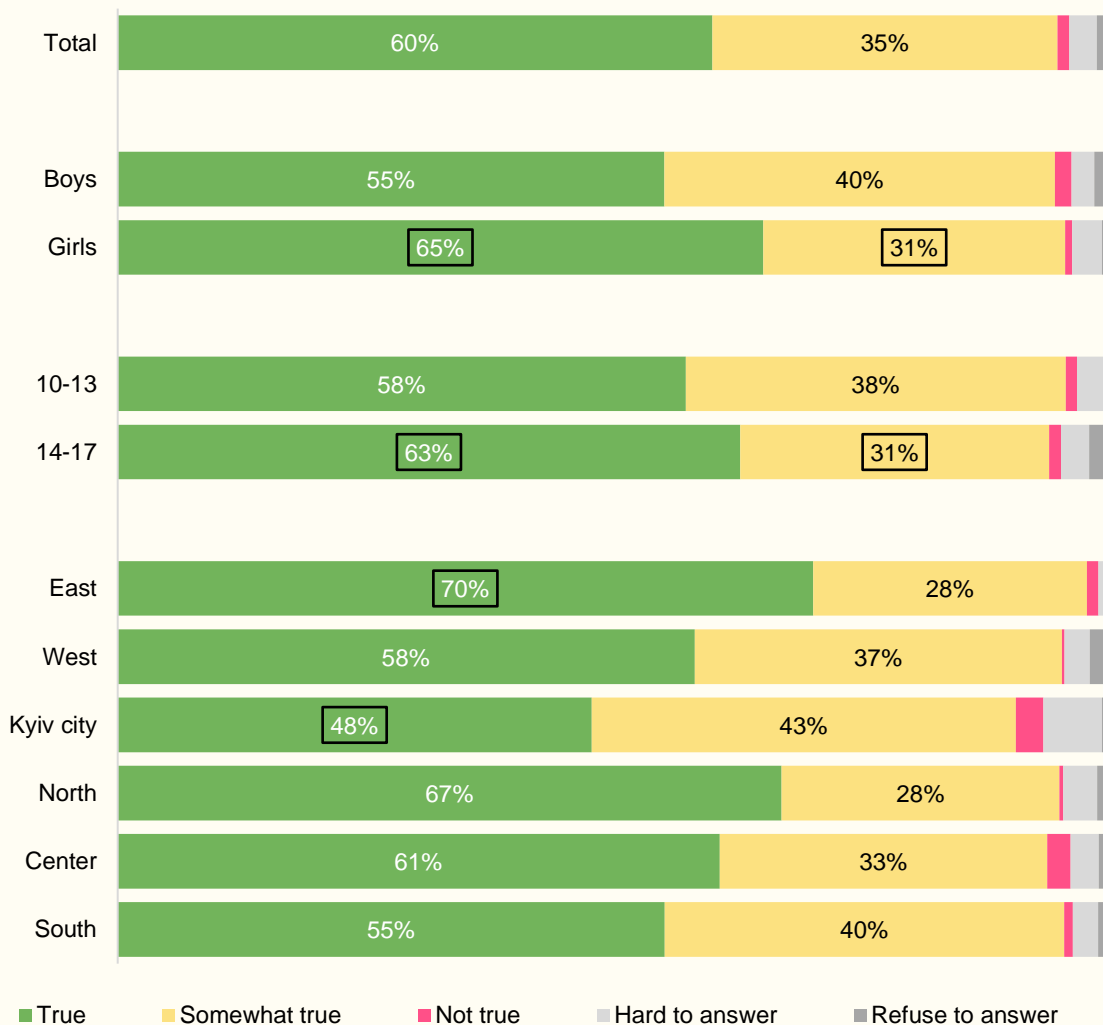
Overall, 9% of children indicated that they try to be kind to other people. There is no difference between the share of girls and boys in how they characterize themselves regarding kindness. However, there was a difference in the components.

There were significantly more girls who said that it is true that they try to be kind to other people (65%) than boys (55%). Boys were much more likely to indicate that this was "Partly true" in their case (40% vs. 31% among girls).

The same situation was also observed among younger and older age groups. In general, the percentage of those who indicated that they try to be kind to others among 10-13-year-olds and 14-17-year-olds did not differ significantly from the overall result and among themselves (96% vs. 94%). However, there is a difference between those who indicated "Partly true" and "True." There are significantly more (63%) who indicated that it is "True" that they try to be kind to other people among older children than among younger children (58%).

Regarding the regional distribution, there is also a difference in the answer options among respondents from Kyiv: 48% of those who chose the "Truth" option, which is significantly lower than in all other regions and Ukraine in general, and respondents from the Eastern region (70% of those who chose the "Truth" option, which is significantly lower than in all other regions and Ukraine in general).

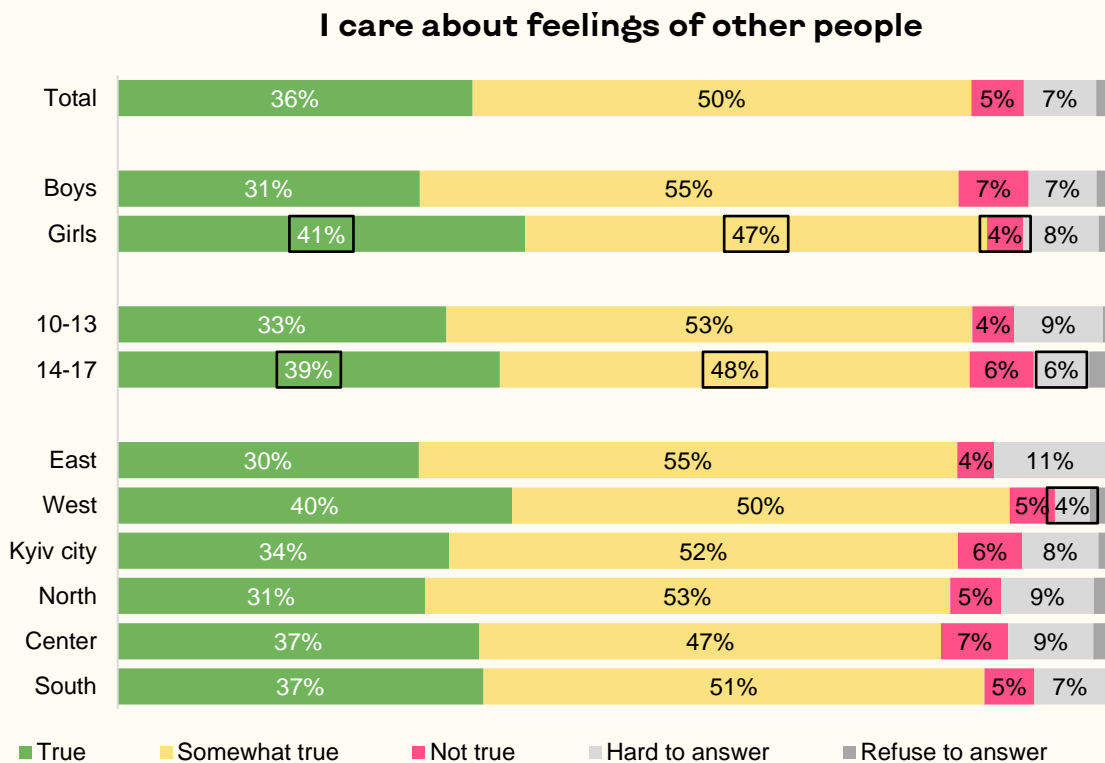
I try to be nice to other people



In the case of empathy, although the overall result is lower than kindness, similar patterns are observed. 86% ("True" + "Somewhat true") of children agreed that they care about other people's feelings. Among children of both sexes, there is no significant difference in the proportion of the sum of both answer options. However, as in the case of kindness, there are significantly more girls who chose the "True" option compared to both the overall result and compared to boys (41% vs. 31% against 60% respectively). Also, girls are significantly fewer answered "False" to this question (4% vs. 5% overall).

There are also significantly more older children who chose the "True" option (63%) than younger children (58%). At the same time, the overall result for both age categories does not differ significantly between themselves and with the overall result.

The indicator of children from the Western region stands out, where the share of those who answered "True" or "Somewhat true" to the fact that they care about the feelings of other people is much higher than the overall indicator for Ukraine (90% vs. 86%, respectively).



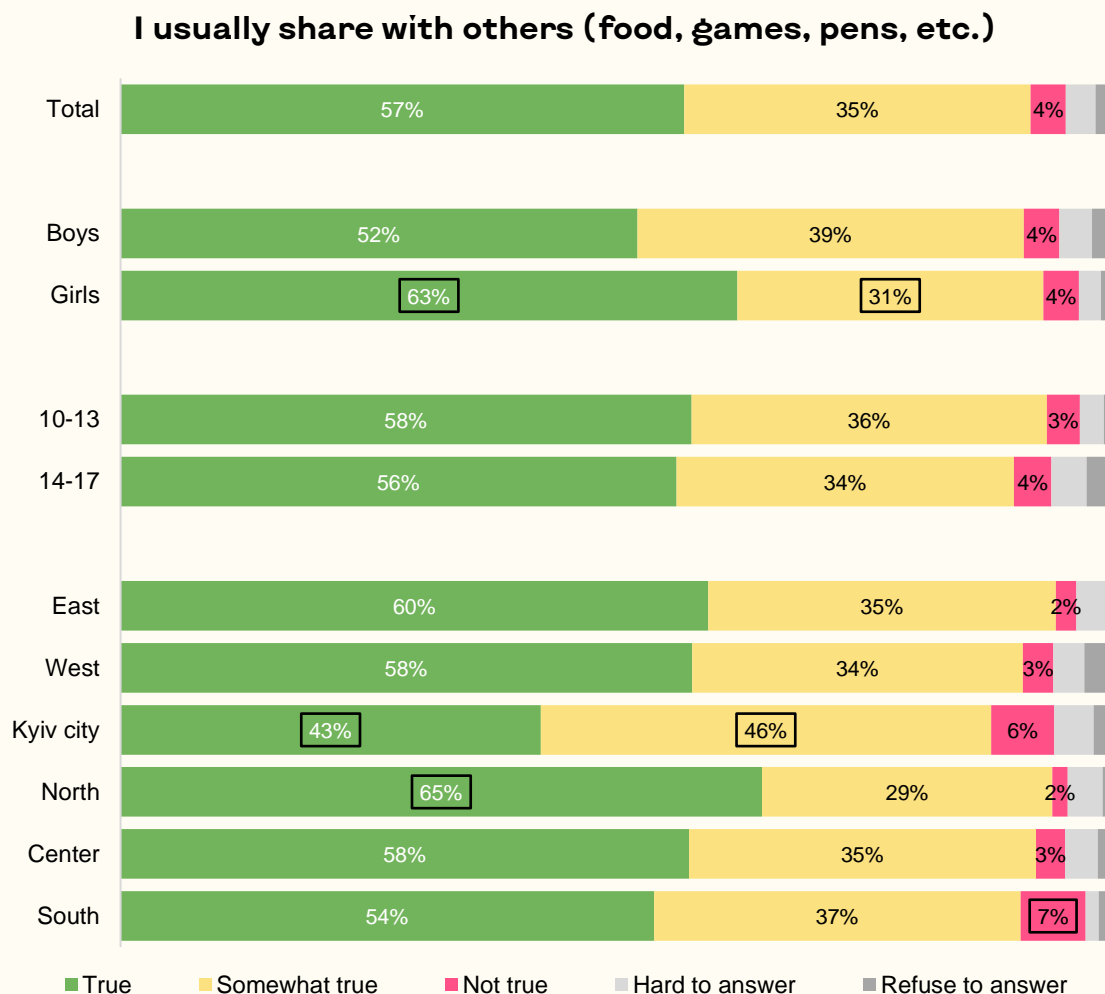
Examining the facets of social behavior in children, focusing on kindness and empathy, it is noteworthy that the findings suggest a heightened proficiency in social skills among children. This proficiency, in turn, plays a pivotal role in fostering a positive social environment among them. Although the overall level of kindness and empathy is similar among girls and boys, there is a difference in how this trait is expressed. This may indicate different ways of expressing kindness and social support between children of different sexes. A similar situation is also characteristic of older children.

Willingness to share, commitment and voluntary help

The willingness to share, affection for younger people, and voluntary help to those in need are other important factors in social skills.

92% of children report usually sharing food, games, pens, etc. with others ("True" or "Somewhat true"), which is a high indicator. At the same time, the distribution between girls and boys according to the answer options was also preserved here. Girls chose the "Truth" option more often than boys and the overall result (63% vs. 53% vs. 57%, respectively). The overall result, in turn, did not differ significantly, nor were significant differences observed by age groups.

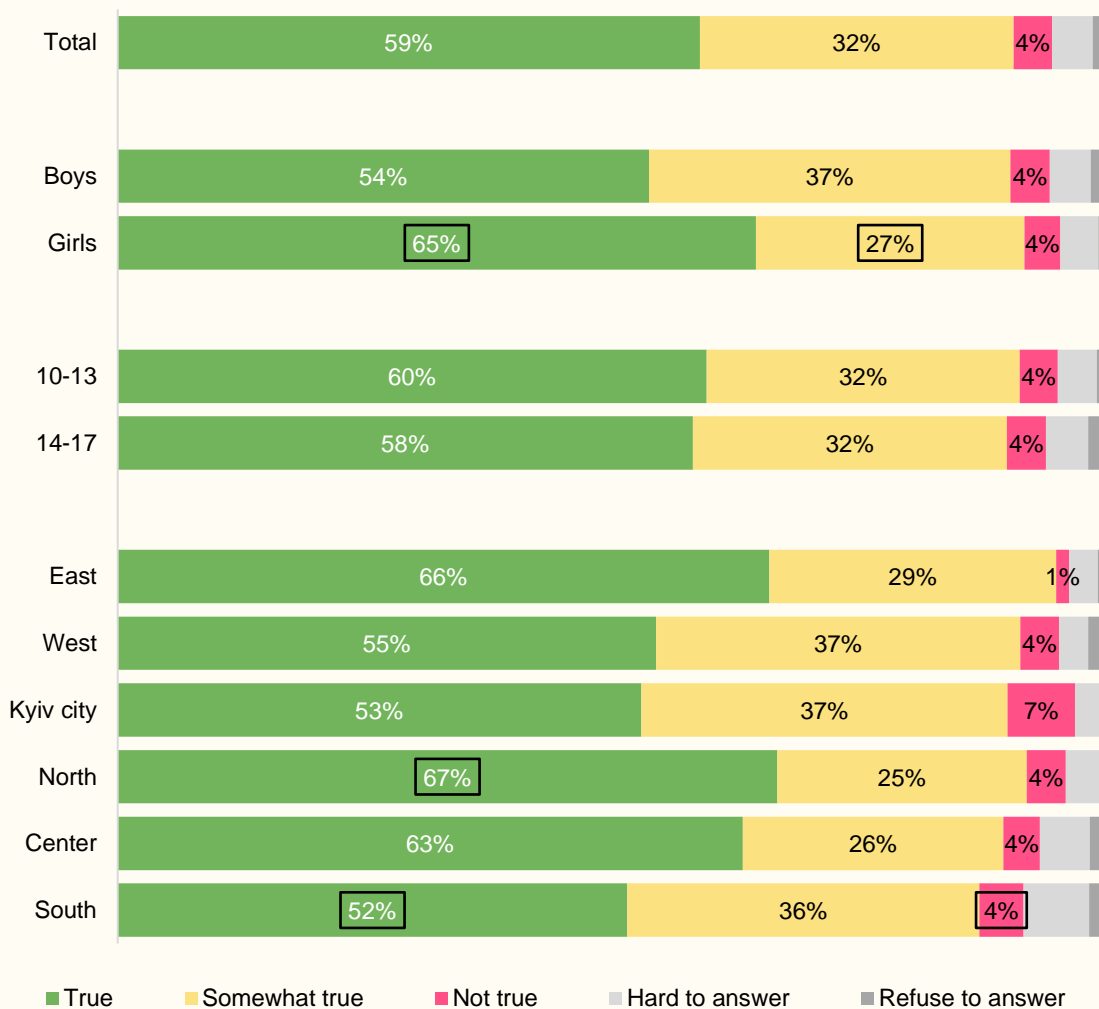
There were also no regional differences in the share of those who chose "True" or "Somewhat True". However, respondents from Kyiv chose the "Truth" option less often (43%) than other regions. Also, respondents from the northern region chose this answer more often (65%).



Affection towards younger children was notably high, as evidenced by 91% of respondents selecting "True" or "Somewhat true" in response to the statement "I am kind to younger children." Notably, a higher percentage of girls (65%) opted for the "True" response compared to boys (54%) and the overall average (59%). These distinctions do not exhibit significant variations across different age categories.

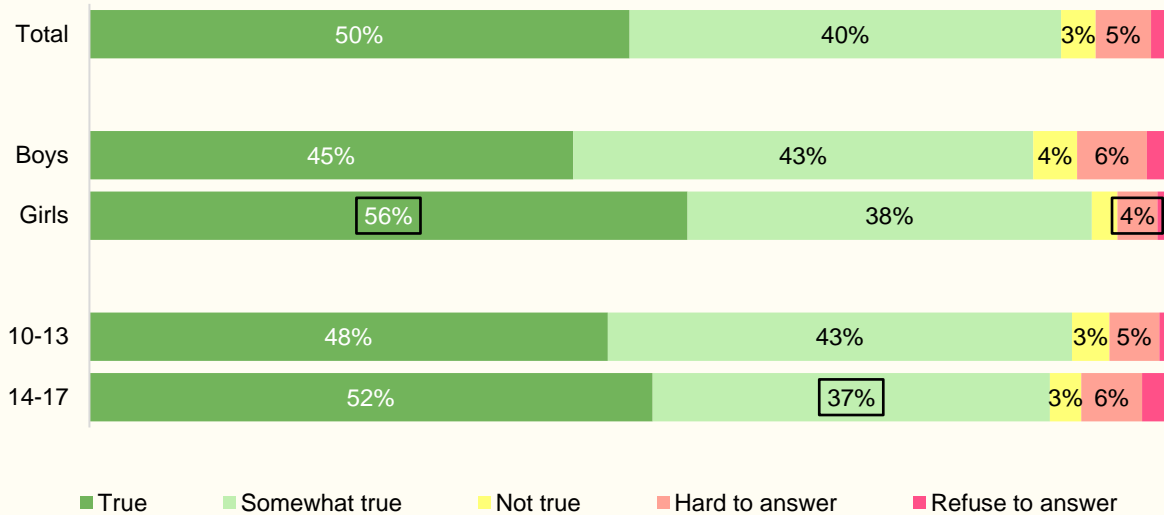
Furthermore, when considering regional differences, there was no overall distinction between regions in terms of "True" or "Somewhat true" responses. However, there were nuanced variations in individual responses. In the northern region, the "True" option was chosen less frequently (43%) compared to the southern region, where it was more prevalent (52%).

I am kind to younger children



The ability to help other people in a difficult moment is also an important factor that characterizes the children's presence of social skills. The percentage of children who indicated that they help if someone is injured, upset, or feels sick ("True" + "Somewhat true") is high - 91%. At the same time, a greater share of girls (93%) indicated that this statement characterizes them compared to boys (88%) and the overall result. There were no significant differences among age groups and regions.

I am helpful if someone is hurt, upset, or feeling sick



The results highlight aspects such as the willingness to share, empathy for younger individuals, and voluntary assistance among children, underscoring a notable proficiency in social skills. Gender disparities in excellence become apparent in terms of the willingness to share, affection for younger individuals, and voluntary assistance, with girls more frequently selecting the "True" option compared to boys. This variance may reflect distinct approaches to social interaction between children of different sexes.

Experts, in their comments, concur that consistent anxiety and stress are not conducive to the development of social skills in children. However, owing to the adaptability of children's psyches, they demonstrate a heightened ability to develop survival skills under such conditions.

“ Little children are more anxious. They react very sharply to the news, for example, in the context of sirens, but at the same time, they adapt and switch very quickly. This resilience, as it is called, vitality in children is still much better than in adults. Adults are still recovering, but children have already forgotten and are moving on. And that's great. It helps them at least a little, especially those who are here. ”



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare

Comprehending crisis situations stands out as a newly emphasized skill, according to the experts. Specifically, children demonstrate an enhanced understanding of pain and fear and can adeptly self-regulate these experiences.



Daria Herasymchuk

The Advisor – Presidential
Commissioner for Children's
Rights and Child Rehabilitation

I would say that now, during the full-scale invasion, we are constantly talking about pain and fear. If earlier this was less mentioned, and children didn't think much about it, now they have reflected on it and learned certain self-regulatory moments, but of course, not all. I really like that many children understand and know what a panic attack is; even if they haven't experienced it themselves, they know how to react to it and how to help a person nearby. I think it's good. These are skills that children didn't possess before: identifying crisis situations and accepting the emotions of pain and fear (previously, it was embarrassing to be afraid). Before the full-scale invasion, a child's reflection, like, 'I'm scared, I'm afraid of the dark, I'm afraid of heights,' did not provide them with support, as if they were the only ones afraid of it. Now, there is a sense of support from society; it's not shameful to admit it.

Experts noted that it is important for children to develop the ability to help others in stressful situations. In particular, children learn to support each other.



Teenagers have a skill, let's say, of first aid in stress – firstly, this is about high school. And they've already told me about the rules of first psychological self-help: 'Yes, we know, we know, we do it.' Secondly, I always remind them: 'There are little children around, you're going to one bomb shelter, one shelter for everyone. Don't wait for an adult to come back; you already know you can sit in front of a frightened child. What do you do when you see a child who is scared?' We just repeat these things. That is, the ability to help oneself in a crisis situation is formed when children are told about it. When they hear about it 10 times and it almost becomes a routine.



Olena Naumenko

Psychologist

One of the consequences of a full-scale invasion of the development of social skills is the emergence of resilience and self-reliance in children. Experts note that children now understand how to take care of themselves when the heating or lights are turned off. However, according to expert Iryna Tulyakova, it is important that they instead develop the skill of self-love and the ability to take care of themselves.



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare

“Children now adapt to stress faster; that is, they will be resilient, just like us, as a nation, this is also our competence. But there should be the next competence – self-love. That is, through self-love, love for one's neighbor, self-awareness, and understanding of your condition - I can or can't. To help because there is an opportunity, and not to forget about one's own needs.”

Child psychologist Svitlana Royz notes that among teenagers, there is unity and support, but also conflict behavior and manifestations of aggression. To reduce the amount of aggression, it is necessary to bring adolescents together. For example, she suggests creating clubs that unite teenagers around different topics, where, under the guidance of mentors, they can work together on creating their projects.

“Yes, exactly, that's what I'm leading to, that there will be a division here. On the one hand, we see unity, and commonality, and support; on the other hand, yes, conflicts are manifestations of aggression and irreconcilability. We need to create something that would allow them to analyze aggression and feel part of a community simultaneously. That's where we need these groups, where everyone is equal, with the help of some mentors. These could be volunteer projects, arts, etc.”



Svitlana Royz

Child psychologist

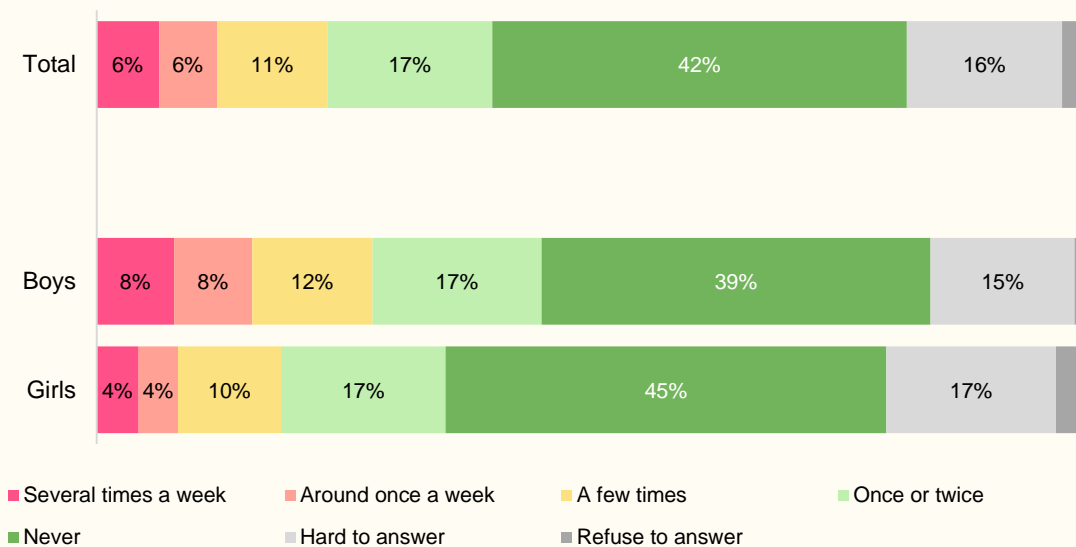
Bullying

Bullying among children is recognized as a common issue that detrimentally affects both their physical and mental well-being. The consequences of this problem can be enduring, exerting a significant impact on children's overall welfare. Bullying has the potential to disrupt children's sense of social security, fostering isolation and alienation from their peers. Consequently, this can impede their capacity to form relationships and easily navigate the social environment. Considering the evolving landscape of social interactions, it is crucial to underscore the significance of studying cyberbullying among children as well, given its pervasive influence on the modern-day digital environment.

Over the past few months, 40% of children have experienced bullying. There are significantly more boys who noted this (45%) than girls (35%). Also, younger children, in general, significantly more experienced bullying about themselves (43%) than older children (37%).

At the same time, this is not happening very often. In general, a minority of children - 12% - face bullying once a week or more often. Girls, in turn, faced this much less often (8%) than boys (16%). There is no difference among children of different ages and regions regarding the number of those who have faced bullying.

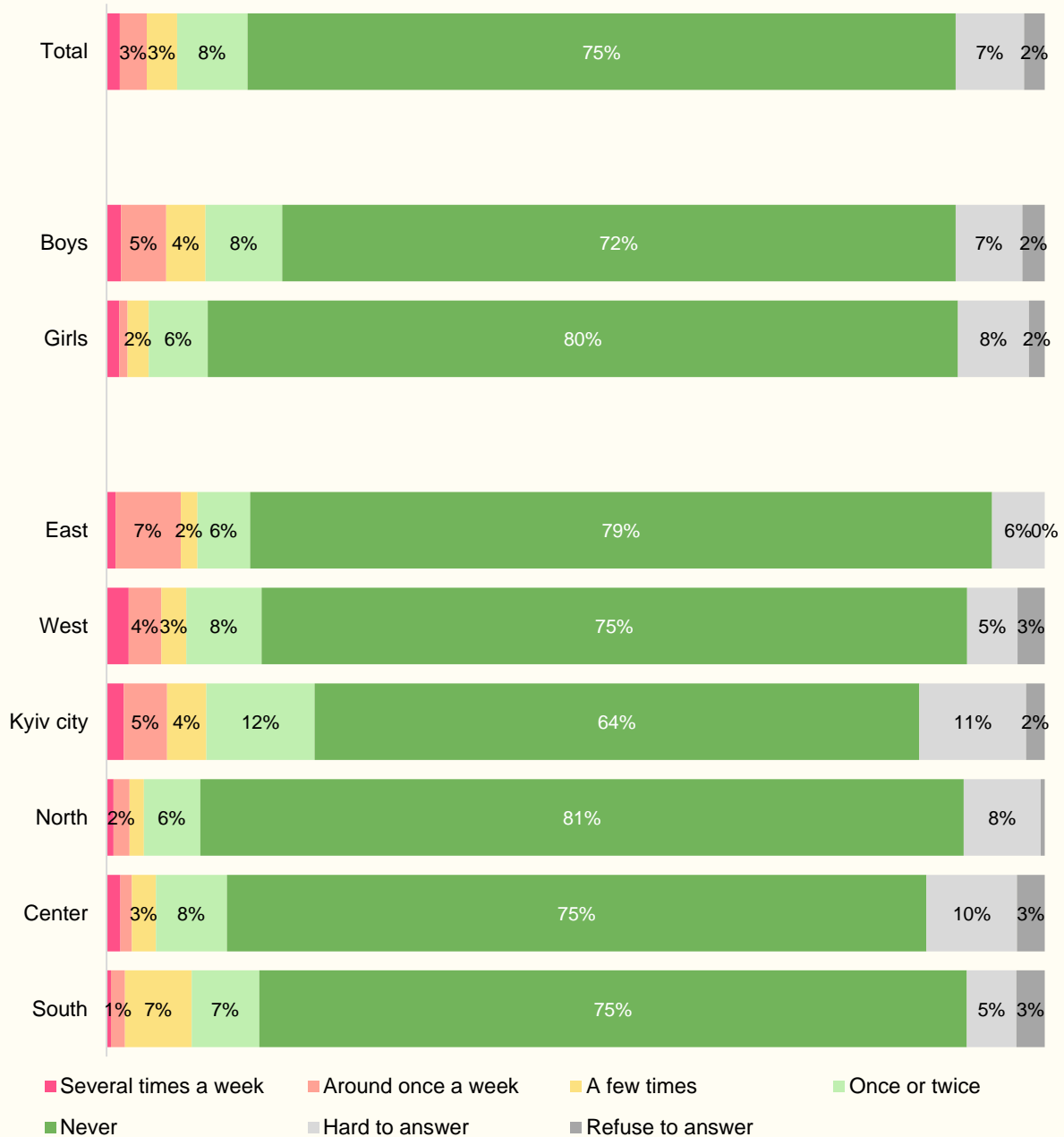
How often have you been bullied in the last couple of months?



At the same time, a smaller number of children noted that they participated in bullying other children once or more in the past few months (15%). Boys noted this more often (19%) compared to girls (11%). There are no differences among age groups.

As for the number of children who did it once a week or more, there is an absolute minority of them – only 4%. Again, girls were significantly less likely to participate in it (2%) than boys (6%). There is only one regional difference – children from the eastern region participated in bullying other children much more often (8%) if compared with the all-Ukrainian result.

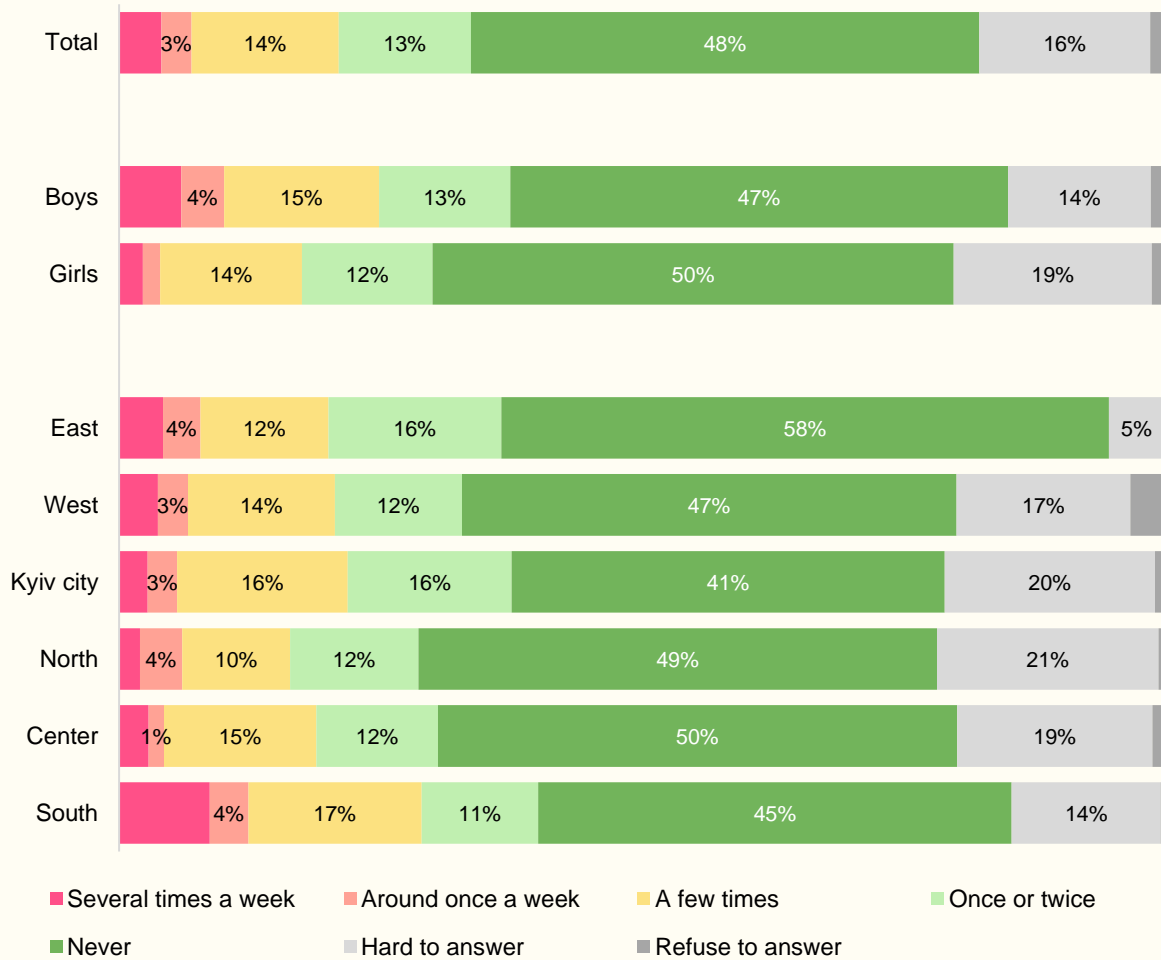
How often have you taken part in bullying another child or teenager in the last couple of months?



A separate type of bullying is cyberbullying – a case when children encounter it on the Internet, in particular, in social networks. 34% noted that they had encountered this at least once in the past few months. As with regular bullying, boys experienced cyberbullying more often (37%) than girls (30%). There are no significant differences at the regional level and among large groups.

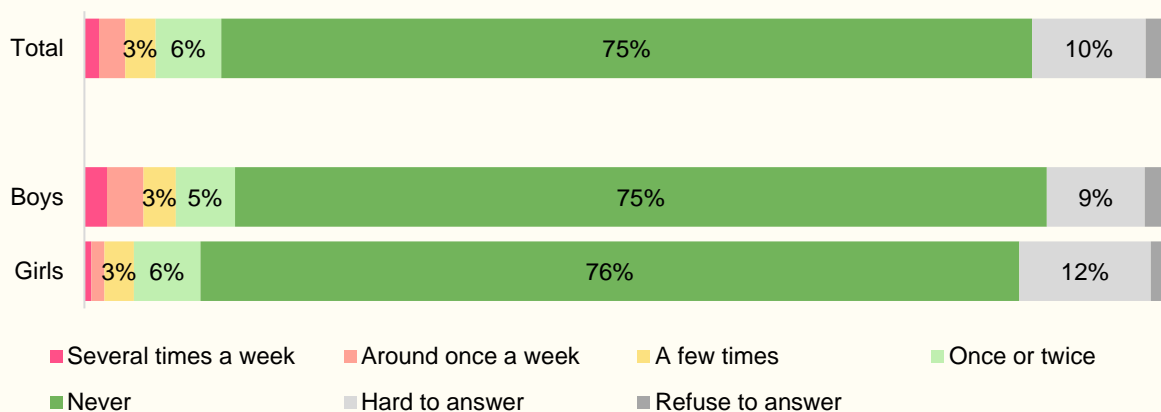
Only 7% of children noted that they encountered it once a week or more often. As in the previous cases, the share of girls is smaller (4%) than the similar result for boys (10%). Also, children from the South noted much more often that they faced cyberbullying (12%) than in Ukraine as a whole.

Have you ever been bullied by someone you know through social media or the internet?



The share of children who themselves participated in cyberbullying is even lower — 13%. Boys do it more often (14%) than girls (11%), as well as older children (15%) compared to younger ones (10%). Only 4% of children participated in cyberbullying regularly, once a week or more often. Among them, there are significantly fewer girls than boys (2% versus 6%, respectively).

Have you ever bullied someone you know through social media or the internet?



However, experts also believe that the full-scale invasion increased the number of conflicts and aggression among children. In particular, according to the head of the Coordinating Center for the Development of Family Education and Childcare, Iryna Tulyakova, the war produces many complex experiences that are difficult for children to reflect, so they manifest immediately aggressive behavior. Another reason for such behavior among children, in her opinion, is copying the behavior of adults. Adults experience difficult financial periods and uncertainty, which also affects their emotional background and generates aggression.



Iryna Tulyakova

The Head of the Coordinating Center for the Development of Family Education and Childcare



In interpersonal relationships, there is often a lot of cruelty and intolerance to mistakes. It's a disaster, to be honest. That is, if, God forbid, something is wrong, then they rally and behave very harshly because there is a lot of cruelty around, and it is also present in their manifestations. And this, too, I believe, is a challenge because it is uncontrolled aggression, a manifestation of categoricalness. Conflicts over language, some parents are military, others are not, who moved or not, that is, interpersonal relationships. There is no tolerance or support for each other. Immediately aggression and fights.



According to experts, the aggressiveness that is manifested in children's behavior is already a consequence of their traumatization.



I see mothers, and they talk about how it was difficult abroad, how things were different there, how some children were simply bullied, not because they were from Ukraine, but because traumatized children behave differently, and people don't understand their behavior. They think that this child is a bit strange. And emotionally exhausted mothers don't understand why their children are changing so much, can't stand up for themselves, or, on the contrary, hit everyone, and everyone thinks that Ukrainians are attacking everyone.



Olena Naumenko

Psychologist

Dimension 7.

Risky behavior

General overview

Examining risky behavior among children is a crucial component in assessing their well-being, impacting various facets of their development. The surge in criminal activities, the consumption of tobacco, alcohol, and drugs, as well as instances of early pregnancy among young individuals, pose significant challenges to the cultivation of a healthy society. These adverse trends not only jeopardize youths' physical and psychological well-being but also disrupt their social and economic dimensions.

Risky behavior can markedly influence a child's educational quality, hinder successful socialization, and adversely affect their mental and emotional well-being. Establishing conditions to minimize the proliferation of risky behavior patterns is imperative for children's comprehensive development and future success.

Measurement calculation

To assess the well-being of children in this dimension, the following six indicators are used:

1

The level of juvenile delinquency¹⁷

2

The level of use of tobacco products by children¹⁸

3

Level of use of electronically heated tobacco products (e-cigarettes) by children¹⁹

4

The level of drug use by children²⁰

5

Level of alcohol consumption among children²¹

6

Rate of early pregnancy among teenage girls²²

¹⁷ Convicted children per 100,000 child population

¹⁸ Percentage of respondents_0k who answered that they smoke cigarettes

¹⁹ Percentage of respondents who answered that they smoke e-cigarettes

²⁰ Percentage of respondents who answered that they used drugs

²¹ The percentage who answered that they drink alcohol at least once every 2 weeks

²² The number of terminations of pregnancy per 1,000 female population aged 0-17 years

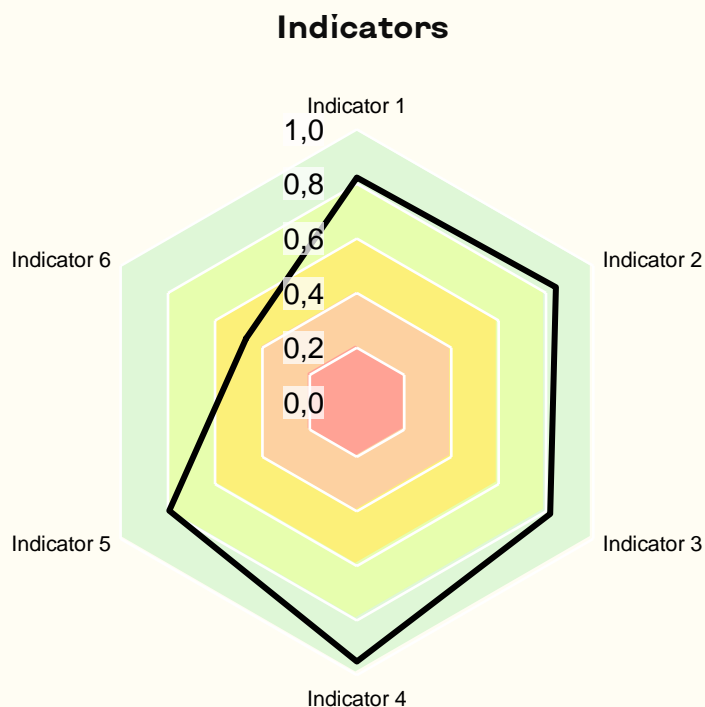
Indicator 1 is formed on the data from four different data sources. The data on Ukraine is compiled based on statistics of the average annual population aged 0-17 years. The number of convicts is based on the statistics of the Office of the Prosecutor General regarding the number of criminal offenses committed by minors or with their participation in criminal proceedings completed by the investigation, taking into account criminal offenses of previous years on the territory of Ukraine for the years 2015-2021.

The data for Ukraine is compared with the data for EU countries based on the other two sources. The number of children aged 0-17 is taken from the United Nations report, Department of Economic and Social Affairs, Population Division (UNICEF, 2021). The number of convicted children aged 0-17 for EU countries was taken relying on the statistics of persons convicted of juvenile delinquency (Eurostat [Persons in the criminal justice system], 2023).

Indicators 2-5 are based on a quantitative survey of children. To avoid the influence of parents on the child's responses, questions were exclusively directed to respondents aged 14-17 years. This ensured that the survey was completed directly by the respondents, without the intermediary of parents passing the questionnaire to them.

Indicator 6 is based on the data provided by the Public Health Center of the Ministry of Health of Ukraine for 2015-2022 for girls aged 0-17 years.

Results

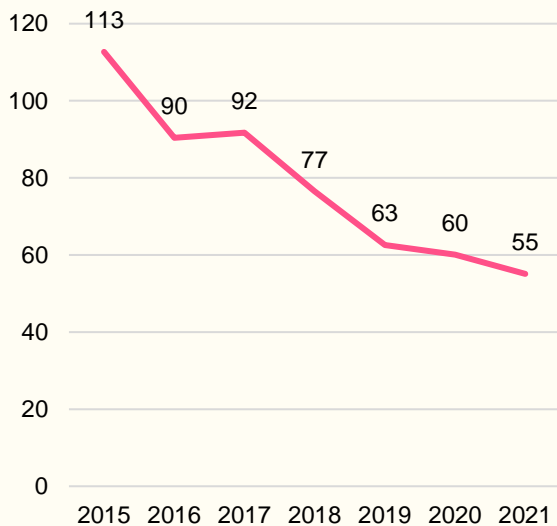


0.78

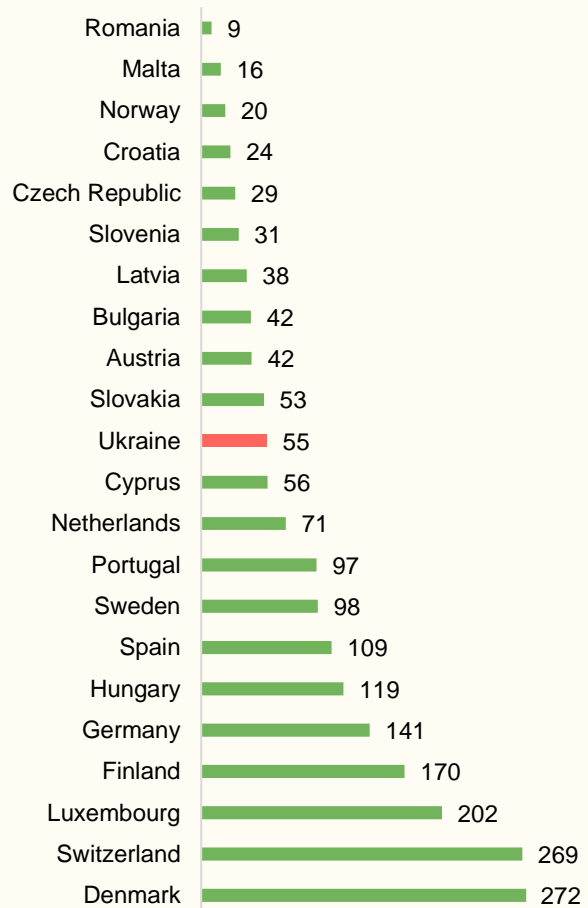
Crime rate

According to the level of crime, Ukraine ranks 11th among all EU countries, having approximately the same indicators as Cyprus, Slovakia and, Austria. At the same time, there has been a positive dynamic since 2015, when the number of convicted children aged 0-17 per 100,000 children decreased yearly.

Convicted children aged 0-17 years per 100,000 children, Ukraine 2015-2021



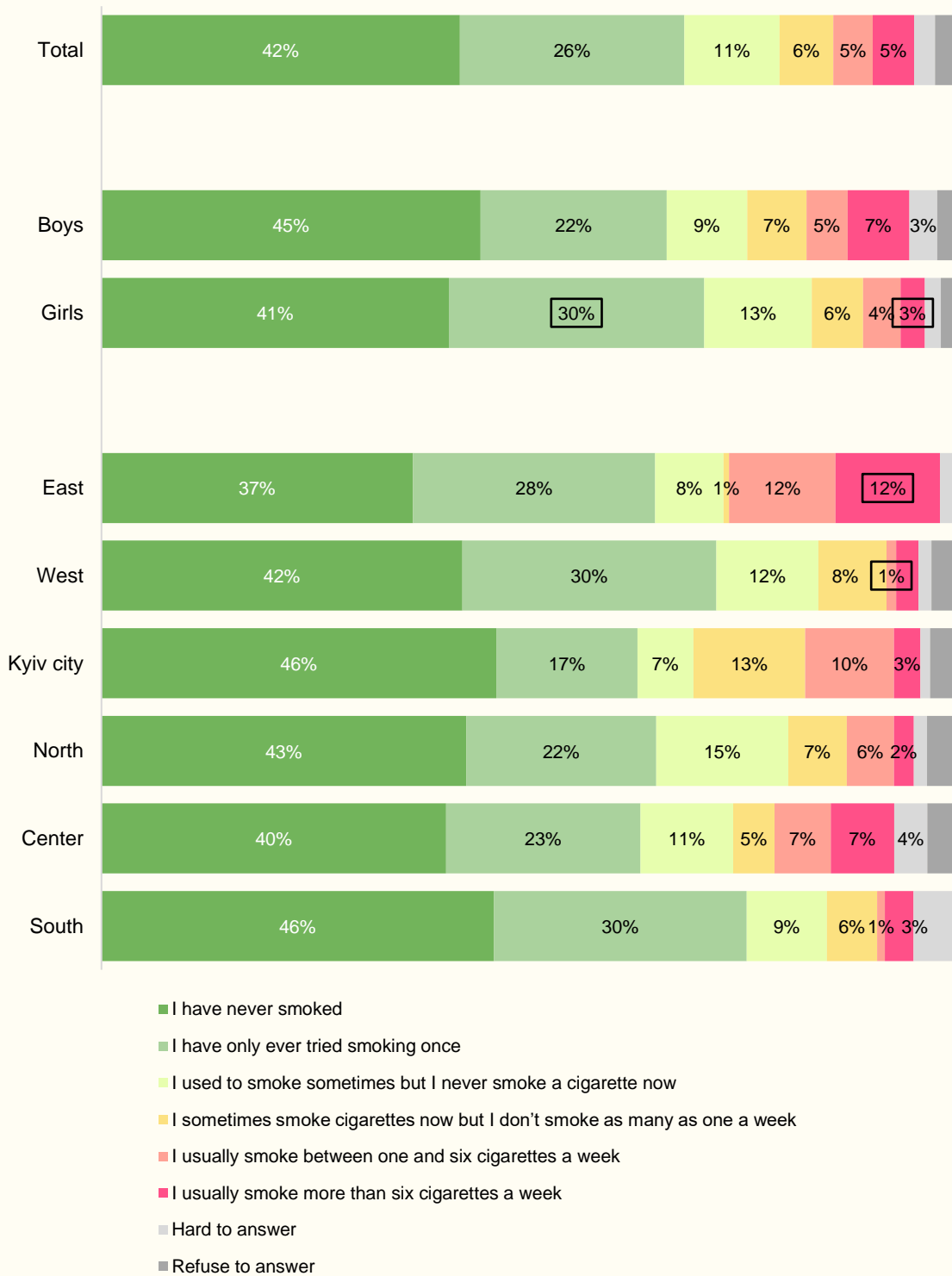
Convicted children aged 0-17 years per 100,000 children



Cigarette, alcohol, and substance use

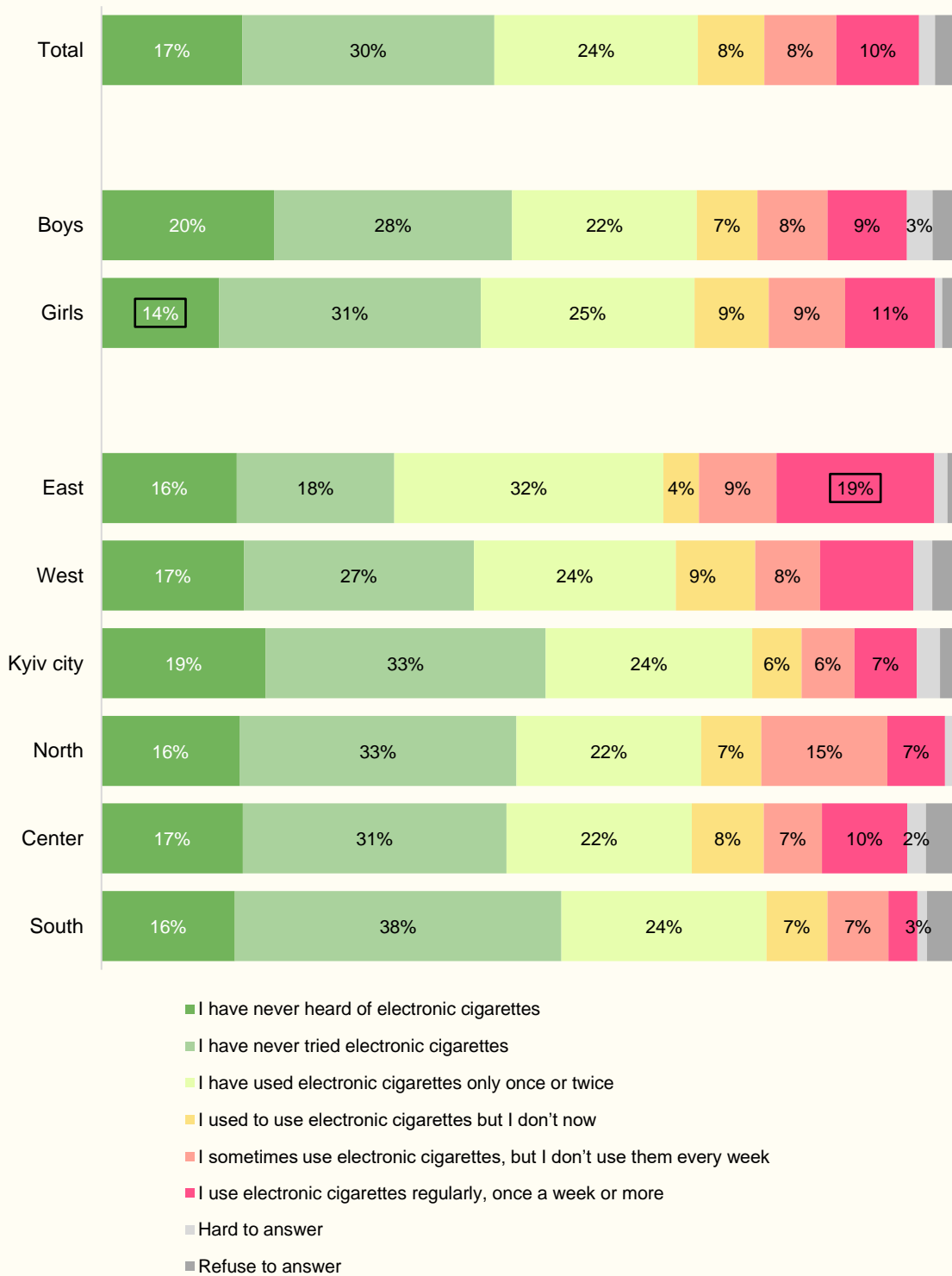
16% of respondents aged 14-17 indicated that they smoke at least one cigarette per week. Boys indicated much more often (19%) that they smoke compared to girls (13%). Eastern region stood significantly (25%), where more children smoke cigarettes than across the Ukraine and in other regions.

Frequency of cigarette use



18% of children reported using electronic cigarettes, which is approximately the same as the share of regular cigarettes. At the same time, there were no significant differences between boys and girls, and there were approximately the same number of electronic cigarette users. Children from Eastern regions smoke e-cigarettes more often (28%) than those from other regions.

Frequency of use of e-cigarettes



Expert Svitlana Royz believes that the full-scale invasion is a reason for the increased use of e-cigarettes among teenagers. In her opinion, it helps them relieve stress.



As for smoking and IQOS [e-cigarettes], children are looking for opportunities to relieve stress, and it provides the possibility... You see when I have a cigarette, IQOS, or something in my hands, it's a physical action. Traumatization is characterized by the fact that "I am deprived of action, I cannot influence anything," but here I am doing an action; it's maladaptation, but it's an action.



Svitlana Royz

Child psychologist

Darya Kasyanova adds that due to the full-scale invasion, more parents began to tolerate smoking.



Darya Kasyanova

The Chairman of the Board of Civil association "Ukrainian Child Rights Network"

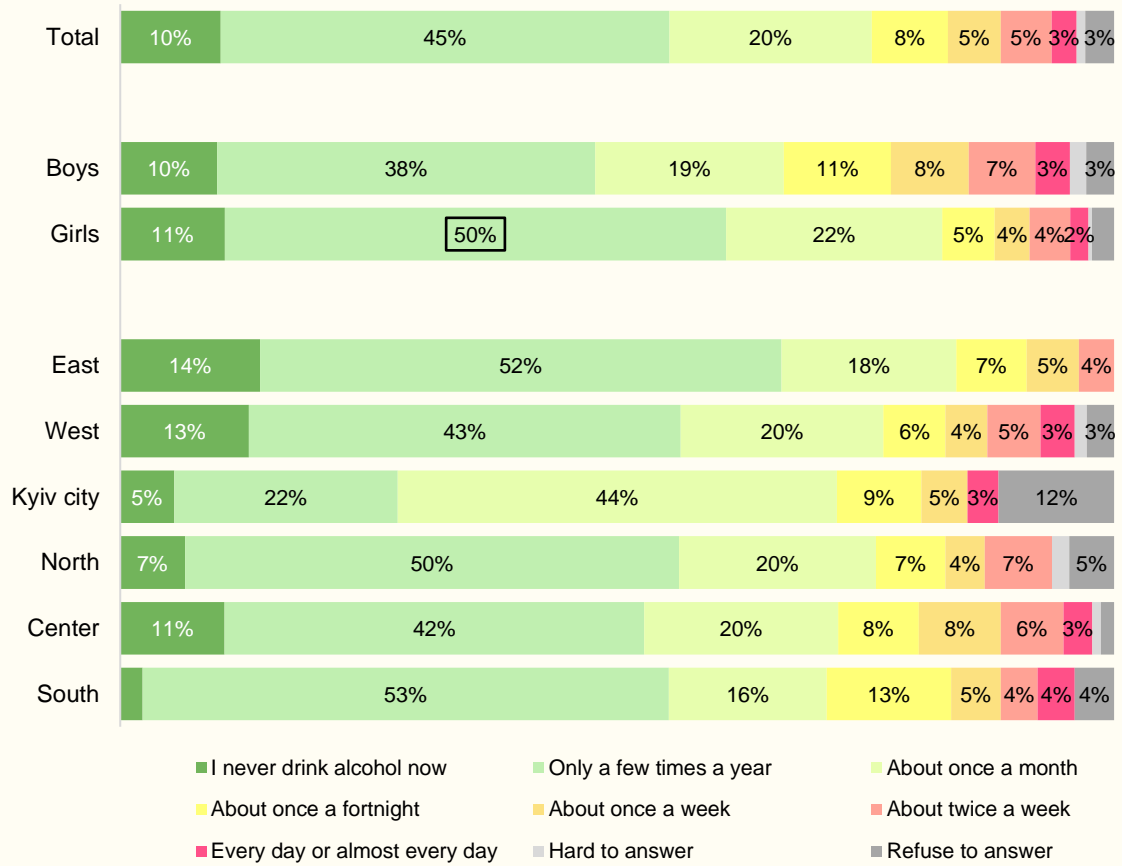


Many children smoke, and, you know, parents react very calmly to this. "Because of the war, such difficult times, such trials for a child, even though he is not a drug addict there." I know that many children complain that they have to quit smoking because they are with their parents all the time. And now I know that there are children sitting in the bomb shelter and going out to smoke together with adults.

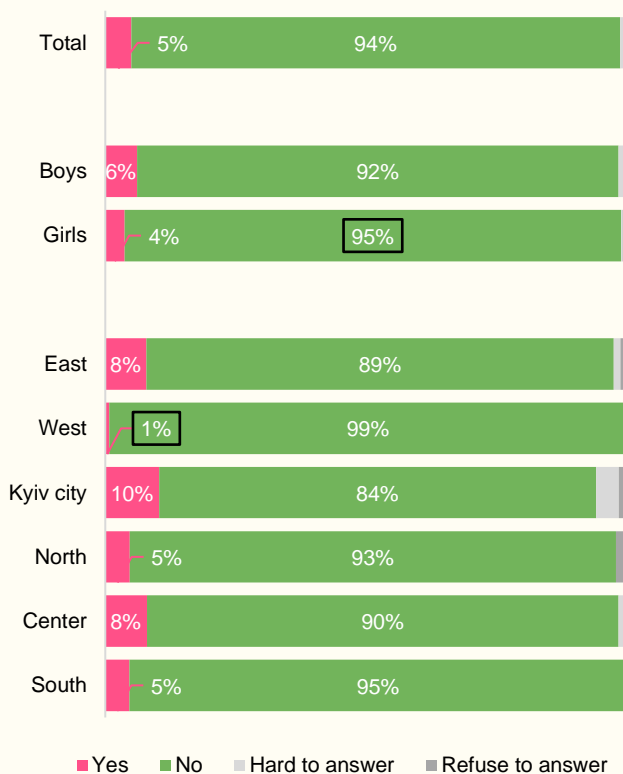


56% of children aged 14-17 indicated that they drank alcohol at least once in their life. 21% out of them do it with some regularity (at least once every 2 weeks). Boys reported drinking alcohol more often than girls (29% vs. 15%). At the same time, the central region stands out (26%), where there were significantly more children who regularly drink alcohol compared to the overall Ukrainian result.

Frequency of alcohol consumption



Have you ever used drugs?



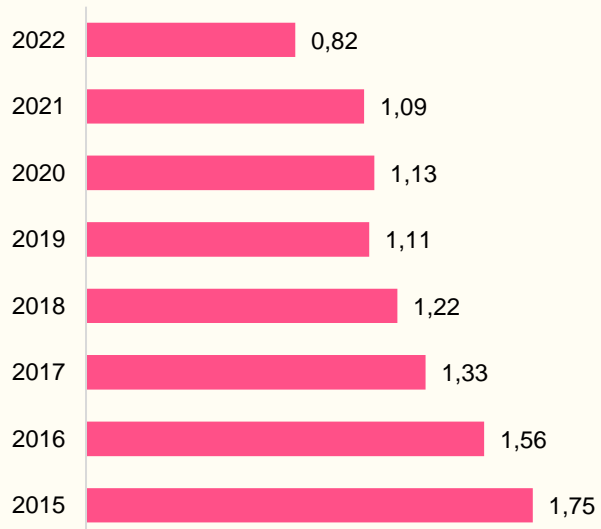
Statistics indicate that a substantial portion of children (60%) between the ages of 14 and 17 were acquainted with the majority of widely recognized narcotic substances (Cannabis, Amphetamine, LSD, Ecstasy (MDMA), Heroin, Psilocybin mushrooms, Methadone, Cocaine, Ketamine, Mephedrone, Glue). Among them, only 17% specified that they had been offered any of these substances. An absolute minority indicated they had tried something from the listed list at least once (5%). Children from the western region have the lowest proportion of those who indicated they had tried something (1%).

Early pregnancy

Data on early pregnancy among children under 18 years old in Ukraine reveal notable changes in recent years. From 2015 to 2022, there has been a significant decline in the number of terminations of pregnancy per 1,000 females in this age group.

In 2015, there were 1.75 cases of early pregnancy per 1,000 females under 18 years of age. Subsequently, there was a consistent reduction in this indicator. From 2016 to 2019, it declined from 1.56 to 1.11. While there was a slight increase to 1.13 in 2020, the trend resumed its downward trajectory in 2021 and 2022, reaching 1.09 and 0.82, respectively.

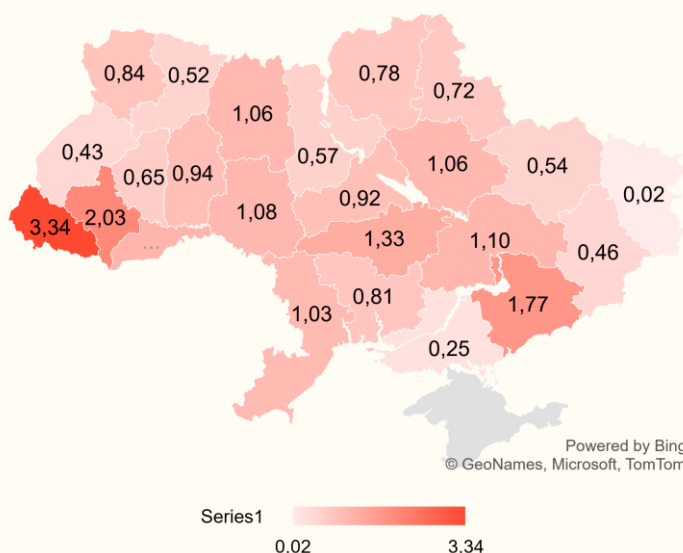
The number of pregnancy termination cases per 1,000 female population, 0-17 years



It is important to consider the large variability of indicators among regions. Some regions, for example, Zakarpattia (3.34) and Ivano-Frankivsk (2.03), have different values, which indicate a different level of effectiveness of programs to prevent early pregnancy. Indicators remain high in such regions as Zaporizka (1.77), Kirivohradaska (1.33), and Chernivetska (1.15). In order to achieve a more uniform distribution and reduce early pregnancy rates in all regions, it may be important to analyze and improve programs aimed at sex education and access to contraceptive methods.

One of the manifestations of risky behavior is suicide. Experts note that one consequence of a full-scale invasion is an increase in the number of suicide cases. The Ministry of Health states that almost 90% of suicides are committed by teenagers. It is also emphasized that adolescents often do not fully realize the seriousness of the act and consider it only an attempt. According to Daria Herasymchuk, it is essential to raise and discuss the topic of

Number of pregnancy ending cases per 1000 female population, 0-17 years old, 2022



suicide in society to convey to children the importance of seeking help and to authorities to create necessary programs.



We see that there are problems. Almost 90% of suicides are committed by adolescents. They are unable to separate psychological experiences, their mental state from the physical body. Therefore, they consider the attempt to end physical existence closely related to solving all psychological problems - "Today I will end it all and everything." Adolescents are a special category of adult children, not mature enough, but not entirely children either. The categoricity, ultimacy, polarity of thoughts, sharp mood swings - all of this emphasizes the need to pay maximum attention to creating programs to prevent child suicides. Hearing the voices of children is an opportunity to prevent something terrible.



Daria Herasymchuk

The Advisor – Presidential Commissioner for Children's Rights and Child Rehabilitation

Daria Herasymchuk notes that there is currently an increase in the number of children in hospitals in Kyiv after attempting to commit suicide. According to the experts, this is because the parents are immersed in their problems, and the children nearby are struggling with it. The general director of the National Specialized Children's Hospital "Ohmatdyt," Volodymyr Zhovnur, says that now at least 10-15% of children admitted to their hospital have psychological disorders in the family, lack of communication with their parents, violence in the family.



Daria Herasymchuk

The Advisor – Presidential Commissioner for Children's Rights and Child Rehabilitation



In 2023, in the Kyiv hospital Ohmatdyt, there were over 150 cases of fatal suicides. These are only those who were not saved in the hospital, those who attempted to be saved. These alarming figures do not take into account the cases where they no longer bring to the hospital.



Expert Svitlana Royz believes that mentorship programs are an effective tactic for preventing suicidal behavior among adolescents.



Here and now, look, for example, when a teenager naturally loses the focus of authority from close adults, he needs to refocus on someone. In suicide risk studies, when a teenager who was in the risk group chose four mentors for himself (both acquaintances and strangers) and agreed with them on "Can I turn to you?" over six months, his condition improved, he exited the risk group, and this gave these four people he relied on the opportunity to change their focus as well. And these programs that we need to think about, we need to start doing them no.



Svitlana Royz

Child psychologist

Another consequence of challenging emotional well-being and a manifestation of risky behavior is self-harm. Experts believe that this results from children having difficulty regulating their feelings and emotions. The war created additional stress on children's mental health, so self-harm also became more common. Since it is difficult for them to self-regulate their emotions, they try, by inflicting pain on themselves, to experience their emotions.



Daria Herasymchuk

The Advisor – Presidential
Commissioner for Children's
Rights and Child Rehabilitation



Working with teenagers is an extremely important topic because adolescents, in an attempt to drown out their emotional sensations, often don't know any other method of self-regulation than inflicting physical pain on themselves. They cut their hands, hit themselves, pull out their hair, and so on.



In order to reduce the number of cases of self-harm among children, adults must react to it in time. The desire to inflict physical pain is an important signal that adolescents need to be given a tool for self-regulation.



How did adults react to a child's request to buy slime, squishy [anti-stress toys], or something similar? "Why do you need that? Foolishness" – this is the most common response. If it helps a child calm down, it's not just a toy; it's therapy.



Daria Herasymchuk

The Advisor – Presidential Commissioner for Children's Rights and Child Rehabilitation

Experts also note that the previous types of activities for children have disappeared due to the pandemic and full-scale invasion. They have become more dependent on gadgets, negatively affecting their psychological well-being. Children who are currently abroad and have difficulties in adaptation and communication are also more immersed in gadgets and become dependent, according to the Chairman of the Board of Civil Association "Ukrainian Child Rights Network", Darya Kasyanova.



Darya Kasyanova

The Chairman of the Board of Civil association "Ukrainian Child Rights Network



I know children who have gone abroad and been there for almost two years... In general, they have a very difficult process of adapting to a new school. No, they don't smoke there but don't want to communicate with anyone. They don't want to interact, so what is the option? Sitting at the computer or on the phone is a different addiction.



Dimension 8.

Material support

General overview

The financial situation determines one of the key aspects of children's well-being, affecting their opportunities and prospects. The availability of sufficient material living conditions is a fundamental factor that determines the quality of life of children and shapes their psychophysical development.

The lack of stable and satisfactory material conditions can cause a series of negative consequences for the physical, emotional, and cognitive development of children. The level of poverty as a key indicator of the financial situation directly determines the ability of families to provide their children with the necessities.

Living in overcrowded houses is another important component that negatively affects the general indicator of material well-being. Overcrowding can have negative effects on children's mental health, creating conditions for stress and lack of privacy. In addition, housing affects children's safety by providing them with a stable and protected space for recreation and development.

Essential utilities, such as water, heating, and electricity, play a key role in ensuring children's health and comfort. These utilities become the basis for meeting everyday needs, ensuring hygienic standards, and influencing learning and development conditions.

Measurement calculation

To assess the well-being of children in this dimension, three indicators are used:



²³

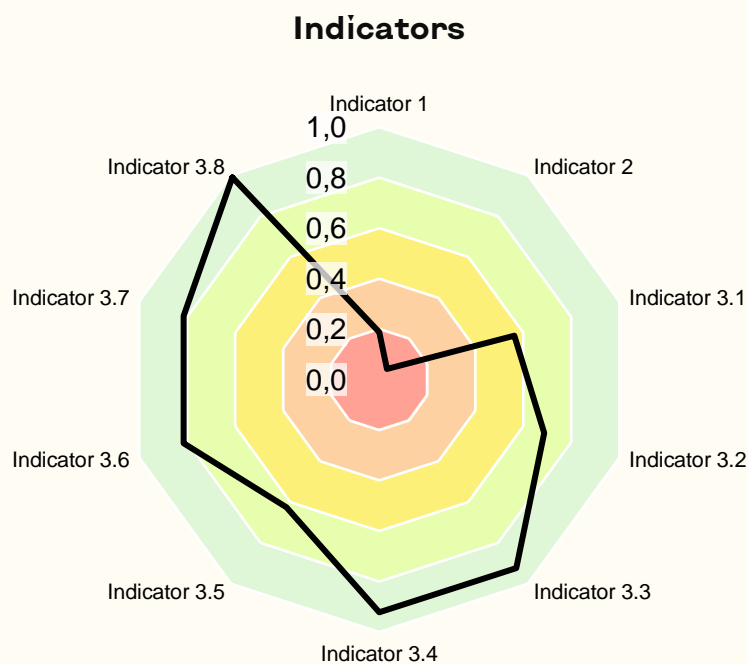
The indicator “Share of Children Living in Low-Income Households” is the percentage of children living in households with below 60 percent of equivalent median income. It is a characteristic that reflects the level of poverty among households with children. Data for Ukraine is compared with that for EU countries published by Eurostat (Eurostat [Income and living conditions], 2023). Since the State Statistics Service of Ukraine does not publish this indicator for Ukrainian households, the equivalent median income was calculated according to the Eurostat methodology (Eurostat, 2015) based on the data published by the State Statistics Service of Ukraine called “Anonymous Microdata on the Main Indicators of Income, Expenses and Living Conditions of Households for 2021” (State Statistics Service of Ukraine [Household Living Conditions Survey], 2021).

The indicator “Share of Children Living in Overcrowded Housing” reflects the living conditions of children. State Statistics Service of Ukraine data on Ukrainian households with children is compared with the corresponding Eurostat calculations for EU countries (Eurostat [Income and living conditions], 2023).

²³ Percentage of children living in households with income below 60 percent of equivalent median income. To determine the share, the general methodology of Eurostat is used

The indicator "Households with Children that Have the Necessary Housing and Communal Services" complements the assessment of the quality of living of children in Ukrainian households. 8 sub-indicators are calculated as separate indicators. However, the analysis of living conditions is considered in the report as one topic due to belonging to one indicator. The data was collected during the survey of the conditions and incomes of households of the State Statistics Service of Ukraine.

Results



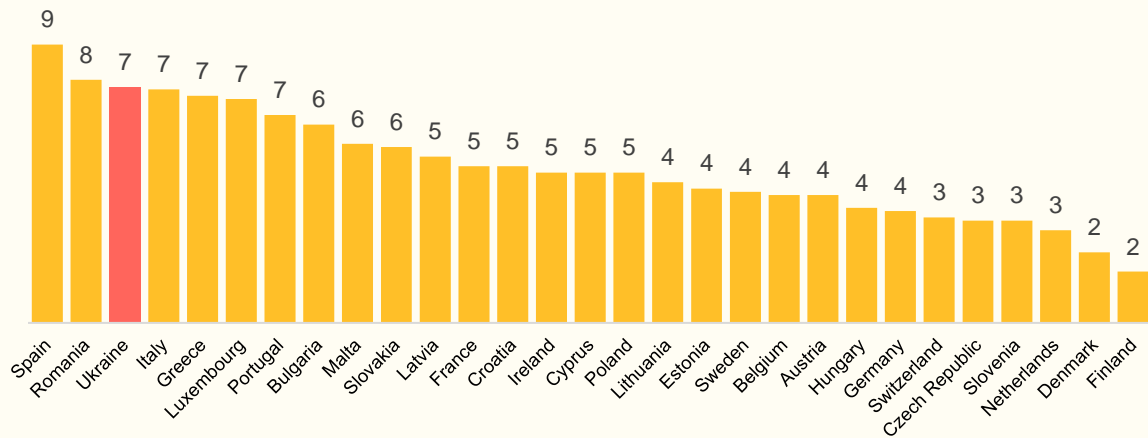
0.66

Poverty among households with children

Frequently, there is a decline in the cognitive and social-emotional development of children from impoverished families, with a lasting adverse effect on their health in adulthood (National Academies of Sciences, Engineering, and Medicine 2019). Children in economically disadvantaged households are those residing in a family with a per capita income below 60% of the equivalent median income, considering family size and structure.

To evaluate the impact of household poverty on children's well-being in Ukraine, it is essential to consider the context of EU countries. As of 2021, 7% of children in Ukraine reside in households with an income below 60% of the equivalent median income. This indicator ranks among the highest in the EU countries; for instance, it is 8% in Romania and 9% in Spain. Considering the potential exacerbation due to the Russian full-scale invasion, this percentage likely increased, further deteriorating the situation.

Percentage of households with children living with income below 60 percent of equivalent median income, 2021

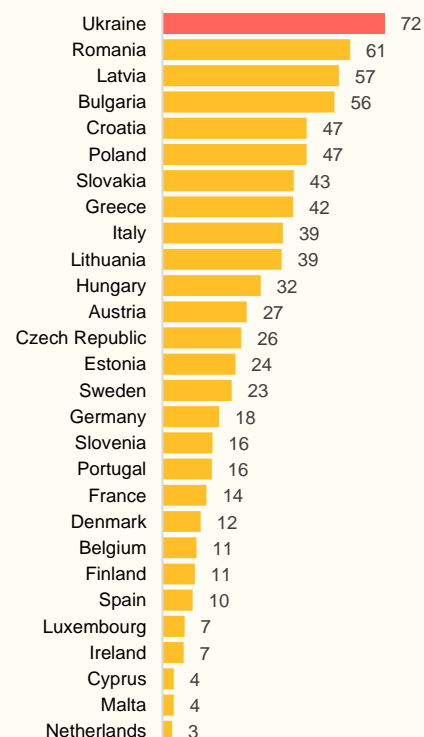


Accommodation

Overcrowding affects the behavior of parents and the cognitive and emotional development of children. In addition, this is a loss of opportunities for children to rest, be independent, and learn, increasing the risk of stress and the appearance of behavioral difficulties (Adamson, 2013).

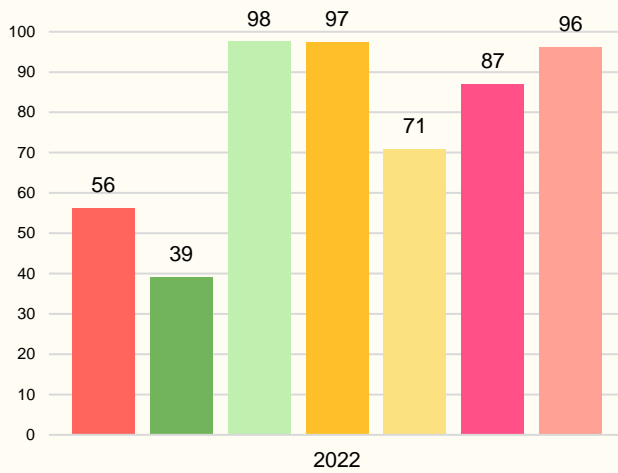
According to the data provided by the State Statistics Service of Ukraine, 72% of Ukrainian children live in overcrowded housing²⁴. This very high level of overcrowding in Ukraine far surpasses other levels reported in the European Union. The countries closest to Ukraine are Romania (61%), Latvia (57%) and Bulgaria (56%). Despite the fact that these countries have a high share of such households, the difference with Ukraine is still significant. One of the public policies can be to solve housing problems, with a special focus on households with children, to improve their well-being and reach European indicators.

Proportion of children living in overcrowded homes, 2022

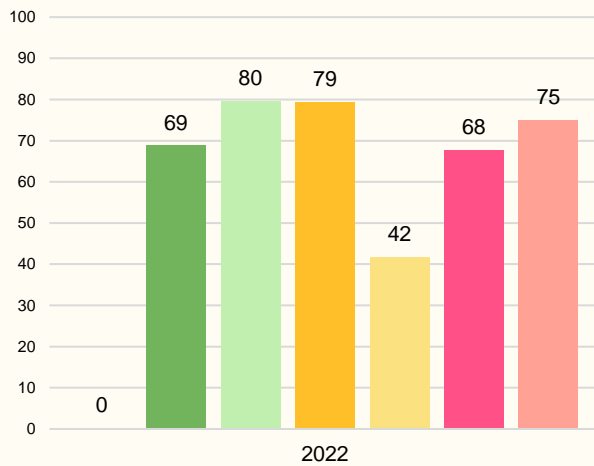


²⁴ If the household with the child does not have at its disposal the minimum necessary rooms, equal to: one room for the household; one room for couple in a household; one room for each person aged 18 and over; one room for several people of the same sex between the ages of 12 and 17; one room for each person aged 12-17 years who is not included in the previous category; one room for children under 12 years old.

Availability of utilities in urban households with children (%)



Availability of utilities in rural households with children (%)



- Central heating
- Individual heating system
- Water supply
- Sewerage
- Hot water supply
- Centralized gas supply
- Bath or shower

systems in rural areas.

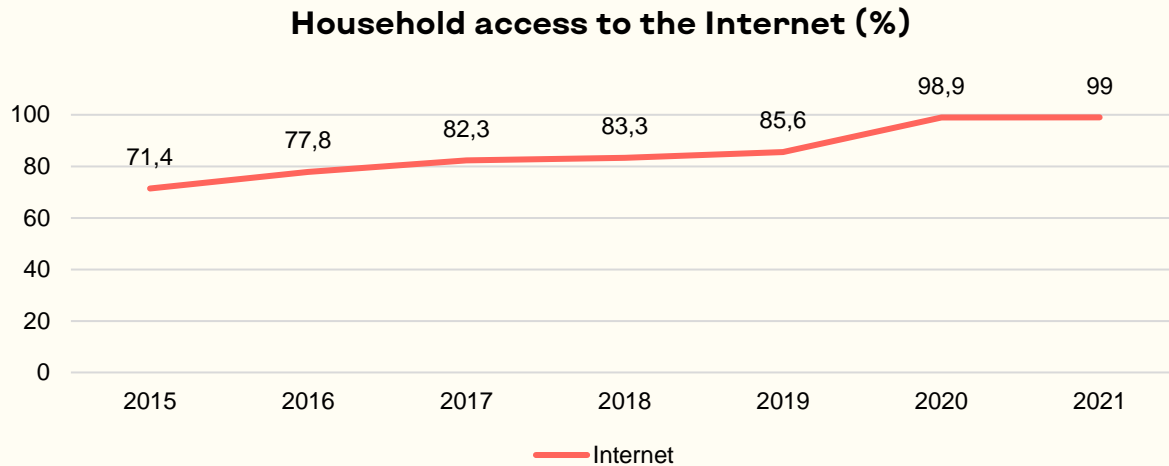
Among other key services, urban households are much better equipped. The difference is especially significant in the presence of sewage, water, hot water, and centralized gas. Simultaneously, as indicated by the trends from 2015 to 2022, the disparity between urban and rural areas is narrowing, suggesting an enhancement in the living conditions of children in rural households.

Almost all households have access to the Internet. The statistics have improved, especially since 2015, when compared to 2021, the year in which data was last published.

The availability of high-quality utilities is an integral part of children's well-being, as they directly affect the conditions of their growth and development. A well-functioning system of water supply, sewage, heating, and electricity supply ensures comfort and safety in the house, creating optimal conditions for the physical and psychological growth of children. Guaranteed access to clean water and proper sanitary conditions make it possible to avoid diseases. In addition, a stable electricity supply creates opportunities for learning and development by providing access to information resources.

Access to the Internet is a key factor in today's world and plays an important role in the well-being of children. The Internet offers a wide range of opportunities for education and development, providing many resources for self-study. This has become especially important in the context of distance learning during a pandemic and full-scale war.

The availability of utilities differs for urban and rural households. As for heating methods, centralized supply dominates in the city, and individual



The full-scale invasion of the Russian Federation into Ukraine exacerbated social inequality. In particular, the poor and socially vulnerable population remained unprotected. An assessment of the impact of the war on people shows that access to basic services in Ukraine stabilized after the first months of the war (UNDP, 2023). Deputy Director for the Implementation of Programs of the Charity Partnership "Every Child" Zinaida Kyyanytsya notes that the state has kept all its social benefits, which families with children receive, on the family form of education. Payments have been preserved even in cases where the family moves abroad.

International organizations could also provide financial assistance to Ukrainian families. Zinaida Kyyanytsya notes that through international charities, they were able to provide support to 28,000 families by purchasing the necessary goods. However, she notes that there is a problem here: there is no record of the families that will receive aid, and one family may receive aid from many donors, while someone may not receive it at all.

To improve and maintain the financial condition of families in difficult life circumstances, according to the head of the Coordinating Center for the Development of Family Education and Child Care, Iryna Tulyakova, there should be an institutional system of family support at the community level.

**Iryna Tulyakova**

The head of the Coordinating Center for the Development of Family Education and Childcare

“ We have to create a culture of supporting the family with services, as a state. We need to proactively give them the opportunity to use our support so they can restore their capacity and work. They need to be economically beneficial for the country because this is important. To achieve this, every community should have a package of services for the family — preventive measures regarding the separation of children and parents, taking into account the conditions of war. Someone needs humanitarian aid, food, psychological help, firewood, or fixing the roof — it will calm down mom or dad, they will stop drinking and will do something. There are situations when people cannot cope with their emotional well-being, and they start to abuse, or some other challenges appear. Therefore, we must have services, social support, and many social workers. ”

Dimension 9.

System of institutional care

General overview

In this dimension, we study institutionalized care for children living in single-parent families (with only one parent) or households where an adult is not considered a parent. The deinstitutionalization of orphan care is seen as a key aspect of the harmonious development of children and support for their physical, psychological, and social growth.

Firstly, deinstitutionalization is defined as a transition from institutionalized care to more inclusive and family-based forms of support. This involves relocating children from boarding schools or other orphanages to family environments or alternative institutions. This approach helps to create a safe and stimulating environment for children to grow up in, where they can receive the support and affection they need. The impact of institutional care is evident in the most measurable aspect of children's well-being – their physical development, and extends to all aspects of physical and psychological health and social skills. Research on this topic indicates that children grow better outside of institutional care (Dozier, M., Zeanah, C. H., Wallin, A. R., & Shaffer, C. 2012)

Second, this initiative contributes to improving the quality of childcare and development. Research shows that children who grow up in family or family-like environments have more opportunities to develop their skills, social relationships, and self-identity (Euro Child-Better Data for Better Child Protection Systems in Europe, 2018; McCall R.B. 2013; Delgado, P. 2023). This is important for improving their well-being and preparing them for independent living after leaving the childcare system.

Child trafficking and exploitation of institutionalized children also pose a significant threat, as traffickers often target this vulnerable category of children to exploit for personal gain. These trafficked children can be trapped in various forms of exploitation, such as sexual violence, forced labor, and forced criminal activities. Worldwide, there is ample evidence that children in institutions are groomed, coerced, and deceived, ultimately leading them to leave these institutions in the false belief that they are headed for safety (LUMOS, 2021). In particular, the report of the US State Department for 2021 recorded cases of trafficking and exploitation of

children from the system of institutional care in Ukraine (US Department of State, 2021).

Measurement calculation

To assess the well-being of children in this dimension, the following 4 indicators are used:

1

Share of households without one or both parents

2

The number of children aged 0-17 in the system of institutional care

3

Percentage of orphans and children deprived of parental care aged 0-17 in family forms of care

4

The number of adopted children to the number of orphans and children deprived of parental care who are not in family forms of care²⁶

The indicator "Share of Households Without One or Both Parents" reflects the level of family well-being of children who are raised without one or both parents and, accordingly, may experience insufficient care, support, attention, and love, which can negatively affect their psycho-emotional health and the development of skills and competencies.

"Number of Children Who Are in Institutions of Institutional Care and Upbringing of Children" allows us to understand how many children in Ukraine have this status and compare it with similar indicators for EU countries.

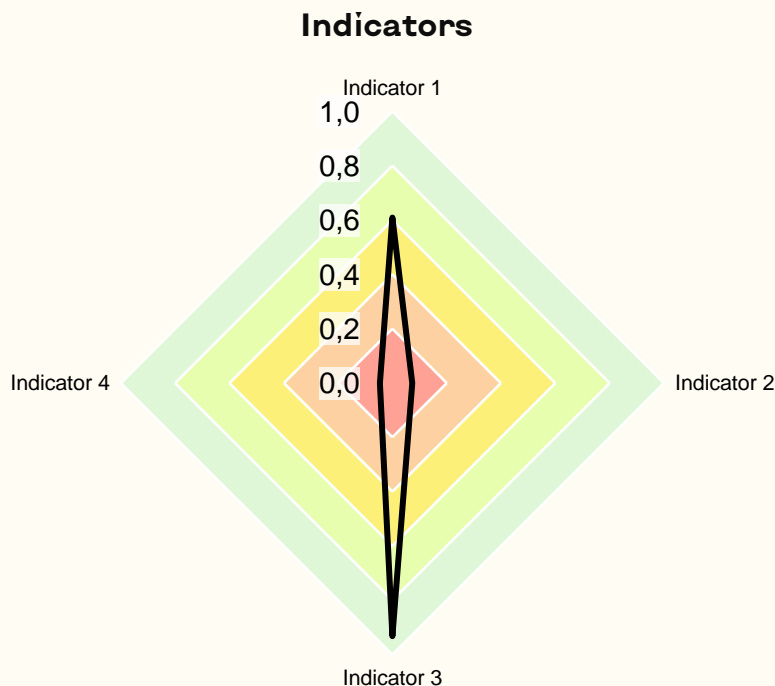
"Share of Orphans, Children Deprived of Parental Care, Family Upbringing, Upbringing in Conditions Close to Family (out of the Number of Orphans and Children Deprived of Parental Care)" is an important indicator for assessing the well-being of orphans and children deprived of parental care who are brought up in family-based care.

"Dynamics of Adoption of Children" allows us to assess how many orphans and children deprived of parental care have been able to find a family.

²⁵ per 100,000 children aged 0-17

²⁶ per 100,000 children aged 0-17

Results



0.42

Households with children aged 0-17 without one or both parents

Indicator 1 reflects the share of households with children aged 0-17 without one or both parents according to data published by the State Statistics Service of Ukraine (State Statistics Service of Ukraine [Social Protection of the Population of Ukraine], 2022) in the statistical collection "Social Protection of the Population of Ukraine." The general trend shows significant annual changes in this indicator.

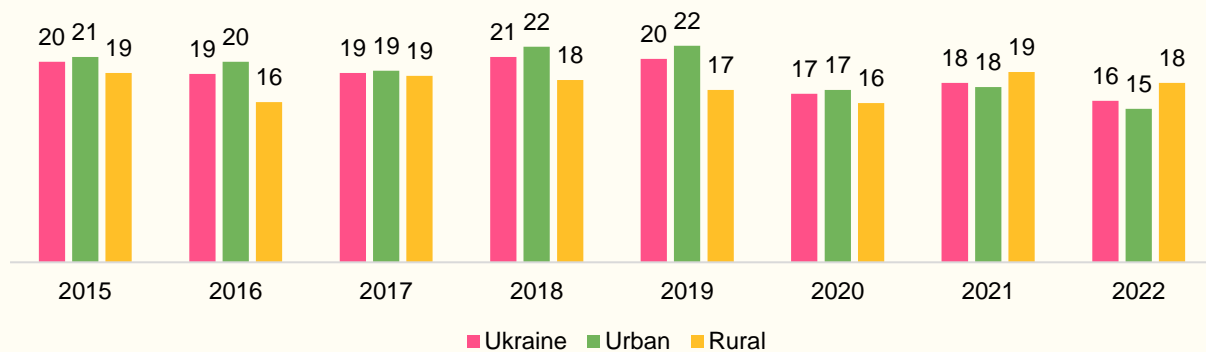
In 2015, 20% of such households existed out of the total number of households with children. There was a decrease in this indicator to 18.9% in 2017; however, in 2018 and 2019, an increase in the share of such households was observed again.

Significant transformations took place in 2019-2021, when the number of households with children without parents decreased significantly, from 20% to 18%, respectively. This may be due to various circumstances, such as the impact of the pandemic or other factors that affect marital status. It is important to take into account that for the years 2015-2021, it is given without taking into account the temporarily occupied territory of the Autonomous Republic of Crimea and the city of Sevastopol and part of the temporarily occupied territories in the Donetsk and Luhansk regions. In 2022, the indicator was 16%, but it is worth considering the impact of a full-scale invasion, which could significantly affect this indicator.

In 2022, the number of households with children without parents decreased to 883 thousand. The data for 2022 are given according to available administrative data and without taking into account the territories temporarily occupied by the Russian Federation and part of the territories where hostilities are (were) taking place, which directly affects the reduction of this indicator.

Comparing urban and rural territories, it is important to note that the share of such households was always higher in cities compared to villages during the considered period. However, in both cases, certain changes have occurred. Urban areas saw a decline in this figure in 2021, while rural areas saw a change in 2016 and then again in 2021.

Households with children who do not have one or both parents (%)



To compute Indicator 1, the "Share of Households Without One or Both Parents," data from 2018 were used. These statistics were collected and published in 2020 for OECD countries (OECD Family Database SF1.2 Children in Families, 2020). To ensure comparability, it is crucial that the data for Ukraine and OECD countries reflect the same categories, encompassing households where children reside with one parent and households where children live with adults who are not recognized as the child's parents.

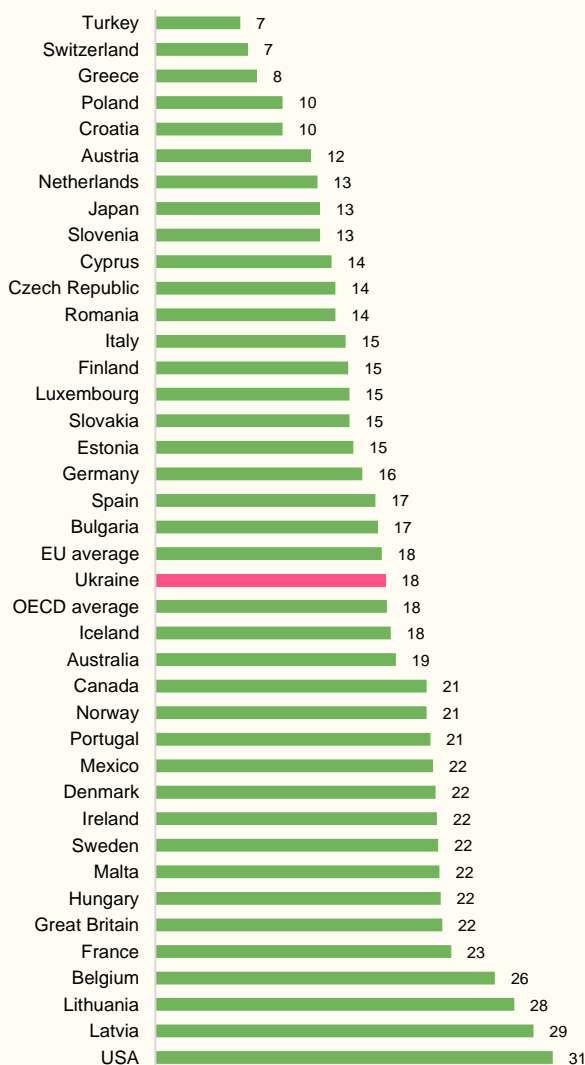
Data for OECD countries provide an overview of the distribution of children (aged 0-17) based on the presence of parents and marital status in the household. The category of children provides for their classification into three separate groups based on the number of adults recognized by their parents living in the same family:

- ◆ The first group consists of children who live with two parents. In such cases, the child mostly lives in a family with two adults identified as "parents." These parents can be biological, adoptive, or foster parents. For European countries and some non-European OECD countries, the data allow for further differentiation. This includes the classification of children living with two married parents when both adults considered to be the parents are married to each other. In addition, it covers those who live with two cohabiting parents, meaning the two parents are not married to each other. It is worth noting that

in European countries, the term "married parents" usually covers parents in a registered partnership, with possible variations in different countries.

- ◆ The second group consists of children who live with one of their parents. In this scenario, the child mostly lives in a single-parent household with only one adult. This one and parent can be biological, adoptive or adopted. Although a household may or may not include other adults, such as grandparents, other relatives, or unrelated adults, only one adult is identified as the parent for the household to be classified as a single-parent household.
- ◆ The third group includes the "Other" category. Here, the child mostly lives in a family where no adult is considered one of the parents. This category covers different living arrangements, such as a child living with grandparents, other relatives, or unrelated adults, provided that none of the adults in the household is the child's parent.

Households with children who do not have one or both parents: OECD and Ukraine (%): 2021



As a result, households that comprise the second and third groups for OECD countries were selected for comparison with the indicators for Ukraine. The data for Ukraine were taken for the year 2021, and the data for the year 2022 are given according to the available administrative data and without taking into account the territories temporarily occupied by the Russian Federation and part of the territories on which hostilities are (were) taking place, which affects the distribution of these households.

When comparing the percentages of households with children without one or both parents across various countries, Ukraine holds a middle-ranking position. Its indicator, at 18%, closely aligns with other countries, including Spain (17%), Bulgaria (17%), the average for the European Union (17%), and the OECD average (18%). The important point is that data for Mexico is up to 2010, Australia - 2012, Japan - 2015, Canada and

Iceland - 2016, and France, Hungary, Ireland, Luxembourg, Turkey, Slovakia and Switzerland - 2017. In addition, for Japan and Mexico, children aged 0-14 were considered.

Orphans and children deprived of parental care aged 0-17 and the system of institutional care

Indicator 2 reflects the number of children 0-17 years old (per 100,000 children 0-17 years old) according to the data published in the UNICEF monitoring report "CHILDREN AND WAR IN UKRAINE: on the Situation of Children from Family Forms of Upbringing and Institutional Institutions" (Children in Alternative Care, 2023). Monitoring includes research for the period February - June 2022. It is based on data from the Ministry of Social Policy, the National Social Service, and the State Statistics Service of Ukraine as of February 24, 2022, when the full-scale invasion happened.

At the beginning of the war, there were 722 institutions of institutional care and education for children in Ukraine, where 104,729 children studied and were brought up. This included 48,071 children permanently residing in institutional care. 4,584 of them had the status of an orphan or were deprived of parental care.

According to UNICEF monitoring data, most children (38,882 children - 81% of the total number) from institutional care have returned to their parents or legal guardians as of July 2022. However, there are cases where children remain in temporarily occupied territories or have been moved abroad.

Overall, the war has a serious impact on the safety and habitat of children in Ukraine, and it is important to continue monitoring and measures to ensure their safety and well-being.

When comparing the number of children aged 0-17 in the institutional care system (per 100,000 children aged 0-17) during the full-scale invasion, it is evident that Ukraine lags significantly behind European countries. Data for European countries were collected in the report "Children in Alternative Care: Comparable Statistics to Monitor Progress on Deinstitutionalization Across the European Union" (Children in Alternative Care, 2023) for 2021 as part of the DataCare project launched by Eurochild with the support of UNICEF. DataCare has compiled a database on alternative care in 27 EU member states and the UK. The aim was to move towards a more transparent, common approach to data collection and reporting in this area across Europe.

As defined by UNICEF (UNICEF Europe and Central Asia, n.d.), which was applied in this report, alternative care for a child was defined as a situation where the child's own family is unable, even with adequate support, to provide proper care of the child,

or abandons or abandons it. In such a case, the government is responsible for protecting the child's rights and providing adequate alternative care together with or through competent local authorities and duly authorized civil society organizations.

UNICEF considers two main forms of formal alternative care:

1. Family care

- ◆ Family care: "Family care in the child's extended family or with close family friends known to the child, as decided by a competent administrative or judicial authority."
- ◆ Foster care: "situations where a competent authority transfers children for the purpose of alternative care to the home environment of a family other than the children's own family that has been selected, qualified, approved and supervised to provide such care."
- ◆ Other forms of family care: There are many different forms of formal family care in Europe and Central Asia, and countries use different terms to describe these forms of care.

2. Residential care

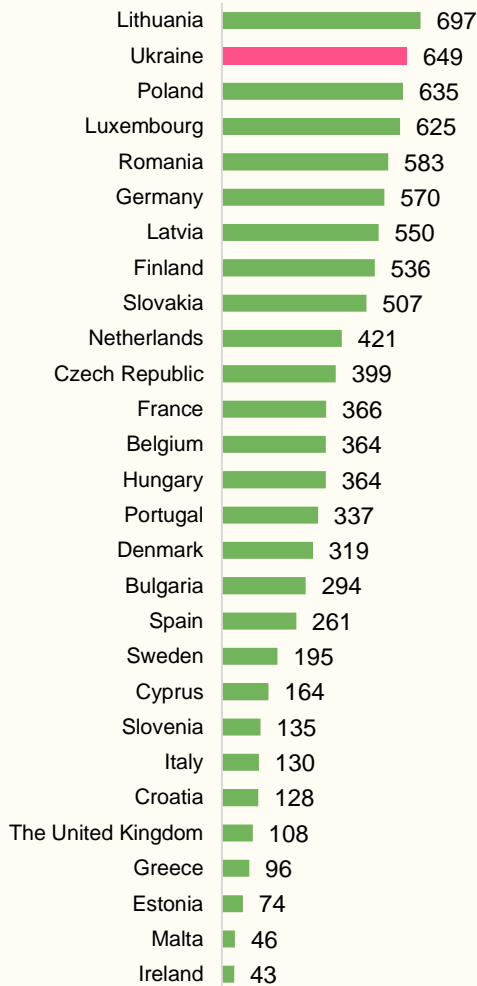
- ◆ Care is provided in a non-family group with paid and/or unpaid staff, where some children live and receive care and are placed as directed by the competent authority.

Family care corresponds to the family form of care in Ukraine, and permanent care corresponds to institutional care in Ukraine. Children who are subject to these forms of care in European countries can be considered equivalent to orphans and children deprived of parental care in Ukraine.

In Ukraine, the number of children (649 children per 100,000 child population) who are in institutional care is significantly higher than in most EU countries. In this case, Ukraine is more similar to its neighbors Poland (635) and Lithuania (967, the only country with a higher number of children) than most Western European countries. One of the main tasks of social policy in the field of childhood should be to significantly reduce the number of children living in institutions of institutional care to first approach the average European indicator - 331 children, and then approach the leaders of Estonia (74), Malta (46) and Ireland (43).

Indicator 3 reflects the percentage of orphans and children deprived of parental care aged 0-17 who are in family forms of care, published by the State Statistics Service of Ukraine (State Statistics Service of Ukraine [Social Protection of the Population of Ukraine], 2022).

The number of children aged 0-17 in institutional care facilities (per 100,000 children aged 0-17): 2021



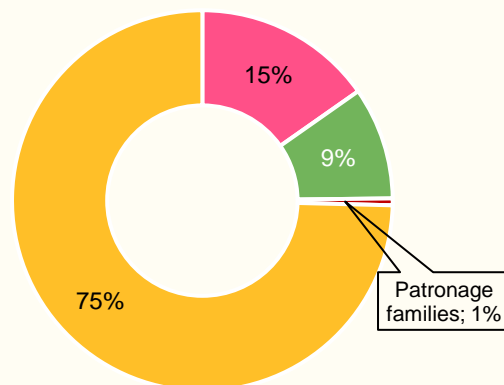
Ukraine has a high rate – 93% of orphans and children deprived of parental care 0-17 years old, who are in family forms of care, according to the data. During the war, the risk to the safety of children deprived of parental care, or orphans, increases. General UNICEF data on orphans and children deprived of parental care indicate that at the beginning of the war, there were 67,586 such children in Ukraine, according to the calculations of the State Statistics Service of Ukraine. In general:

- ◆ 63,002 were in family forms of upbringing, including caregivers/guardian families, foster families, and family-type children's homes.
- ◆ Additionally, 4,584 children were in institutions of institutional care and education.

According to data collected by UNICEF, the absolute majority of orphans and children deprived of parental care are in the families of caregivers or guardians - 75%.

After February 24, 2022, due to the threat to the life and health of children as a result of the war, 14,218 orphans and children deprived of parental care were evacuated to safer territories of Ukraine and beyond. Despite this, some children remain in occupied or uncontrolled territories, which also carries the risk of children being subjected to violent exploitation or human trafficking. In particular, as of July 1, 2022, 5,495 children were in such territories.

Distribution of children who are in family forms of care and under patronage, as of July 1, 2022



- Children's homes of family type
- Foster families
- Patronage families
- Families of guardians/caregivers

As of the same period, UNICEF monitoring determined the location and security status of 60,743 orphans and children deprived of parental care, of which:

- ◆ 43,243 children did not change their region of residence due to the war;
- ◆ Another 5,288 children stayed in the temporarily occupied territories and;
- ◆ 2,618 children were displaced within Ukraine.
- ◆ 8,200 children are abroad while
- ◆ 96 children were taken to the Russian Federation and uncontrolled territories.

It was also found that 254 children from 151 family forms of upbringing were separated from their legal representatives. These children were found in healthcare facilities, temporarily occupied territories, or abroad. The efforts of experts and children's services were aimed at ensuring the safety of these children and, if necessary, their return to legal representatives.

It is important to note that the National Strategy for Reforming the System of Institutional and Child Education is aimed at important changes in the system of care for orphans and children deprived of parental care. Now, Ukraine has already achieved significant improvements, increasing the number of children in family forms of care to an indicator above 90%, which matches with the goals of the National Strategy.

Indicator 3 reflects the number of adopted children to the number of orphans and children deprived of parental care who are not in family forms of care (per 100,000 children 0-17 years old), published by the State Statistics Service of Ukraine (State Statistics Service of Ukraine [Social Protection of the Population of Ukraine], 2022). The lower limit of the indicator is taken as the average rate of adoption of children in EU countries between 2004 and 2014, when the last report was published on this data (European Parliament, 2016).

Adoption is an important social phenomenon, as it provides an opportunity for children left without parental care to get a new chance for a happy and fulfilling childhood in a family environment. This process helps to create stable and loving families where children can develop physically, emotionally, and socially.

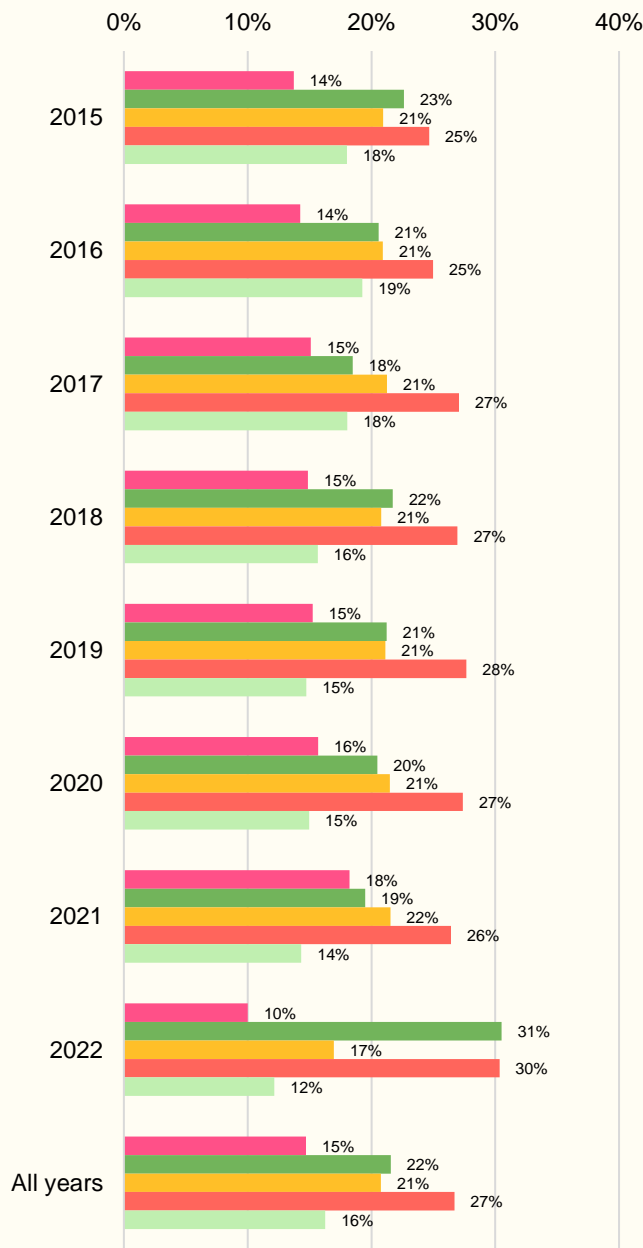
Adoption also helps reduce the number of children entering institutional care by providing them with the opportunity to grow up in a stable and supportive environment. This process contributes to creating of more humane and modern approaches to child care, which meet modern requirements and harmoniously affect the development of society as a whole.

Summarizing the results of the analysis of the dynamics of adoption of children in Ukraine from 2015 to 2021, it is possible to identify key trends. During this period, the total number of adopted children decreased from 3,212 to 2,150, indicating a

general decline in interest in adoption. However, for a deeper understanding of the situation, it is important to consider the dynamics in terms of age groups.

The biggest decline occurred in the categories of children under 1 year old and 6-10 years old, where the number of adopted children decreased by 269 and 268, respectively. In turn, the categories 1-2 years and 3-5 years show a smaller decline - by 176 and 130, respectively. It is important to note the decrease in the number of adoptions in the category of children aged 11-17 from 727 in 2015 to 419 in 2021.

Number of children adopted during the year (%)



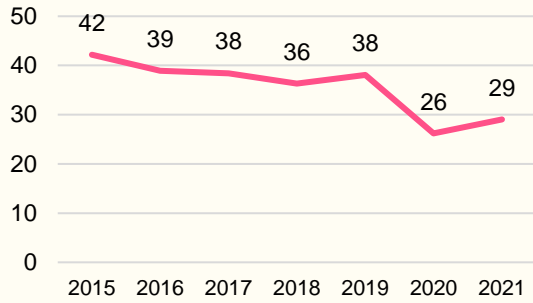
■ Age: up to 1 year
 ■ Age: 1-2 years
 ■ Age: 3-5 years
■ Age: 6-10 years
 ■ Age: 11-17 years

When adopting children in Ukraine, it is important to take into account the intensity of this process in relation to the population. We can identify certain trends by analyzing the adoption rate of children per 100,000 population from 2015 to 2021.

In 2015, a high intensity of adoption was noted, which amounted to 42 children per 100,000 population. However, during the following years, a gradual decline in this indicator was observed. In 2016, the figure dropped to 39; in 2017 and 2018, it was 38 and 36, respectively. It is important to note a certain increase in intensity in 2019 when 38 children were adopted for every 100 thousand population.

However, the most noticeable decline is noted in 2020, when this indicator fell to 26 children per 100,000 population. This may be due to several factors, such as the global pandemic, influencing adoption decisions. In 2021, there was some improvement, and the number of adopted children per 100,000 population increased to 29.

Adoption of children per 100 thousand population



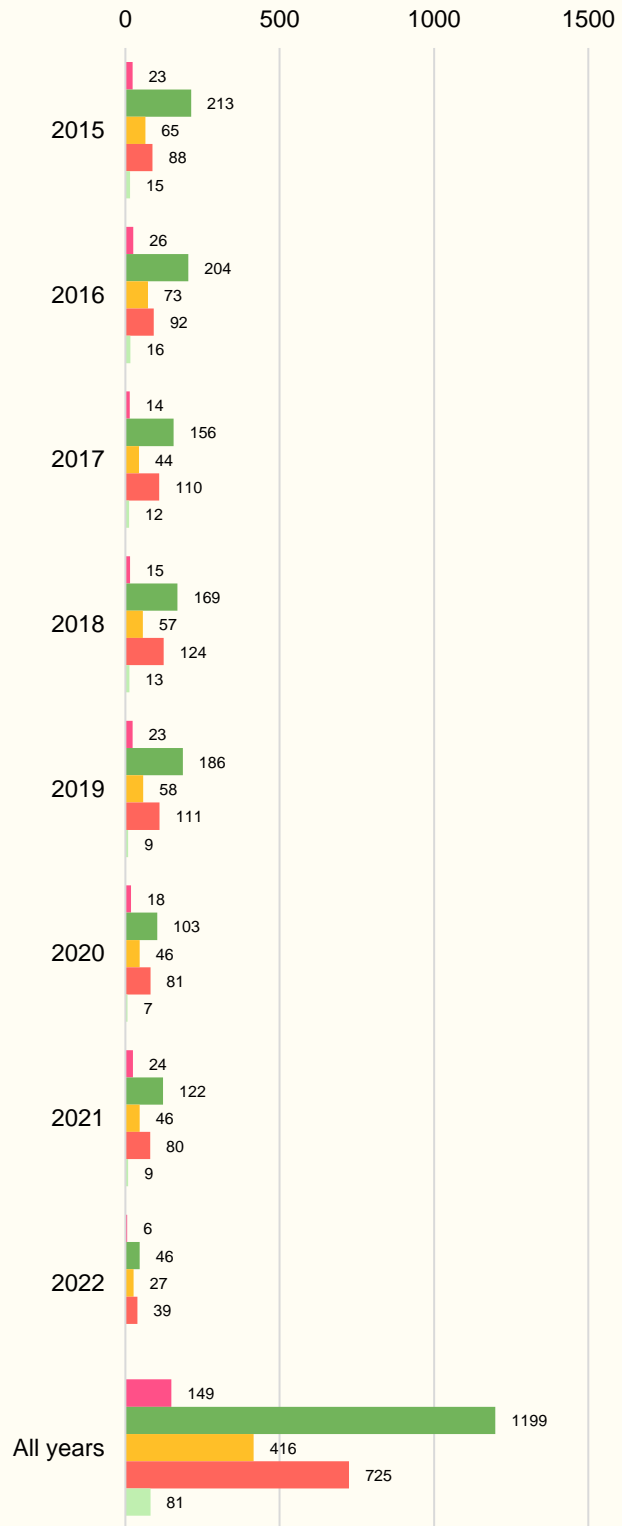
Adoption of children by foreign citizens is generally characterized by a smaller number compared to adoption by citizens of Ukraine. Over the entire period of 2015-2021, the total number of children adopted by foreigners decreased from 404 to 118.

Foreign citizens most often adopt children aged 11-17, and the percentage of adoptions in this category was 47%. Children aged 1-2 years and 3-5 years are also often adopted by foreign parents. The percentage of adoption in these categories varies from 4% to 9%, which confirms the stable interest in younger children.

Regarding 2022, compared to 2021, the total number of adoptions decreased to 1,727. A particularly large drop is observed among adoptions by foreign citizens.

From interviews with graduates of institutions of institutional care, we found out that there are harsh punishment practices in boarding schools. In particular, the informants mention bullying of younger children by older children.

The number of children adopted by foreign citizens during the year



■ Age: up to 1 year
 ■ Age: 1-2 years
 ■ Age: 3-5 years
■ Age: 6-10 years
 ■ Age: 11-17 years



Well, at the age of 13, I was still scared. Older boys could still strangle me somewhere, and when we went to the seaside, they could beat me. They had such entertainment, they didn't care. When I was smaller, they simply locked me in a room for the whole day, that's how I was punished. That is, you can't go to any celebration after dinner; they didn't let us in. You were punished and you sit in the room, that's all.



- Informant 1

Theft of toys, clothes, etc. was also a common practice in places of institutional care. The pupils say that it was difficult to prove the theft, and none of the counselors investigated this issue, and the thieves went unpunished.



[translated from Russian] They simply took the things you brought from home. These things could fit them. And they take them because they think they have more rights because they've been here longer. It is normal for them to take and steal the phone No one works with them there, and it is necessary to work with them. And the fact is that it might have stopped, if the director had not supported all this but she did. What kind of changes can we talk about? Me too, you know, had watched the movies before and did not believe that there could be such a thing. But then I became convinced that there could be even more.



- Informant 4

Graduates of institutions of institutional care noted that since their care was carried out by the state and was formalized, after graduation from orphanages they remained lonely and did not always have an adult to turn to in case of need. Also, in the institutional care system, all decisions for children have been made in advance, so after graduation, such a variety of choices can be frustrating. At the same time, due to the widespread practice of punishment by educators, graduates are afraid to make decisions on their own because, in the boarding school, they could be punished for initiative or disobedience.



[translated from Russian] Oh, let's start with the fact that not only with peers but also with teachers who beat us. It affected me in such a way that I still cannot solve this problem. I have a choice, I can't make it myself, I'm used to being decided for me. It has become part of my everyday life, they decided for me there. That is, I was never asked: "Will you eat buckwheat or potatoes?" This simple choice had a great impact on me. I still can't make a choice myself. I don't know, I'm scared, I think someone will beat me if I make a choice and it turns out to be wrong. I still have this phobia after dark, I also have psychological problems with which I struggle. I work with psychologists, I'm afraid of the dark after these dark ones.



- Informant 4

In in-depth interviews, graduates of institutions of institutional development note that they lack basic skills for further adult life. This is confirmed by research in other countries (Sulimani-Aidan, Y. 2014, Atkinson, C., & Hyde, R. 2019, Glynn, N. 2021). The state provides their care - it is often formalized, without sufficient support for children. Graduates of institutions of institutional care note that they have difficulties making decisions because in the state care system, everything was decided for them in advance. Also, educators often influenced their choices. Mental and psycho-emotional development in the institutional care system is entrusted to educators and psychologists. However, the informants stated that they often did not trust other psychologists and could not tell them about their true experiences. One of the reasons for mistrust is that other psychologists at the institution of institutional development could disclose information to educators and directors of institutions. Also, not all institutions of institutional care had qualified specialists. Sometimes, this position could be occupied by educators. Informants mention that in such cases, such psychological support was often reduced to the question, "Do you need anything?"

Also, pupils of institutional care institutions mention that they had contact with other psychologists in schools. However, this, too, was often quite formalized in the form of character tests and career orientation tests.



I can say about psychological support; it's a very interesting topic, I really like it. It happened that I opened up to a psychologist. That is, I shared my pain. I could do something and I didn't know how to get it out; you know, I could publish something somewhere. Well, in general, it's something, you know, personal. I told this to the psychologist, and the psychologist went and reported it to the director. That is, it was actually difficult, it was difficult to trust...



- Informant 1

Another aspect mentioned by the informants is the lack of interest and contact with other psychologists. Respondents also testify that psychologists or psychiatric institutions were often used in institutions as a way to tame the "naughty". In retrospect, informants recall that similar scenarios, when visits to psychologists were forced, and the lack of confidentiality was in question, deprived them of trust in psychological support within the institution. The lack of conditions for sharing their experiences, internal questions, and problems may affect their further ability to solve problematic situations and build trusting relationships in society.

Respondents testified that their health was taken care of, but mostly formally. They could be interviewed about their condition, undergo annual examinations, and move to an isolation ward in case of infectious diseases. Informants noted that educators felt a legal responsibility regarding their health, which is why they paid attention.



I will not say anything about this issue, as I almost did not notice that anything serious was happening. We had treatment; if there was a serious injury, we were treated. Everything was normal. They were worried about our health because there the prosecutor's office could get involved asking what happened to the child and why.



- Informant 2

The consequence of state guardianship is that pupils grow up not adapted to independent life. In the interview, they mentioned that it was difficult for them to build friendly relationships because in the orphanage, communication was structured hierarchically, the elders humiliated the younger ones, and due to constant thefts, fights, and emotional violence, there was a lack of trust. For example, students say that after graduation, they did not know how to cook for themselves and did not know the basics of financial literacy, which is why they immediately spent the funds they received, scholarships, etc.

““

The feeling was that you would have to think everything for yourself, that is, no one would control you, you are already responsible for your life, no one would tease you during classes, and you would have to get up yourself. There is such a feeling right away that there is responsibility. In terms of difficulties... It was necessary to plan, that is, plan your day, month, budget, think, and don't spend all the money you are given. Honestly, it's such a big jump, you know, when you go through everything ready-made, and here you're all by yourself.

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- Informant 6

The full-scale invasion created a challenge for institutions of institutional care; they had to be evacuated abroad. Expert Kyrylo Nevdokha notes that often, the directors of these institutions did not accompany the children during evacuation. There could only be one caregiver for the children, who worked without days off and shifts.

““

I would say that the system precisely demonstrated its lack of orientation towards the child. Many directors and social services put their interests above the child's interests. Many untimely transported the child, and the children suffered greatly – that's the first thing. Second, if they did transport, very often they sent caregivers who then sat abroad with the children for months without change. The director was there, maintaining the building and worrying about preventing theft. So, I would say transportation initially occurred thanks to public organizations and charitable organizations, and later, the state got involved, and child protection services stepped in. So, there were orphanages, and directors who worked and took and transported children, but there were very few of them in terms of percentages. In fact, they either distributed the children to families, left them behind, or transported them, but not the whole team – they sent two caregivers there.

””



Kyrylo Nevdokha

The head of the Office for Children and Youth "DIYMO"

It is important to improve their well-being and prepare them for independent living after leaving the childcare system.

Deinstitutionalization contributes to the development of an inclusive society and the support of children's rights. This approach helps to reduce the stigma that orphans often experience and emphasizes their right to a dignified and equal status. It also helps to strengthen the role of the family in society, making it the main environment for children to acquire knowledge and values.

The process of deinstitutionalization of childcare is also the focus of attention of Ukraine's state social policy. In 2017, the National Strategy for Reforming the System of Institutional and Child Education was approved (MON, 2023c) and developed in accordance with current requirements and needs. This strategy arose from the awareness of the need to review the existing system, which did not always meet the real needs of children and families with children, and to create conditions for the child's growth in a family environment.

The main principles on which this strategy is based determine the next steps for improving childcare in Ukraine. The primary goal is to ensure the safety and well-being of every child, and this aspect has become a priority in public policy. It is also recognized that the family is the best environment for the upbringing and development of a child, and the strategy emphasizes the preservation of families for children as a key condition for ensuring their best interests and well-being.

The state recognizes the importance of responsible parenthood and supports its development, promoting positive and responsible parents. Reforming the system of institutional care and upbringing of children is carried out by taking into account the needs, opinions, and interests of each child, with the aim of creating inclusive and equal access to services and opportunities.

An equally important principle is the involvement of children in the decision-making process that affects their lives and future. It is important to consider their voice and needs in developing effective policies and programs. This approach helps create a fairer and more supportive environment for all children in Ukraine, ensuring their well-being and development.

Conclusions and recommendations

Health.

War has created many risks for children's health and the medical system. Doctors note that children have exacerbations of chronic diseases due to stress, staying in shelters, and lack of timely prevention. At the same time, comprehensive support systems should be provided for doctors, which will minimize their professional burnout, and ensure effective improvement of their qualifications.

In Ukraine, the level of vaccination, timely diagnosis, and prevention of diseases has fallen, as some citizens have lost contact with their previous family doctors and pediatricians. To improve the situation, it is worth drawing people's attention and providing accessible information about medical services that they can receive free of charge in Ukraine. In addition, it is worth working on increasing the number of preventive health examinations to avert the exacerbation of diseases in children.

Teenagers' health is a separate area of work that requires detailed study and the introduction of new approaches in the health care system. They may often distrust doctors or fear telling their parents about their condition. The survey results confirm similar dynamics: older children (14-17 years old) much more often point to their bad health and rate their health worse.

There is a high probability of a shortage of specialized pediatricians in the regions. According to experts, providing medical services in frontline areas is currently difficult. In addition, there is a lack of effective coordination mechanisms in these territories. Having pediatricians in places where they are needed is essential to provide the necessary medical care or consultation for children.

Additional focus should be on children's rehabilitation specialists, and work with children with disabilities. These areas become especially critical in war and post-war societies; therefore, the country should train specialists according to modern standards and approaches.

Security.

Currently, the front has stretched over 900 km, a large part of the territory of Ukraine is mined and/or littered with explosive remnants of war, and the entire territory remains under the threat of rocket attacks. Ukraine should continue large-scale information campaigns, particularly among the children's audience, regarding the

safe handling of explosive objects, and safety algorithms during various emergency scenarios.

The war also affects the emotional state of parents, so there is a constant risk of increasing the number of cases of domestic violence against children, both emotional and physical. By repeating the behavior of adults, children can resort to cruelty within their group.

A separate important aspect is the availability of shelters in preschool and school institutions. According to official data, the percentage of schools with shelters is higher than the same indicator among preschool institutions. The quality of shelters is a separate issue that needs detailed study and evaluation because the circumstances in which children study and stay during the air alerts, especially in frontline cities, directly affect their cognitive and physical abilities.

Education.

A full-scale invasion, and before that, a pandemic, created many challenges for the education system. This is evidenced by the results in the main subjects of NMT/ZNO, which decreased due to restrictions caused by the pandemic and a full-scale invasion. A similar situation is demonstrated by the recent PISA assessment of children's knowledge and skills. Considering this, improving the level of education for children should become one of the priorities of state policy. Another important priority is overcoming the difference in educational results between urban and rural schools, and leveling results by region.

Experts say that at the moment, it is not necessary to put excessive pressure on children regarding their success in school, but on the contrary, to simplify the requirements and emphasize more attention on mental health. Separately, it is worth paying attention to the psychological state of teachers and creating programs to support them.

One of the consequences of long online studies is children's loss of communication skills. Therefore, according to experts, it is currently important for the Ukrainian education system to return all children to school premises. For this, providing schools with shelters and creating a barrier-free environment is necessary.

Under the conditions of hybrid education, children should be technically equipped enough for distance learning. The average satisfaction rate with distance learning conditions by parents and children is 55% and 57%, respectively. The question of whether children have enough opportunities to regularly participate in the educational process requires additional assessment and monitoring.

The extracurricular activity of children, which is an integral part of their well-being, also manifests itself differently among demographic groups. Girls and older children were less likely to say they have such an activity. Separately, it is worth paying

attention to regional differences - children from the southern and eastern regions less often noted that they have such activity.

Mental health. Relationships and Social skills.

The war has already affected the mental state of children, but these consequences will be exacerbated in the future. Building system support for families will help to work with the problem. In this area, it is worth strengthening the capacities of psychological support specialists in schools, hospitals, and other places. These should not be universal psychologists but specialists in supporting families with various life difficulties: psychological, material, and health.

It is also important to create programs for children from families with a military. First, waiting is always difficult for a child's psyche because it is unclear what will happen tomorrow. Second, a father or mother returning from war can potentially show aggression towards a child without proper adaptation measures. It is necessary to immediately identify such behavior and work with such families through the child, creating a leisure time where the psychologist can, if necessary, see that there are problems with the child and the family. In addition, programs that aim to support children's mental health should also include restoring trust in people and all aspects of life.

To increase parents' understanding of children and their needs, there is a necessity to create support systems such as parenting schools. Their goal should be to prepare parents to understand the psychological characteristics of children of all ages, particularly in wartime conditions.

Modern conditions signal the need to create psychological support hotlines for teenagers. According to the experts, the current lines do not fully cover the need for assistance and support at a critical moment. They are already working on what happened.

According to experts, there is a special need to popularize anti-stress and sensory toys among children, which can help children experience their emotions and distract them from self-harm practices. Moreover, the issue of self-harm among children and adolescents should be separately considered by specialists to build the necessary set of measures to prevent such actions.

In interpersonal relationships, children became more supportive of each other, but at the same time, radicalization and violence increased. In the first year of the war, conflicts caused by language and political views could occur in families due to displacement. Bullying can also increase among children.

The stressful conditions of war are often an obstacle to the development of social and emotional skills in children. As mentioned earlier, children's communication skills

deteriorate due to the large amount of online learning. Despite this, children become more independent and know how to act in stressful situations. They desire to contribute to the victory, so it is worth creating unifying programs to develop their potential and give them a sense of importance and involvement.

Risky behavior.

Experts noted that a full-scale invasion could increase smoking among children and parents who tolerate it. Due to stress and worry, the number of self-harm and suicide cases is rising. Currently, it is worth updating the conversation about suicidal behavior, its causes, and consequences. Also, it is worth working with the topic of feelings and self-regulation of one's own emotions so that teenagers and their parents know alternative attempts and practices to work with them.

System of institutional care.

The institutional care system needs a complete reformatting, where children will not receive formal care, as determined by the National Strategy for Reforming the System of Institutional Care and Child Education for 2017-2026.

Children in institutional care often lack a sense of both emotional and physical safety. There is cruelty between children; there are cases of elders beating younger ones, taking personal belongings, or robbery.

Institutional care residents often lack quality psychological support. The experience of graduates of such institutions shows that help from a psychologist can be a measure of punishment. There are also cases when the information does not remain confidential and is reported to the management of such institutions. In the future, they may not have access to psychological help, or it will be provided without a sense of trust and support.

Another consequence of formal guardianship carried out by the state is the lack of basic skills required for adult life among graduates. In formal care, children have no choice and do not learn to make decisions independently. According to experts, graduates of institutional care institutions may need special adaptive mentoring programs that would help them better enter an independent life.

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Annexes

Annex 1

Index of Future Components

Dimension	Indicator	Method	Data source
Health	Subjective health: Feeling Fit and Well	Share of respondents who indicated feeling "Very" or "Extremely" fit and well on the 5-point scale.	Quantitative survey of children (10-17 y.o.)
	Subjective health: Physical Activity	Share of respondents who reported being "Very" or "Extremely" physically active (e.g., walking, running, playing sports) on the 5-point scale.	Quantitative survey of children (10-17 y.o.)
	Subjective health: Jogging Ability	Share of respondents who perceived themselves as able to run well, indicating "Very" or "Extremely" on the 5-point scale.	Quantitative survey of children (10-17 y.o.)
	Subjective health: Energy Levels	Share of respondents who felt "Very" or "Extremely" full of energy.	Quantitative survey of children (10-17 y.o.)
	Subjective health: Overall Health	Share of respondents who rated their overall health as "Very good" or "Excellent."	Quantitative survey of children (10-17 y.o.)
	Mortality of children under the age of 1 year	Mortality of children under the age of 1, cases per 1000 live births	State Statistics Service of Ukraine / Ministry of Health
	Mortality at the age of 0-17 years	Mortality rate at the age of 0-17 years, per 1000 people of the corresponding age	State Statistics Service of Ukraine / Ministry of Health
	Number of newborns with low body weight	Share of newborns with low body weight among all newborns	State Statistics Service of Ukraine / Ministry of Health
	Polio vaccination coverage	Polio vaccination coverage among children aged 0-17 years	Public Health Center of the Ministry of Health
	Vaccination coverage against diphtheria-tetanus-pertussis (DTaP)	Level of vaccination coverage against diphtheria-tetanus-pertussis (DTaP) among children aged 0-17 years	Public Health Center of the Ministry of Health
	Number of children with disabilities	Number of children with disabilities per 1,000 children	State Statistics Service of Ukraine
Access to the quality medical services for children aged 0-17	Self-assessment of the health status of the population and the level of availability of certain types of medical care	State Statistics Service of Ukraine	
Security	Level of domestic violence	Number of registered children who have the status of victims of domestic violence	Ministry of Social Policy
	Mine danger: exposure to mines	Share of children exposed to the mined territories	KSE Institute (Center for Sociological Research Decentralization and Regional Development) / The state emergency service of Ukraine
	Share of shelling from the total number of violent events related to war	Average number of targeted shelling/artillery/missile attacks on civilians	ACLED/Bellingcat
	Number of criminal cases related to sexual violence against children	Number of criminal cases related to sexual violence against children	State service for children
	Share of preschool educational institutions	Share of preschool educational institutions with equipped shelters from the total number	State Service of Education Quality

Dimension	Indicator	Method	Data source
	with equipped shelters from the total number of preschool education institutions	of preschool education institutions (ZDO)	
	Share of general school education institutions with equipped shelters from the total number of preschool education institutions	Share of general educational institutions with equipped shelters	State Service of Education Quality
Education	Level of Ukrainian language proficiency	Average score of National Multi-Subject test (NMT)/ External Independent Testing (ZNO) in Ukrainian	Ministry of Education
	Level of proficiency in math	Average score of of National Multi-Subject test (NMT)/ External Independent Testing (ZNO) in math	Ministry of Education
	Level of English language proficiency	Average score of of National Multi-Subject test (NMT)/ External Independent Testing (ZNO) in English	Ministry of Education
	Share of children who are satisfied with the school they attend	Proportion of those who answered that they are satisfied or very satisfied on a 4-point scale	Quantitative survey of children (10-17 y.o.)
	Enrollment of children in preschool educational institutions	Level of enrollment of children in preschool educational institutions	Ministry of Education
	Enrollment of children in secondary education institutions	Level of enrollment of children in secondary education institutions	Ministry of Education
	Share of children enrolled in extracurricular activity	Share of children enrolled in extracurricular education, % of the total number of school-age children	Ministry of Education
	Provision of technical capabilities for distance learning	Share of children and parents who answered "Very good" and "Good"	Quantitative survey of parents / children
	Engagement in Meaningful Hobbies	Share of respondents who engage in hobbies regularly and find them deeply meaningful and fulfilling, indicating "Yes."	Quantitative survey of children (10-17 y.o.)
	Participation in Extracurricular Clubs	Share of respondents who attend extracurricular clubs, indicating "Yes."	Quantitative survey of children (10-17 y.o.)
	Attendance of Extra Classes	Share of respondents who attend extra classes in school subjects, indicating "Yes."	Quantitative survey of children (10-17 y.o.)
	Teacher to children ratio	Share of teachers who have passed the certification of pedagogical workers	Ministry of Education
Mental health	Hedonia: Acceptance	Share of respondents who indicated a high level of agreement about feeling good about who they are, specifically selecting agree and strongly agree.	Quantitative survey of children (10-17 y.o.)
	Hedonia: Happiness	Share of respondents who indicated a high level of happiness, specifically selecting agree and strongly agree.	Quantitative survey of children (10-17 y.o.)
	Hedonia: Care	Share of respondents who indicated a high level of agreement about people's care, specifically selecting agree and strongly agree.	Quantitative survey of children (10-17 y.o.)
	Hedonia: Safety	Share of respondents who indicated a high level of feeling safe, specifically selecting agree and strongly agree.	Quantitative survey of children (10-17 y.o.)
	Eudaimonia: Autonomy	Share of respondents who indicated a high frequency of doing things they want, specifically selecting always and often	Quantitative survey of children (10-17 y.o.)
	Eudaimonia: Competence	Share of respondents who indicated a high frequency of doing things well for themselves, specifically selecting always and often	Quantitative survey of children (10-17 y.o.)
	Eudaimonia: Resilience	Share of respondents who indicated a high frequency of finding way of dealing with	Quantitative survey of children (10-17 y.o.)

Dimension	Indicator	Method	Data source
		problems, specifically selecting always and often	
	Eudaimonia: Helpfulness	Share of respondents who indicated a high frequency of being helpful to other people, specifically selecting always and often	Quantitative survey of children (10-17 y.o.)
	Level of post-traumatic stress disorder (PTSD)	<u>Share of children with symptoms of post-traumatic stress disorder (PTSD) according to CPTS-RI criteria</u>	Quantitative survey of children (10-17 y.o.)
Relationships	Family: Enjoyment of Being at Home	Share of respondents who reported enjoying being at home with their family as "Quite a bit" or "Very much."	Quantitative survey of children (10-17 y.o.)
	Family: Harmony in the Family	Share of respondents who indicated that their family gets along well together as "Quite a bit" or "Very much."	Quantitative survey of children (10-17 y.o.)
	Friends: Presence of Friends	Share of respondents who indicated having friends at school by selecting "Yes."	Quantitative survey of children (10-17 y.o.)
	Friends: Ease of Making Friends	Share of respondents who reported that it is "Very easy" or "Easy" to make friends at school.	Quantitative survey of children (10-17 y.o.)
	Friends: Positive Treatment	Share of respondents who reported that their friends support them in difficult times "Quite a bit" or "Very much."	Quantitative survey of children (10-17 y.o.)
Social and emotional skills	Prosocial Behavior: Being Nice	Share of respondents who try to be nice to other people, indicating "Somewhat true" or "True."	Quantitative survey of children (10-17 y.o.)
	Prosocial Behavior: Being Caring	Share of respondents who care about their feelings, indicating "Somewhat true" or "True."	Quantitative survey of children (10-17 y.o.)
	Prosocial Behavior: Sharing	Share of respondents who usually share with others (food, games, pens, etc.), indicating "Somewhat true" or "True."	Quantitative survey of children (10-17 y.o.)
	Prosocial Behavior: Kindness	Share of respondents who are kind to younger children, indicating "Somewhat true" or "True."	Quantitative survey of children (10-17 y.o.)
	Prosocial Behavior: Volunteering	Share of respondents who often volunteer to help others (parents, teachers, children), indicating "Somewhat true" or "True."	Quantitative survey of children (10-17 y.o.)
	Bullying: Frequency of Being Bullied	Share of respondents who reported experiencing bullying as "Once or twice," "A few times," "Around once a week," or "Several times a week" in the last couple of months.	Quantitative survey of children (10-17 y.o.)
	Bullying: Frequency of Bullying Others	Share of respondents who reported engaging in bullying another child as "Once or twice," "A few times," "Around once a week," or "Several times a week" in the last couple of months.	Quantitative survey of children (10-17 y.o.)
	Cyberbullying: Frequency of Being Bullied Online	Share of respondents who reported experiencing cyberbullying by someone they know through social media or the internet as "Once or twice," "A few times," "Around once a week," or "Several times a week."	Quantitative survey of children (10-17 y.o.)
	Cyberbullying: Frequency of Bullying Others Online	Share of respondents who reported engaging in cyberbullying of someone they know through social media or the internet as "Once or twice," "A few times," "Around once a week," or "Several times a week."	Quantitative survey of children (10-17 y.o.)
Risky behavior	Level of crime among children	Level of crime among children	Unified State Register of Court Decisions
	Share of children who smoke cigarettes	Share of those who answered "Yes"	Quantitative survey of children (14-17 y.o.)
	Share of children who smoke e-cigarettes	Share of those who answered "Yes"	Quantitative survey of children (14-17 y.o.)
	Share of children using drugs	Share of those who answered "Yes"	Quantitative survey of children (14-17 y.o.)
	Share of children who	Share of those who answered "Yes"	Quantitative survey of

Dimension	Indicator	Method	Data source
	consume alcohol		children (14-17 y.o.)
	Early pregnancy rate	Early pregnancy rate	Ministry of Health
Material support	Share of children living in low-income households	Percentage of households with children living with income below 60 percent of equivalent median income	State Statistics Service of Ukraine
	Share of children living in overcrowded housing	Share of children aged 0-17 living in overcrowded housing	State Statistics Service of Ukraine
	Households with children that have the necessary housing and communal services	Share of households with children aged 0-17 years that have appropriate housing and communal services: Central heating Water supply Sewerage Hot water supply Bath or shower Hand washing facility with soap and water in the room Internet	State Statistics Service of Ukraine
System of institutional care and upbringing of children	Share of households without one or both parents	Share of households with children aged 0-17 without one or both parents	State Statistics Service of Ukraine
	The number of children aged 0-17 in the system of institutional care	Number of children who are/live in institutions of institutional care and upbringing of children	Ministry of Social Policy
	Percentage of orphans and children deprived of parental care aged 0-17 in family forms of care	The percentage of providing orphans, children deprived of parental care, with family education and education in conditions close to family	Ministry of Education
	The number of adopted children to the number of orphans and children deprived of parental care who are not in family forms of care	Number of adopted children per 1,000 people aged 0-17	Ministry of Education

Annex 2

Questionnaire

	Please indicate the region in which you live NOW:
End of the interview	<p>I do not live in Ukraine</p> <p>Vinnytsia oblast</p> <p>Volyn oblast</p> <p>Dnipropetrovsk oblast</p> <p>Donetsk oblast</p> <p>Zhytomyr oblast</p> <p>Transcarpathian oblast</p> <p>Zaporizhzhia oblast</p> <p>Ivano-Frankivsk oblast</p> <p>Kyiv</p> <p>Kyiv oblast</p> <p>Kirovohrad oblast</p>
End of the interview	<p>Luhansk oblast</p> <p>Lviv oblast</p> <p>Mykolaiv oblast</p> <p>Odesa oblast</p> <p>Poltava oblast</p> <p>Rivne oblast</p> <p>Sumy oblast</p> <p>Ternopil oblast</p> <p>Kharkiv oblast</p> <p>Kherson oblast</p> <p>Khmelnyskyi oblast</p> <p>Cherkasy oblast</p> <p>Chernivtsi oblast</p> <p>Chernihiv oblast</p>
End of the interview	Crimea
	Please indicate, before the start of the full-scale Russian invasion of Ukraine on February 24, 2022, did you live in the same place where you live now?
	<p>Yes</p> <p>No</p> <p>Refuse to answer</p>
If lived in another place until February 24, 2022	<p>Please indicate the region in which you lived before the start of the full-scale war between Russia and Ukraine (until February 24, 2022):</p> <p>Did not live in Ukraine</p> <p>Vinnytsia oblast</p> <p>Volyn oblast</p> <p>Dnipropetrovsk oblast</p> <p>Donetsk oblast</p> <p>Zhytomyr oblast</p> <p>Transcarpathian oblast</p> <p>Zaporizhzhia oblast</p> <p>Ivano-Frankivsk oblast</p>

	<p>Kyiv</p> <p>Kyiv oblast</p> <p>Kirovohrad oblast</p> <p>Luhansk oblast</p> <p>Lviv oblast</p> <p>Mykolaiv oblast</p> <p>Odesa oblast</p> <p>Poltava oblast</p> <p>Rivne oblast</p> <p>Sumy oblast</p> <p>Ternopil oblast</p> <p>Kharkiv oblast</p> <p>Kherson oblast</p> <p>Khmelnyskyi oblast</p> <p>Cherkasy oblast</p> <p>Chernivtsi oblast</p> <p>Chernihiv oblast</p> <p>Crimea</p>
	Please indicate whether you have children.
End of the interview	<p>Yes, I have children up to and including 9 years old</p> <p>Yes, I have children aged from 10 to 13 years inclusive</p> <p>Yes, I have children aged 14 to 17 inclusive</p>
End of the interview	Yes, I have children aged 18 and older
End of the interview	No, I don't have children
If have children 10-17 years old	How many children between the ages of 10 and 17 live with you?
If 0, then the end of the interview	Interval_____
	<p>Next, we will ask you to invite your child to take the survey. Your child's participation in this study is extremely important. We seek to find out how the war affected children, their mental state, and well-being. This will prevent critical problems among children in the future and help parents protect their children from the consequences of a full-scale war.</p> <p>All answers of your child will remain absolutely anonymous. The information will be processed and presented only in a summarized form. No one will be able to identify the child's answers by their content.</p>
	Can your child / one of your children aged 10-17 answer the questions in the questionnaire?
End of the interview	<p>Yes</p> <p>No</p>
	<p>Before inviting your child to the survey, we ask you to answer one more question. How do you assess the conditions for distance learning (availability of a computer / laptop, Internet, tablet, smartphone, etc.) of your child at the current moment?</p> <p>Very good</p> <p>Good</p> <p>Average</p> <p>Bad</p> <p>Very bad</p> <p>There are no opportunities for distance learning</p> <p>Hard to answer</p> <p>Refuse to answer</p>
	Please hand over your gadget to your child now to complete the survey further. It is important for us to receive your child's answers without the help of others.

	<p>Hello! Thank you for participating in the study! We conduct research dedicated to the topic of children's and teenagers' well-being. Your answers will help us better understand what children in Ukraine are facing today; how the war has affected educational opportunities; what problems children are experiencing today. This survey will take you about 10 minutes.</p>
	<p>Your opinion is very important to us. Your and your peers' answers will help to better understand what affects the well-being of children in Ukraine. Your participation can help other children in Ukraine and solve problems, including those caused by war. All your answers will be completely anonymous. No one will know that it was you who answered it. It is very important that you pass this survey yourself - without the participation and presence of your parents.</p>
	<p>Please indicate your gender:</p> <p>Male</p> <p>Female</p> <p>Refuse to answer</p>
	<p>How old are you?</p> <p>Interval ____</p>
If less than 9 and more than 17, then the interview is over	
For all respondents	<p>And now, please, think about your feelings for the last week.</p>
For all respondents	<p>Do you agree with the following statement: "I feel myself well"?</p> <p>Extremely</p> <p>Very</p> <p>Moderately</p> <p>Slightly</p> <p>Not at all</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	<p>Do you agree with the following statement: "I have been physically active (for example, walking, running, or playing sport)"?</p> <p>Extremely</p> <p>Very</p> <p>Moderately</p> <p>Slightly</p> <p>Not at all</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	<p>Do you agree with the following statement: "I have been able to jog"?</p> <p>Extremely</p> <p>Very</p> <p>Moderately</p> <p>Slightly</p> <p>Not at all</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	<p>Do you agree with the following statement: "I have felt full of energy"?</p> <p>Extremely</p> <p>Very</p> <p>Moderately</p> <p>Slightly</p> <p>Not at all</p> <p>Hard to answer</p>

	Refuse to answer
For all respondents	In general, how would you say your health is, on the following scale:
	Excellent
	Very good
	Good
	Fair
	Poor
	Hard to answer
	Refuse to answer
For all respondents	Please read the statements and indicate how much you agree or disagree with them.
For all respondents	"I feel good about who I am"
	Strongly agree
	Agree
	Disagree
	Strongly disagree
	Hard to answer
	Refuse to answer
For all respondents	"People care about me"
	Strongly agree
	Agree
	Disagree
	Strongly disagree
	Hard to answer
	Refuse to answer
For all respondents	"In general, I am happy"
	Strongly agree
	Agree
	Disagree
	Strongly disagree
	Hard to answer
	Refuse to answer
For all respondents	"In general, I feel safe"
	Strongly agree
	Agree
	Disagree
	Strongly disagree
	Hard to answer
	Refuse to answer
For all respondents	The following list of statements follows. Indicate how often you can do certain things.
For all respondents	I can do things that benefit me
	Always
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer

For all respondents	I can do what I want to do in my life
	Always
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	If I have a problem, I can find a way to deal with it
	Always
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	If I have a problem, I have someone to turn to it in my life
	Always
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	I am helpful to other people
	Always
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	Now you will see a list of difficulties that sometimes arise in those people who were once very afraid, or who experienced some difficult event in their life. Think and choose the answer that suits you the most.
For all respondents	I try to stay away from people, places, or things that remind me about what happened or what is still happening
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	I get upset easily or get into arguments or physical fights
	Usually
	Often
	Sometimes
	Rarely

	Never
	Hard to answer
	Refuse to answer
For all respondents	I have trouble concentrating or paying attention
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	I have trouble feeling happiness or love
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	I try not to think about or have feelings about what happened or is still happening
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	When something reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches or my stomach aches
	Usually
	Often
	Sometimes
	Rarely
	Never
	Hard to answer
	Refuse to answer
For all respondents	I have thoughts, like "I will never be able to trust other people."
	Usually
	Often
	Sometimes

	Rarely Never Hard to answer Refuse to answer
For all respondents	I feel alone even when I am around other people
	Usually Often Sometimes Rarely Never Hard to answer Refuse to answer
For all respondents	I have upsetting thoughts, pictures, or sounds of what happened or is still happening come into my mind when I don't want them to
	Usually Often Sometimes Rarely Never Hard to answer Refuse to answer
For all respondents	I have trouble going to sleep, wake up often, or have trouble getting back to sleep
	Usually Often Sometimes Rarely Never Hard to answer Refuse to answer
For all respondents	Next, you will see several questions about your everyday life.
For all respondents	How much do you like going to your school?
	Very much Like it Neither satisfied nor dissatisfied Don't like Don't like it at all I study online Hard to answer Refuse to answer
For respondents aged 14-17	How do you rate your conditions for distance learning (availability of a computer/laptop, Internet, tablet, smartphone, etc.) at the current moment?
	Very good Good Average Bad Very bad There are no opportunities for distance learning Hard to answer Refuse to answer

For all respondents	Are there hobbies that you engage in regularly and find deeply meaningful and fulfilling?
	Yes No Hard to answer Refuse to answer
For all respondents	Do you attend any extracurricular clubs?
	Yes No Hard to answer Refuse to answer
For all respondents	Do you attend any extra classes in any school subjects?
	Yes No Hard to answer Refuse to answer
For all respondents	Please read the statements and indicate how much you agree or disagree with them.
For all respondents	I enjoy being at home with my family
	Very much Quite A bit Somewhat A little bit Not at all Hard to answer Refuse to answer
For all respondents	My family get along well together
	Very much Quite A bit Somewhat A little bit Not at all Hard to answer Refuse to answer
For all respondents	Do you have friends at school?
	Yes No Hard to answer Refuse to answer
For all respondents	How easy is it for you to make friends at school?
	Very easy Easy Neither easy nor difficult Difficult to answer Very difficult Hard to answer Refuse to answer
For all respondents	My friends support me in difficult times
	Very much Quite A bit

	<p>Somewhat</p> <p>A little bit</p> <p>Not at all</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	Next will be a list of statements, indicate how true the following statements are
For all respondents	I try to be nice to other people
	<p>True</p> <p>Somewhat true</p> <p>Not true</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	I care about their feelings of other people
	<p>True</p> <p>Somewhat true</p> <p>Not true</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	I am helpful if someone is hurt, upset, or feeling ill
	<p>True</p> <p>Somewhat true</p> <p>Not true</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	I usually share with others (food, games, pens, etc.)
	<p>True</p> <p>Somewhat true</p> <p>Not true</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	I am kind to younger children
	<p>True</p> <p>Somewhat true</p> <p>Not true</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	How often have you been bullied in the last couple of months? How often have they teased you, insulted you, fought with you or damaged your belongings, deliberately avoided communicating with you, etc.?
	<p>Several times a week</p> <p>Around once a week</p> <p>A few times</p> <p>Once or twice</p> <p>Never</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	How often have you taken part in bullying another child or teenager in the last couple of months?
	<p>Several times a week</p> <p>Around once a week</p>

	<p>A few times</p> <p>Once or twice</p> <p>Never</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	<p>Have you ever been bullied by someone you know through social media or the internet?</p> <p>Several times a week</p> <p>Around once a week</p> <p>A few times</p> <p>Once or twice</p> <p>Never</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For all respondents	<p>Have you ever bullied someone you know through social media or the internet</p> <p>Several times a week</p> <p>Around once a week</p> <p>A few times</p> <p>Once or twice</p> <p>Never</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For respondents aged 14-17	<p>"Before we proceed, we want to assure you that your responses in this survey will remain completely confidential. Your privacy is important to us, and no one will have access to your individual answers. Your honesty is appreciated, and your input is invaluable. We are interested in understanding the experiences and choices of children your age. Your answers will help us learn more about the factors that influence decisions among young people. Please, look at the questions below and try to answer on them all."</p>
For respondents aged 14-17	<p>The next questions are about smoking. This means tobacco cigarettes. Remember that no one will find out your answers.</p>
For respondents aged 14-17	<p>Tick the box next to the one which best describes you.</p> <p>I have never smoked</p> <p>I have only ever tried smoking once</p> <p>I used to smoke sometimes but I never smoke a cigarette now</p> <p>I sometimes smoke cigarettes now but I don't smoke as many as one a week</p> <p>I usually smoke between one and six cigarettes a week</p> <p>I usually smoke more than six cigarettes a week</p> <p>Hard to answer</p> <p>Refuse to answer</p>
For respondents aged 14-17	<p>The next questions are about electronic cigarettes. This includes vapes, tobacco heating systems. Remember that no one will know your answers.</p>
For respondents aged 14-17	<p>Read the following statements carefully and tick the box next to the one which best describes you. Think about times when you may have had a puff or two as well as using whole electronic cigarettes.</p> <p>I have never heard of electronic cigarettes</p> <p>I have never tried electronic cigarettes</p> <p>I have used electronic cigarettes only once or twice</p> <p>I used to use electronic cigarettes but I don't now</p> <p>I sometimes use electronic cigarettes, but I don't use them every week</p> <p>I use electronic cigarettes regularly, once a week or more</p> <p>Hard to answer</p>

	Refuse to answer
For respondents aged 14-17	The next questions are about alcohol. Remember that no one will find out your answers.
For respondents aged 14-17	Have you ever had an alcoholic drink – a whole drink, not just a sip?
	Yes No Hard to answer Refuse to answer
For respondents aged 14-17, if they drink alcoholic beverages	How often do you usually have an alcoholic drink?
	Every day or almost every day About twice a week About once a week About once a fortnight About once a month Only a few times a year I never drink alcohol now Hard to answer Refuse to answer
For respondents aged 14-17	The next questions are about drugs (apart from cigarettes and alcohol). Remember that no-one will find out your answers.
For respondents aged 14-17	Look at this list and indicate if you have ever heard of any of these: Cannabis (marijuana, weed), Amphetamine, LSD, Ecstasy (MDMA), Heroin, Psilocybin mushrooms, Methadone, Cocaine, Ketamine, Mephedrone, Glue
	Yes No Hard to answer Refuse to answer
For respondents aged 14-17, if they know about drugs	Look at this list and indicate if you have ever been offered any of these: Cannabis (marijuana, weed), Amphetamine, LSD, Ecstasy (MDMA), Heroin, Psilocybin mushrooms, Methadone, Cocaine, Ketamine, Mephedrone, Glue
	Yes No Hard to answer Refuse to answer
For respondents aged 14-17, if they know about drugs	Look at this list and indicate if you have ever tried any of these (even if only once): Cannabis (marijuana, weed), Amphetamine, LSD, Ecstasy (MDMA), Heroin, Psilocybin mushrooms, Methadone, Cocaine, Ketamine, Mephedrone, Glue?
	Yes No Hard to answer Refuse to answer
For all respondents	Before we finish the survey, we would like to ask you to answer a few more questions
For all respondents	Would you like to have a job with a salary of UAH 6,000?
	Yes Rather yes Rather no No
For all respondents	Remember your graduation from school, what color suit / dress did you wear?

Light blue
 Blue
 Black
 Burgundy
 Red
 Pink
 Gray
 Purple
 Green
 Yellow
 Golden
 Silver
 Other
 Unfortunately, I missed graduation
 I didn't have a graduation yet
 I didn't attend a graduation

For all respondents If elections to the Verkhovna Rada of Ukraine are held in the spring of 2024, do you plan to vote?

Yes
 Rather yes
 Rather no
 No

For all respondents Did anyone helped you with the answers?

No, I did it myself!
 There was an attempt to look into my screen, but I refused
 Yes, we did it together because it was interesting
 Mom and dad were so excited that they took away the phone from me

Annex 3

Guide for the Interview with Experts in the Field of Youth (Children's) Policy and Child Well-being

1. Mental Health and Emotional Skills

1. In your opinion, how did the war, and before that, the pandemic, impact the mental health of children in Ukraine? What challenges are children currently facing? Please try to describe the mental state of the average Ukrainian child.
2. In your opinion, what are emotional and social skills? What new emotional and social skills have emerged in children due to the full-scale invasion, such as empathy, openness, and friendliness? How did children adapt psychologically to shelling, air raids, and staying in shelters?
3. How can parents help children cope with the experience of war?
4. What are the state and international support programs for families/children and adolescents? How do you assess the effectiveness of these programs?
5. How has the emotional behavior of children changed since the beginning of the full-scale invasion?
6. How has communication among children changed due to the war? In particular, why do children play war games on playgrounds?
7. How has the war affected the relationships between children in families? How do children in Ukraine experience the loss of a loved one? How will this affect their psychological well-being in the future?
8. How has the war affected the increase/decrease in alcohol/tobacco use among children?
9. What is the current situation regarding early pregnancy in Ukraine? What recommendations would you give to reduce the level of early pregnancy among adolescents?
10. Has the war already influenced an increase in criminal behavior among children, or could it do so in the future? To what extent will the war increase the incidence of violence against children in the future? (Specify separately for occupied, de-occupied, frontline, abducted children, children abroad, and children in Ukraine in rear cities.) How will the war increase the incidence of violence among children? How will the armed conflict in Ukraine affect children's propensity to commit crimes? What recommendations would you

give to the state and families to improve children's emotional and psychological health now?

2. Health

1. How has the war in Ukraine affected children's access to medical services, especially in conflict-affected areas? (Specify separately for areas occupied from 2014 to 2022, de-occupied, frontline, abducted children, children abroad, and children in Ukraine in rear cities.) How do you assess the health status of children in Ukraine now? What about the health of children who have been abducted? Who controls this issue, and how can the state and international humanitarian organizations influence it? How do you assess the impact of the full-scale invasion on the health of children in Ukraine from the perspective of 10 years? What steps in the medical field need to be taken to adapt the system to future changes?

3. Education and the System of Institutional Care and Education for Children

1. How has the war affected children's access to education, especially in places affected by the conflict? (Specify separately for occupied, de-occupied, frontline, abducted children, children abroad, and children in Ukraine in rear cities.) In particular, how have children coped with the online and offline learning format?
2. Why has the number of children switching to individual learning increased? How is the education of children who continue to study in two schools?
3. How does learning during wartime affect the success of material assimilation?
4. Does the entire school curriculum need to be adapted and changed? Is such adaptation relevant now, and how relevant is it?
5. How would you assess the change from the Unified State Exam (ZNO) to the New Ukrainian School (NUS)? What are the advantages and disadvantages of NUS?
6. What recommendations would you give for adapting the education sector to the conditions of war and post-war conditions? How has the war affected the operation of institutions for the institutional care and education of children? Has their relocation from frontline territories taken place, and how?

4. Material Support and Security

1. How has the war affected the financial situation of families? What support did families from frontline, and occupied cities receive from the state?
2. What material and humanitarian support do they currently need? What measures and mine safety programs are there? How do you assess their effectiveness? Where do children most often get injured by mines on de-occupied, frontline, and occupied territories? For example, in the forest, on the roadside, in school, on the playground? What is currently happening with children who Russia abducted? How is their condition monitored? How is the fact of their abduction determined?
3. What else can be done besides what the state is already does in this area? How effective are international humanitarian organizations working?
4. What is the current situation with the material support of internally displaced children?
5. What support is provided to the families of internally displaced persons? What else can be done besides what the state is already does in this area? How effectively do international humanitarian organizations work?
6. How many children in Ukraine have suffered from violence in occupied territories? How can children be protected from violence in wartime conditions? Is forced evacuation of children from frontline areas needed, or should the state take on this function? Why or why not?
7. How traumatizing can forced evacuation be for children, and how can this trauma be minimized? How would you assess the provision of shelters in educational institutions?
8. What are the difficulties with building shelters in schools? What can be changed and improved to increase their number?
9. What do you think are the most prioritized directions to protect children in Ukraine from the consequences of wartime? What recommendations would you give in this area?
10. Perhaps you would like to add something we did not ask?

Thank you for your answers. Now, we will ask you to rate each indicator of the child well-being index on a scale from 1 (unimportant) to 5 (most important). What, in your opinion, is the most crucial factor for the well-being of children?

Annex 4

Interview with the persons who grew up in institutional care facilities

1. Introduction

1. At some point in your life, you experienced state care (specifically in an orphanage). Please share how your typical weekday went there.

2. Education and Training Experience

1. Tell us where you studied. What did you like during your studies? What difficulties did you encounter during your studies?
2. Did you attend additional extracurricular activities? If so, which ones? Share your impressions of them. If not, what activities would you have liked to participate in?
3. Was it possible to receive psychological support, visit a psychologist, or attend therapeutic groups? If yes, was it effective? Tell us how it happened.

3. Health

1. Tell us about your treatment or routine medical check-ups. Perhaps you remember a case when you got sick and how the treatment went.
2. How was organized vaccination carried out?
3. How would you rate the care of your health? Would you like to change anything?

4. Relationships

1. What relationships did you have within the community? Did you have friends? Were there conflicts? What were the reasons? How were you able to handle them?
2. What were your relationships with caregivers and teachers like?
3. How did relationships with peers affect your emotional state?
4. Were you a witness to bullying by peers or teachers? In your opinion, why did bullying occur in the community?

5. Did many of your peers smoke or consume alcohol? In your opinion, what were the reasons?
6. Were there cases of early pregnancy among your acquaintances? In your opinion, what was the cause of early pregnancy (violence, lack of accessible contraception, lack of sex education)? What were the consequences of this pregnancy?

5. Material Well-being

1. How would you describe your material well-being at that time? What were you lacking or not lacking in terms of clothing/games/books/technology?
2. How did you spend your leisure time? For example, going to the cinema, theater, circus?

6. Reflection on the Experience

1. Tell us, please, what you did when you left the orphanage. What difficulties did you encounter afterward? What helped you adapt more easily after leaving the orphanage?
2. What knowledge and skills did you acquire in childhood that helped you in adulthood? What knowledge and skills were you lacking?
3. What would you change in the state care system in general?

7. Socio-demographic information

1. How old are you?
2. Where do you study/work?
3. Gender (filled in by the interviewer)
4. Would you like to add anything on this topic that we did not ask?

Thank you for participating in this conversation, and we are confident that your experience will help us gain a deeper understanding of the discussed topic.

Annex 5

Interview with Medical Experts on the Impact and Consequences of War

1. Impact and Consequences of War on Children's Health

1. How has the war in Ukraine affected the health and access to medical services for children, especially those residing in conflict-affected or displaced areas?
2. What challenges do medical professionals and humanitarian organizations face in providing medical assistance to children, particularly in frontline zones?
3. What could be the long-term consequences of war on the health and development of children, especially those who have experienced trauma, injuries, disability, or loss?
4. How has the war changed the healthcare system in Ukraine? How have hospitals and other medical institutions adapted to providing services during a state of war, and how has it affected the quality and safety of medical care?
5. In the post-war period, how should the healthcare service sector adapt and change to address the consequences of armed conflict effectively? What are the top three priority areas in this regard?
6. How has the war influenced the behavior and practices of children and their parents/guardians in healthcare, including vaccination, nutrition, hygiene, and disease prevention? What interventions can be implemented to address this situation?
7. How has the war impacted the mental and emotional health of children and their families? What psychosocial support and assistance have been provided, and how effective have they been? What recommendations would you give for supporting psychological well-being?

2. Impact on the System

1. How would you assess the extent to which Ukraine is experiencing a shortage of qualified medical personnel due to the full-scale invasion?
2. How has the war affected medical personnel, including their training, motivation, retention, and productivity?

3. How has the war affected the financing and management of healthcare in Ukraine, including health policy, legislative acts, budgets, and accountability? How has this affected the fairness and effectiveness of medical care provision?
4. How has the war affected medical information and communication in Ukraine, especially in terms of data collection, analysis, reporting, and dissemination in the field of medical services for children? How has this impacted evidence-based decision-making and coordination of healthcare entities?
5. How has the war influenced partnerships and collaboration in the healthcare sector in Ukraine, particularly with international organizations, donors, civil society, and the private sector? How has this contributed to humanitarian response and healthcare system recovery?
6. Is there anything else you would like to add that we haven't asked?

Annex 6

Interview with the Expert for Barrier-Free Environment

1. Mental State and Society

1. What new barriers has the full-scale invasion created for children with disabilities? How have existing problems worsened?
2. The full-scale invasion has increased the number of children with disabilities. What new skills does Ukrainian society now need to ensure that children with disabilities feel comfortable and can grow fully?
3. What stereotypes exist in Ukrainian society regarding children with disabilities? How can these stereotypes be overcome, and what steps is the state currently taking to address them?
4. What psychological programs exist for adapting families where a child has acquired a disability due to armed conflict? How should these programs be designed? What skills and knowledge should families acquire to support their children? How is the state currently supporting these families financially/psychologically, and how can this support be more effective?
5. Phrases like "disabled," "inclusion," and "limited opportunities" are often heard in Ukraine concerning children with disabilities. What actions can help Ukrainians stop using these mental frames and perceive children with disabilities as fully capable?

2. Education

1. How should the Ukrainian education system change to provide quality services to children with disabilities? What are the most critical problems caused by full-scale war? What reforms have already been implemented, and how do you evaluate them?
2. How should the assessment and examination system be adapted for children with special educational needs? What are the current problems in this regard?
3. Is it possible to make Ukrainian school buildings completely barrier-free? What are the current challenges, and are there successful examples of barrier-free schools in Ukraine?
4. What new skills should Ukrainian teachers have to ensure a truly inclusive educational process?

3. Medicine

1. How do children with disabilities currently receive medical services? What problems exist in this regard? (Explore for children from frontline zones and occupied territories)
2. What are the main challenges the Ukrainian healthcare system faces to adapt to the consequences of war?
3. Are hospital buildings truly inclusive and adapted to the needs of children? What challenges exist with hospital buildings? Provide an example of an inclusive hospital in Ukraine.
4. How should the rehabilitation system for children be structured? What are the current challenges? What steps is the state taking in this direction?

4. Communities and Cities

1. What programs currently exist for creating an accessible public space in cities and communities? What must first be done to make Ukrainian cities and communities accessible?
2. What is the ideal accessible children's play space? Are there such spaces in Ukraine, or are there examples worldwide?
3. How to ensure barrier-free access to documents and certificates for children with disabilities? How should the state adapt digital services for children with disabilities?

Research team:

Research lead: Olha Rybak

Lead researcher: Vladyslav Shymanskyi

Qualitative stage analyst: Anna Kyrychenko

Design: Olha Kram

Cover design: Sofiia Kobiakovska @sofia_kobiakovska

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Experts who contributed to the Index in the series of in-depth expert interviews:

Anastasia Barzylovykh

Daria Herasymchuk

Darya Kasyanova

Iryna Tulyakova

Kateryna Bulavinova

Kateryna Savinova

Kyrylo Nevdokha

Natalia Onipko

Olena Dolynna

Olena Naumenko

Pavlo Andrieiev

Svitlana Royz

Tetiana Lomakina

Volodymyr Zhovnir

Yulia Sobol

Zinaida Kyyanytsya

Advisory Board of the Index:

Ella Libanova

Grace Forrest

Jennifer Symonds

Lisa Calderwood

Mychailo Wynnyckyj

Natalia Kharchenko

Nicholas Christakis

Olga Onuch

Rory Fitzgerald

Tymofii Brik

Valeriia Palii

This study is a pilot and presents a generalized approach to the main aspects of child well-being in Ukraine. Each dimension may require further study, updating of existing data, and analysis. Subsequent stages of this research may differ in methodology.

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