



## **Supporting Ukrainian refugees with disabilities in the UK**

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## **Executive summary**

As of mid-2024, the UK had issued approximately 260,000 visas under the Ukraine Family Scheme and Homes for Ukraine Sponsorship Scheme (Home Office, 2024). While no official public statistics exist on the disability status of these visa holders, internal communication with the Office for National Statistics (ONS) suggests that around 16% may have a disability (ONS, personal communication, 2024). Refugees with disabilities (RwD) face heightened risks of exclusion and poor health outcomes, yet little is known about their lived experiences in host countries like the UK.

In partnership with SCOPE, Coventry and Warwickshire Councils, the Association of Ukrainians in Great Britain, and Guide Dogs UK, we conducted qualitative research with 45 Ukrainian RwD living in England, Scotland and Wales. Findings were presented to Sweden's Agency for Peace and Security (Stockholm), at a dissemination meeting in London (June 2024), and subsequently discussed with the UK Department of Health and Social Care (DHSC) in July 2024.

The qualitative research identified four primary areas of concern:

- 1. Access to healthcare and welfare access**

Participants described the UK's healthcare and welfare systems as generally supportive but difficult to navigate due to language barriers, complex forms, and inaccessible terminology. Several eligible individuals abandoned applications after confusion or initial rejection. Some also encountered misinformation from welfare professionals unfamiliar with benefit systems.

- 2. Access to employment services**

Job centres often recommended inappropriate roles, failing to account for specific disabilities. For example, a visually impaired participant was advised to apply for a bus driver role; another with hearing loss was assigned a phone-based appointment despite stating this was unmanageable.

### **3. Access to transport and housing**

Placement in remote or poorly connected areas limited access to rehabilitation, employment, or community services. Participants reported high transport costs (e.g., £25–30 per taxi round trip) and unmet requests for mobility support. Accessible housing was also lacking, with councils offering unsuitable accommodation such as upper-floor flats without lifts or, in one case, housing a family with a disabled child on a ship.

### **4. Access to mental health and social support**

Participants reported symptoms of depression and trauma but found mainstream mental health services inadequate due to language barriers and cultural disconnect. Informal social support, such as clubs offering Ukrainian-language peer contact or translated activities, was highly valued but limited by geography, mobility, or anxiety.

This report offers direct insights to help shape more inclusive refugee resettlement and integration strategies. We invite MPs, local authorities, and service providers to engage with our full set of findings and co-design next-step interventions.

## Background

War and armed conflict are an inherently traumatic experiences. Exposure to armed conflict increases the risk of post-traumatic stress disorder (PTSD), anxiety, and other mental health difficulties. Following the full-scale Russian invasion of Ukraine in 2022, the United Nations High Commissioner for Refugees (UNHCR) estimates that 3.7 million people remain internally displaced, with around 6.9 million seeking refuge abroad as of June 2025 (UNHCR, 2025a; UNHCR, 2025b).

Emerging research suggests that Ukrainian refugees are experiencing significant mental health challenges. A national survey conducted in the early weeks of the war found that externally displaced Ukrainians exhibited the highest levels of PTSD symptoms compared to those internally displaced or not displaced ((Internally displaced -  $M = 12.55$  [SD = 4.94], Externally displaced -  $M = 12.90$  [SD = 4.61], Not displaced -  $M = 11.02$  [SD = 4.88]) (Ben-Ezra et al., 2023). Subsequent studies confirm that individuals with disabilities are particularly vulnerable: those with more severe impairments were more likely to experience symptoms of trauma (Kang et al., 2023).

Displacement compounds existing vulnerabilities. According to UN OCHA, approximately 2.6 million people with disabilities in Ukraine are considered "people in need." (World Bank & UN OCHA, 2023). In the UK, the Office for National Statistics estimates that around 15% of Ukrainian refugees have a long-term illness or disability (ONS, personal communication 2024). Recent research also found strong links between disability, anxiety, and poor sleep quality among displaced Ukrainians (Kang et al., 2024). Importantly, this same study showed that access to healthcare and welfare support significantly improved mental health outcomes, underscoring the need for inclusive service provision in host countries like the UK.

Despite this growing body of evidence, the lived experiences of refugees with disabilities remain under-researched, particularly in relation to how they access

health, housing, and social support systems. This report contributes to filling that gap by presenting findings from in-depth qualitative interviews with Ukrainian refugees with disabilities living across England, Scotland, and Wales.

# **Methodology and research design**

## **Focus group design and structure**

The focus groups were designed to explore how displacement and resettlement experiences were shaped by disability. Discussions followed a semi-structured format, guided by a thematic framework that addressed the following areas:

- The journey from Ukraine to the UK
- Mental health across key stages
- Settling in the UK (access to healthcare, welfare, education, employment and other support services)
- Social connections and community integration
- Perceptions of public attitudes
- Recommendations to improve their experience

## **Data collection**

The study initially aimed to conduct six focus groups with approximately six participants each, alongside 12 individual interviews. However, due to participants' preferences for more private discussions, the final sample included 16 individual interviews and 8 focus groups, with group sizes ranging from 2 to 7 participants (average just under 4 per group).

All interviews and focus groups were conducted online via Microsoft Teams, with timings arranged to suit participants' availability. Sessions were held in Ukrainian (majority), Russian, English, or a combination of these languages, depending on participant needs. Two interviewers conducted the fieldwork: one with lived experience as a refugee and the other with lived experience of disability to ensure empathy, trust, and deeper understanding during the interviews.

All interviews were audio recorded, transcribed, and verified for accuracy by the original interviewer. Transcripts in Ukrainian and Russian were then translated into English to enable thematic analysis.

### **Participant profile**

A total of 45 individuals took part in the study. Of these, 38 were people with disabilities who responded on their own behalf, and 7 were parents who participated on behalf of their children with disabilities (the study did not have ethical approval to interview children directly).

Among those reporting on their own experiences, 24 were women. In terms of visa routes, 28 participants had arrived under the Homes for Ukraine Scheme, 6 through family reunification, and 2 were housed via other arrangements.

Regarding types of disability:

- 16 respondents had physical disabilities,
- 8 had vision impairments,
- 4 had hearing impairments,
- The remainder reported a range of chronic health conditions, including haemophilia, genetic disorders, and long-term complications related to being "children of Chernobyl".

Geographic distribution included:

- 8 participants from Wales (mostly in the Cardiff area),
- 4 from Scotland, and
- The remaining participants were based across England.

## **Data analysis**

Data were analysed using the framework approach, which allows for the development of a thematic structure based on both *a priori* topics and concepts emerging from the data itself (Ritchie & Spencer, 2002). This approach was particularly well-suited to the study's semi-structured design and policy-relevant aims.

Two researchers independently read all interview and focus group transcripts multiple times to familiarise themselves with the content and identify initial themes. These themes were drawn from both the interview guide and the lived experiences shared by participants.

The broader research team then held a series of collaborative meetings to consolidate and refine the thematic framework. Through discussion and comparison, overlapping themes were merged and ambiguities clarified.

The final themes, accompanied by illustrative participant quotations, are presented in the following sections of the report.

# Results

## Healthcare and welfare

Participants described their experiences with UK healthcare and welfare services as generally positive, emphasising that staff were often supportive, welcoming, and willing to help.

*“...the doctors, they are understanding and kind...”* (Olga, multiple sclerosis)

*“...well, doctors, well, it's like heaven and earth... it's a completely different planet...”* (Sofia, mobility difficulties since her teens)

However, many participants struggled to navigate the welfare system, often feeling confused about how to access the support they were entitled to.

*“...I don't have any information other than chats. And I poked and poked like a blind kitten...”* (Victoria, vision impairment)

*“...I only later learned that DWP and PIP are two different things...”* (Valentyn, cerebellar ataxia (participant is now also challenging PIP decision))

Language barriers were a major obstacle, with limited access to interpreters making it difficult to understand complex processes, communicate with service providers, and complete lengthy application forms. This created significant stress and, in some cases, led individuals to give up on accessing vital benefits altogether.

*“...they don't even have translators in the hospital. Well, how can a person be well treated there, for example?”* (Valeriia, parent of a child with vision impairment)

*“...because I don't know English well, it was difficult to find someone who knew and could call to submit a PIP application...”* (Victoria, vision impairment)

## **Subjective well-being (how I feel)**

In the early stages of resettlement, many participants reported experiencing anxiety, depression, and guilt over leaving family members behind. Despite these challenges, several described using present-focused coping strategies, focusing on immediate needs and day-to-day survival.

*“...the guilt for leaving was overwhelming. The fact well, I left alone, so I left everyone behind...”, “...I would describe the first 3-4, maybe five months of being here as numbness. Nothing really brings you joy of any kind...”*

(Oleksandra, scoliosis)

*“...because I am alone with a child, I don't have time to cry. If there is a problem, it must be solved. And I have... I will say now, very good sponsors and in principle... they treated me very well. They helped me a lot to adapt...”*

(Solomiia, single mother who has difficulty walking)

## **Children and coping**

Parents expressed surprise at their children's resilience, though some also reported instances of bullying, often linked to both disability and refugee status.

*“...I'm amazed how well she coped ... really surprised...”* (Russell, parent of a child with cerebral palsy)

*“...a boy attacked him and beat him for no reason, and I immediately took him away, we rushed to the hospital. That is, well, not only psychological, but also physical abuse of children is happening even now, but all this in the aggregate significantly worsens the psychological state of my son...”* (Sophia, parent of a child with cerebral palsy)

## **Social support**

While many respondents were able to build meaningful social relationships, others described limited or fragile social ties, often shaped by location, mobility, or language barriers.

*“...my only social interactions are with my support workers...”* (Lioniel, vision impairment)

## **Housing**

Participants faced significant challenges securing accessible housing. Offers often failed to meet their physical needs, such as being placed in multi-storey buildings without lifts or accommodation unsuitable for wheelchair users or children with mobility impairments.

*“...it was really problematic to find the accommodation for us because we are immigrants and, oh, we are two disabled (people) and [they] will charge you, extra. ... And so we just failed to find accessible accommodation. And I was trying to find something for six hours per day...”* (Hanna, spinal muscular atrophy)

## **Transport**

Access to affordable and disability-friendly transport was a recurring issue. Many reported being isolated by long distances, infrequent services, and high taxi costs, which restricted their ability to access healthcare, employment, and social opportunities.

*“...nothing even goes there except taxis and every time I have to pay somewhere around 25 pounds, there and back for the journey, or almost 30 pounds. Well, I'm sorry, it is a lot of money, if it's even for 2 times a week, it's a lot of money... Because I even submitted documents requesting that they provide me with an electric car or something that will help me ... even if I have to go to the neurologist, I need the bus station ... A healthy person can get*

*there in 5-6 minutes, it takes me half an hour to get there...* (Olga, multiple sclerosis)

### **Educational provision for children**

Parents of children with disabilities highlighted long waiting lists and limited tailored support in the education system, making it difficult to secure appropriate placements and resources.

*“...we had to wait months to get her into school. When we did get into school everything I did, I did myself...”* (Russell, parent of child with cerebral palsy)

### **Employment**

Participants were eager to work, but frequently encountered barriers related to both disability and refugee status. Some reported that job centres suggested roles that were clearly unsuitable for their condition, indicating a lack of understanding of individual needs.

*“...I don't want to use Universal Credit I just want a job. I can't find one. I will do anything. I will wash buckets. ... But I'm a foreigner, and I don't speak English very well. Can I compete against Cambridge, Oxford, even if I have a Master degree from Ukraine?”* (Roman, cerebral palsy)

## Recommendations

Participants were invited to offer recommendations on how services and support systems could be improved to better meet their needs and experiences.

### 1. Effective information sharing

Participants highlighted the need for clear, accessible information about welfare, employment, and transport services. They suggested that Job Centres offer more appropriate, disability-aware guidance, and that awareness of accessible transport options, including the Motability Scheme, be improved. Several also recommended creating peer-led communication channels (e.g. internal chats or support groups) to help refugees share information more quickly and effectively.

*“...maybe there would be some kind of our internal chat for... 'help a friend'... and we would be able to spread this information faster...”* (Nadya, parent of a child with cerebral palsy and vision impairment)

### 2. Assistance with correctly applying for welfare (including PIP and DLA).

Participants stressed the need for practical assistance when applying for disability-related benefits such as PIP and DLA. They recommended that new arrivals with disabilities receive clear guidance on navigating the UK welfare system. It was noted that even health professionals and hosts often lack understanding of the system, and that specialist support or consultations, ideally from organisations familiar with both Ukrainian and UK contexts, would be highly beneficial.

*“...maybe a human rights organisation of Ukrainians could help there... consultations or check somehow... because... the terminology is very specific and sometimes even the translator could not translate correctly...”* (Pavlo, complications from traumatic head and spinal injury)

### **3. Accessible housing placement**

Participants recommended that housing placements take into account specific disability needs, such as mobility limitations and access requirements.

*“...they put us on a ship, it was completely inaccessible. We had to carry the child up and down the stairs...”* (Antonina, parent of a child with cerebral palsy)

### **4. Provide targeted support for refugees in small communities (where many Ukrainians are housed).**

Participants called for additional support for refugees placed in small towns and rural areas, where services are often limited or poorly coordinated. They noted challenges such as lack of language courses, medical support, and community networks.

*“...probably, in big cities, support, medicine and people living in big cities are more organised, but they do not face such global problems. In small cities, in small councils - everything is disorganised, you can't even find language courses...”* (Valeriia, parent of a child with vision impairment)

*“...there are also no Ukrainians in this small town where I live. And that's why I'm alone, I'm not very comfortable that I'm alone. Well, if the attitude is good, but you are yourself and therefore the question is what to do next?...”* (Marta, complications from diabetes, 60 years old)

### **5. Addressing the language barrier: providing adequate language support**

Participants emphasised the need for adequate and tailored language support, especially for those with disabilities. They reported that language barriers significantly hinder access to healthcare, legal rights, education, and welfare services. Several also highlighted the insufficient intensity of current English courses.

*“...it was difficult for me here to organise it at first with the language barrier, with ignorance of the laws, with the lack of support for special children with disabilities, people who are limited in language and knowledge of laws and rights...”* (Valeriia, parent of a child with vision impairment)

*“...all the problems that existed were due to not knowing the language...”*  
(Kateryna, vision loss 90%)

*“...with regard to English,.. I believe that the level of teaching English is quite low here, to be honest, ... here is a very light version of learning English, when in Germany seven hours every day to learn it...”* (Pavlo, complications from traumatic head and spinal injury)

## **6. Provide affordable and reliable transportation, assistive mobility aids.**

Sometimes this may exist e.g. dial-a-ride - Transport for London ([tfl.gov.uk](http://tfl.gov.uk)), Motability but this may not always be known about).

Participants recommended greater access to reliable and affordable transportation, including better promotion of existing mobility schemes (e.g. Dial-a-Ride, Motability). Many reported feeling isolated due to unreliable public transport and lack of mobility aids.

*“...why I started to issue this PIP, because I don't have enough money. If I go somewhere, I go by taxi, because the buses in that small town are supposed to go, but they... well, you can stand for an hour, and it won't be there, although it should have been the third bus. I lack some adequate way of moving. This is the most important thing, probably, because of this, like people with disabilities in Ukraine, I am locked in...”* (Solomiia, bilateral gonarthrosis of the 2nd degree)

## **7. Culturally sensitive psychological support**

Participants recommended access to timely and culturally appropriate mental health services, ideally involving professionals or volunteers with relevant language skills and lived experience. Community-based peer support was seen as especially valuable for emotional well-being.

*“...we did not have mental support for such children. And we have a lot of Ukrainian psychologists who moved here, who are not hired in the clinic, who are not hired in the hospital, because of funding... A very large layer of children was simply left without support... parents and children. Therefore, it seems to me that it would be better to somehow make this gap easier...”* (Nadya, parent of a child with vision impairment)

*“...so, of course, there is support...but still, why isn't the support coming through a therapist?... and I asked for help from the GP to provide me with a psychologist, and the GP simply answered that "you will get one sooner through the college" and in fact the help was provided through the Barna Dors organisation, which helps Ukrainians...”* (Valeriya, hearing impairment)

## **8. Support for Ukrainian children in education**

Participants highlighted the need for schools to recognise varying levels of English and prior education among Ukrainian children. A lack of tailored support can lead to isolation, distress, and school refusal.

*“...she was simply ignored, as the child does not know the English language well. At first, the children simply started to ignore her, because you can't talk to her, and then the teachers did too. That is, she came, sat down at the desk, sat doing something to herself, no one paid attention to her. Because she still spoke English very poorly at that time. And then the child refused to go to that school at all, she said "I'd rather die than go there." I turned to a specialist who deals with Ukrainian children... and she transferred her to another school...”* (Antonina, parent of a child with cerebral palsy)

## Discussion

Despite the significant number of Ukrainians in the UK under visa schemes such as Homes for Ukraine and the Family Scheme, the specific experiences of refugees with disabilities remain under-researched. This study highlights the urgent need to distinguish the intersecting challenges faced by this group, from those experienced by other refugees, other disabled individuals, and the general population. While it is known that all refugees may struggle with language and that many UK residents encounter difficulties accessing healthcare, these challenges become especially critical for disabled refugees with complex health needs. For them, translation gaps and limited understanding of the UK's health and welfare systems can result in harmful delays or total disengagement from essential services.

Importantly, our findings also demonstrate the remarkable adaptability and resilience shown by Ukrainian refugees with disabilities. This resilience has been greatly supported by the existence of UK visa pathways and the generosity of local communities. However, structural barriers remain. Participants consistently identified a pressing "information vacuum" during their initial months in the UK. Improving access to timely, understandable, and translated information on health and welfare services is critical. Technology and community-led initiatives could help bridge these gaps, but greater awareness of existing provisions is also needed among professionals and the public.

Housing allocation remains another significant issue. Participants shared examples where accommodation was not suited to their physical needs, including placements in inaccessible multi-storey homes or even aboard a ship. These mismatches suggest an urgent need for more sensitive and disability-aware placement processes.

## Implications

This project represents the first in-depth, UK-based qualitative study focused on Ukrainian refugees with disabilities since the 2022 Russian invasion. Building on this, the research team has actively bridging academic findings with national and international policy conversations.

### **Parliamentary engagement:**

- International dissemination: The recommendations were presented to the Swedish Government's Folke Bernadotte Academy (May 2024), illustrating the project's relevance beyond the UK.
- Charity and NGO uptake: National organisations including the British Red Cross, SCOPE, Refugee Action, and Disability Rights UK have expressed support for the project.
- Following discussions with Sarah Olney MP's office, a set of Written Parliamentary Questions (WPs) were tabled in July 2025 to press for government action on accessible housing, disability benefits, and job placement services.
- Lord Charlie Banner has also offered support and proposed raising the findings with a Home Office minister, while exploring further dissemination through his networks, including the Ukrainian Institute London.
- In addition, the project has opened collaborative dialogue with the Chair of the Cross-Party Group on Ukraine in Scotland and the Health and Wellbeing Working Group, who expressed strong interest in aligning the research with their recent survey findings on displaced Ukrainians.

### **Government links and departmental interest:**

- The Department of Health and Social Care (DHSC) has reopened dialogue with the team and expressed interest in expanding the scope to cover other refugee populations with disabilities.

The strength of these relationships, combined with growing interest across Parliament, Whitehall, and civil society, provides a credible platform for coordinated, UK-wide impact. The following opportunities are currently under exploration:

- Formation of an APPG to champion the needs of disabled refugees in Parliament
- Policy briefings or a formal inquiry engaging multiple departments and cross-party groups
- Pilot schemes with local authorities to test inclusive service models
- Toolkits, training, and accessible guidance for councils, job centres, and third-sector organisations

With sustained support, it can directly inform UK policy on refugee inclusion, disability rights, and trauma-informed resettlement, not only for Ukrainians, but for future refugee populations facing similar intersecting barriers.

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