# Shifting Sands

Responding to the needs of Ukrainian Children & Families

Reflections from organisations who provided welcome and support to Ukrainian Children & Families

**Compiled by:**

Susan Brocklesby
Debbie Scales

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## PREVENTION AND EARLY INTERVENTION NETWORK (PEIN)

The Prevention and Early Intervention Network (PEIN) represents organisations and individuals working in Ireland's children, family and community sectors who are committed to developing a prevention and early intervention-led approach to service planning and delivery. It has a membership base of 63 individuals and organisations.

PEIN aims to:

- Share, develop and disseminate learning in Prevention and Early Intervention (PEI) practices and approaches.
- Support the work of members/member organisations.
- Influence policy and practice nationally, internationally, as well as locally.

The work of PEIN is overseen by an Executive Committee and as a structure, PEIN comes under the governance of Northside Partnership CLG.

## Acknowledgements

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- Mary O'Donoghue, West Clare Family Resource Centre
- Mary Carroll, Tralee International Resource Centre
- Mariana Halyshyn, Mayo North East SICAP

# BACKGROUND

On 24 February 2022, the lives of children, families and everyone living in Ukraine changed irreparably and by March 2022, 9,000 had arrived in Ireland. Two months later, the number arriving had more than tripled, with 33,151 arrivals reported by 22 May 2022. One year on, in May 2023, the number of individuals arriving from Ukraine had more than doubled to 83,630 and continued to rise to the most recent figures in February 2024, indicating that over 105,000 Ukrainian individuals have been issued with a Personal Public Services Number (PPSN).

The welcoming of Ukrainian refugees in Ireland was against a complex national context with a housing shortage, a developing cost of living crisis and many universal services such as GPs, Hospitals, Mental Health Services and Tusla under pressure with ever-rising demands. The community and voluntary sector, a primary Prevention and Early Intervention (PEI) response had for too long stepped into gaps without any or minimal increases in funding in the preceding 10 years. The context in which services and organisations found themselves as they emerged from COVID-19 was one of high pressure with an urgency to 'catch up' and redress the many unmet or unidentified needs of children and families that COVID masked.

The Ukrainian refugee situation also coincided with an unusual peak in applications for international protection in 2022, as outlined further on in the document (Figure 10), coupled with an international protection process identified as being not fit for purpose as indicated by the Government's proposal for radical reform through the '*White Paper to End Direct Provision and to Establish a new International Protection Support Service*' (DCEDIY, 2021). In 2022, the national context for mobilising service-level responses to meet the needs of nearly 70,000 additional individuals in 2022, rising to 105,000 in 2024, could not be more challenging. Nevertheless, the response was exceptional and well beyond what can be reflected in this short report.

This report was commissioned by PEIN with funding from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) under the 'What Works' initiative. The primary aim was to explore the responses of PEIN members to the needs of children and families arriving in Ireland from Ukraine. Specifically, it was to apply the unique lens of Prevention and Early Intervention (PEI) with a dedicated focus on children and families.

While such a task would appear straightforward, it presented several challenges. As work commenced on the project in February 2023, it quickly became apparent that many services involved in the initial response were beyond PEIN membership or traditional PEIN audiences, resulting in a methodological challenge in reaching services.

Another challenge was reflective of the exemplary interagency response evidenced on the ground. Actions and programmes were so integrated in complex interagency relationships that their very integration presented logistical challenges for researchers in accessing those involved, securing

permission and documenting the many organisational voices involved in delivering one activity or programme.

The policy and societal context Ukrainian children and families are living in was also constantly shifting and quickly out of date. The task of focusing solely on Ukrainian refugees to the exclusion of those seeking international protection within the direct provision system was impossible. This was a genuine challenge for service providers on the ground – while our questions were focused on children and families from Ukraine, this did not match the day-to-day experiences of service providers who, on multiple levels, from managing funding lines and translating this funding to service delivery, could not make such clear delineations in terms of their responses.

After data collection and writing up the report, the policy context changed further with a Government announcement in December 2023 of a cut in the social welfare payment for Ukrainian beneficiaries of temporary protection while staying in state-provided accommodation or an 'Arrival Centre' along with a 90-day limit to the provision of such state provided accommodation. Such changes will impact how services respond to needs, especially regarding accessing services, schools, support, housing and transport, which dominated the initial response. However, it was not possible to reflect this within the limits of this report.

Finally, the initial data gathering of providers' experiences in 2023 reflected the challenge of how such organisations should address or respond to anti-migrant protests or rhetoric that varied across the country. However, by the end of 2023, this had escalated exponentially and was further highlighted by media coverage and narrative of shocking riots in Dublin on the 23rd of November 2023. Throughout the data gathering, many organisations referenced the challenge of addressing such rhetoric in the locality where they work or at an area level through county structures or Children and Young People's Services Committees (CYPSCs), and many called for guidance on best practices in how to challenge and counter such narratives. While some resources are included in the appendices, a comprehensive directory of resources is beyond the scope of this report's PEI lens.

## NEW LANGUAGE AND LANDSCAPE FOR PREVENTION AND EARLY INTERVENTION SERVICES

What strikes many child and family services when they first engage and work with children and families from Ukraine or those applying for international protection is a new service delivery landscape and accompanying terminology and acronyms. It highlights the siloed nature of how we work and places additional demands on organisations as they orient themselves to new language and terminology. Given such challenges faced by many 'within the system', how anyone who is newly arrived in Ireland navigates the system is a wonder.

It also highlights the need for better integration of services. While this has been the case in Ireland for a long time, the sheer scale of response required to meet the needs of Ukrainian children and families

has brought migrant organisations and support services centre stage both in terms of expertise and service delivery.

Below are some key terms and definitions, along with a graphic outlining a pathway that Ukrainian families may have experienced from their first arrival in Ireland. It is worth noting that for those arriving from Ukraine, the process is more straightforward than those seeking international protection, as they are beneficiaries of temporary protection. Refugees from other countries must apply for international protection – see definitions below. The pathway for those seeking international protection differs and can be found on the International Protection Support Services website.



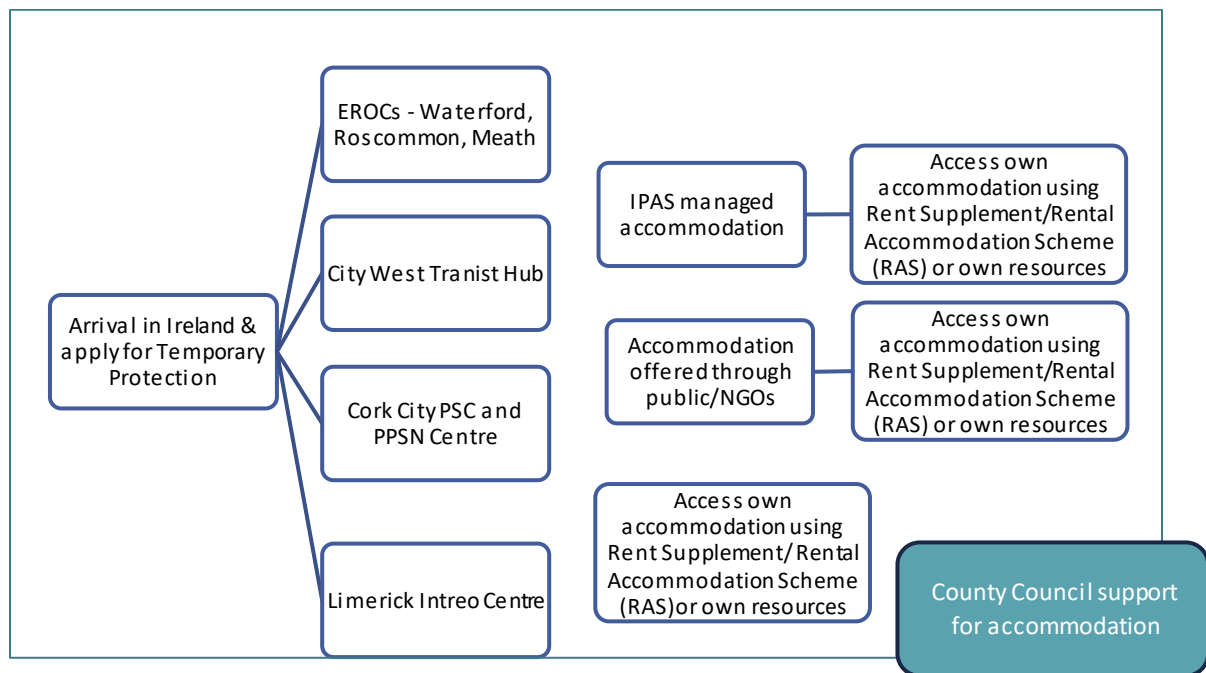*Figure 1 Pathway for those arriving from Ukraine to secure a place to stay in Ireland.*

**International Protection -** International Protection is the protection granted by a government to someone who has left their country of origin (or country of former habitual residence) to escape being harmed. Applications can be made for international protection in Ireland by those who have come to Ireland to escape persecution in their own country or if they cannot return to their country because they have a well-founded fear for their safety.

Most people apply for international protection when they enter Ireland. This is also called claiming asylum. Individuals can also apply if they are already in Ireland. A person must be within the country or at the State's border to apply.

An applicant for International Protection makes one application but can be granted different statuses, depending on their circumstances. They may be declared refugees, granted Subsidiary Protection, or granted Permission to Remain. While these statuses have legal differences, they all grant the holder Stamp 4 rights and access to social welfare and housing rights in the same manner as an Irish citizen.

**Refugee -** Someone who has been forced to flee their country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group.

**Subsidiary Protection** - If a person does not meet the definition of a refugee, they may qualify for subsidiary protection if there are substantial grounds for believing that they would face a real risk of suffering serious harm if returned to their country of origin/country of former habitual residence.

**Permission to Remain** - If a person does not qualify for either refugee status or subsidiary protection, they may be granted permission to remain. This status may be granted at the discretion of the Minister for Justice on humanitarian grounds or for some other compelling reason.

**Family Reunification -** A beneficiary of refugee status or subsidiary protection has a legal right to Family Reunification. Adults granted one of these statuses may apply to reunite with a spouse, where the marriage existed before the asylum application and unmarried children under 18. Children may apply to reunite with parents and siblings who are under 18.

**Beneficiaries of Temporary Protection (BOTPS) -** The Temporary Protection Directive (2001/55 EC) was activated by EU Council Decision EU 2022/382 of 4 March 2022 to provide immediate protection in EU countries for people displaced by the Russian invasion of Ukraine. It applies to all Ukrainian nationals, those living in Ukraine under international or national protection, those living in Ukraine with a permanent Ukrainian residence permit, and Ukrainian citizens living in Ireland under different visa arrangements before the 24th of February 2022. Temporary Protection secures the following supports, including:

- permission to reside in Ireland for one year may be extended. At present, permission has been extended until March 2025.
- full access to the labour market
- access to accommodation, if needed
- social welfare income supports
- access to education
- access to medical care (Department of the Taoiseach, 2022).

**UNHCR -** The UN Refugee Agency (formerly the United Nations Office of the High Commissioner for Refugees) is a global organisation dedicated to saving lives, protecting rights and building a better future for people forced to flee their homes because of conflict and persecution.

Some people come to Ireland as programme refugees. This means that the Irish Government has decided to allow them to live in Ireland following a request by UNHCR. The Department of Children, Equality, Disability, Integration and Youth manage this resettlement programme.

**Irish Refugee Protection Programme (IRPP) -** Initially established in 2015 in response to the migration crisis in central and southern Europe, the Programme is now in a second phase as it responds to a range of resettlement needs, including UNHCR in terms of committed resettlement of refugees from Syria (from Lebanon and Jordan) and Afghanistan for example.

**Immigration Service Delivery (ISD)** - This is a website for the Irish Immigration Service under the Department of Justice. The purpose of the Immigration Service Delivery function is to manage the delivery of efficient, robust and customer-centric frontline immigration services for the Department and the State whilst maintaining an ongoing focus on identifying opportunities for continuous improvement of immigration services to customers.

**International Protection Office (IPO) -** The International Protection Office (IPO) is an office within the Immigration Service Delivery (ISD) responsible for processing applications for international protection under the International Protection Act 2015. It also considers, as part of a single procedure process, whether applicants should be permitted to remain.

**International Protection Accommodation Services (IPAS) (previously known as Reception and Integration Agency (RIA) before 2020) -** International Protection Accommodation Services (IPAS) is responsible for the provision of accommodation and related services to people in the International Protection ('asylum') process. This system is generally known as Direct Provision. IPAS is also responsible for managing the accommodation of Beneficiaries of Temporary Protection.

**Direct Provision** - Where an international protection applicant does not have adequate means to provide for themselves, they are entitled to 'reception conditions' as defined under the Reception Conditions Directive. The Reception Conditions Directive ensures that applicants have access to accommodation, food, clothing, health care, and education for minors. It also provides for special accommodations for vulnerable applicants. In Ireland, the system for providing reception conditions to international protection applicants is called Direct Provision. When living in Direct Provision, an applicant is entitled to a bed (usually in a shared room), meals, a weekly payment of €38.80 per adult and €29.80 per child (known as the Daily Expenses Allowance), and a medical card.

Individuals do not have to live in Direct Provision. They can decide to live elsewhere but will not get state assistance (for example, Daily Expenses Allowance or Rent Supplement) (Citizens Information, 2023). International Protection applicants living outside of Direct Provision can apply for a medical card and Exceptional Needs Payment.

The government's White Paper for Ending Direct Provision committed to replacing Direct Provision with a new, human rights-based International Protection Support Service (DCEDIY, 2021).

**Emergency Reception and Orientation Centres (EROC)** - These centres were established to accommodate programme refugees and those arriving in Ireland under the EU Relocation and Resettlement Schemes. The centres provide food and board for people's basic needs and an initial orientation programme operated by the Office for the Promotion of Migrant Integration (Asylum Information Database, 2023).

**Arrival Centres -** Arrival Centres for newly arrived Beneficiaries of Temporary Protection will be larger sites offering meals, laundry, health assistance, and activities for children and young people. The Centres will also provide information on entitlements and accommodation to help arrivals find independent accommodation and integrate with local communities (DCEDIY, 2023).

**Shifting terminology**

The terminology above represented a moment in time in a constantly changing sector. For example, what was once RIA is now IPAS. Similarly, in December 2023, the DCEDIY introduced a new term, 'Arrival Centres,' in the context of changing entitlements for Ukrainian beneficiaries of temporary protection.

Keeping abreast of the ever-changing terminology and processes can be challenging for organisations working in a PEI context.

## METHODOLOGY AND 'SHIFTING' METHODOLOGY.

The initially proposed methodology for this report combined an online survey to map responses across the country and engage with services and organisations who may be available to participate more through phone interviews. While there was always an intention to reflect the voices of parents/children, the ethical and logistical challenges meant this was not possible. To accommodate this, the literature highlighted research that reflected children's voices.

This proposal was linked to scheduling two webinars.

1. The first webinar, held on April 19, 2023, set the scene at a national level and introduced the survey. Emma Lane Spollen, National Coordinator of Ukraine Civil Society, Immigrant Council of Ireland, Trish Mc Laughlin, Donegal County Childcare Committee Coordinator, and Mary O'Donoghue, West Clare Family Resource Centre Coordinator, provided input.
2. The second webinar on June 2nd, 2023, presented the survey findings. It reflected the voices of two projects delivered by Mary Carroll, Tralee International Resource Centre, and Mariana Halyshyn from Mayo North East SICAP. Discussion points such as the need for a roadmap for services, the importance of play, and preparing for the next phase of integration were highlighted and reflected in the findings.

While this methodology was applied, there were time limitations, such as delays in commencing the first webinar and further delays resulting from a limited response to the survey.

## SAMPLING

The target cohort for the online survey was 63 PEIN members. PEIN membership predominantly comprises organisations working in PEI with children, families and communities. An initial poor response rate from the first dissemination of the online survey indicated that this sampling approach was too limited.

This revealed a lot, as initially, those organisations targeted had a primary child and family focus and yet the majority of organisations funded and leading responses to the Ukrainian crisis were not within this profile of services, such as Partnerships, County Councils, the HSE and Education Training Boards (ETBs).

While it was not the intention to carry out nationwide whole service response mapping as this could never be done comprehensively, it was clear that we needed to disseminate the survey to a broader range of organisations. With this in mind, the survey was sent to the following organisations.

- PEIN members
- Directors of Public Health Nursing
- Children and Young People's Services Committees (CYPSCs)
- Community Response Forums
- Local Development or Partnership Companies
- Irish Primary Principal's Networks
- Institute of Guidance Counsellors
- Youth Services

Over 300 organisations received the survey, which was supplemented through Twitter dissemination. Given this, estimating a response rate was impossible; however, we had engagement and responses to the online survey from 57 organisations. Over 140 emails were sent to follow up on information and piece together organisations and interagency responses.

**2** Webinars

**140** Emails

**300** Organisations surveyed

**57**

**50** Phone interviews

**9** Case study - snapshots

## CORE PRINCIPLES

Many Irish organisations have completed research initiatives, including the Family Resource National Forum, City and County Childcare Committees, Schools of Sanctuary and Ukrainian Action in Ireland. Given this, the following principles were developed to direct this piece of research:

- avoid duplication and, where possible, collate existing information
- highlight and collate resources and material on integration and migrant support
- share learning, recognising that this can translate and benefit those working with all children and families, including those seeking international protection
- put a primary focus on children and young people, draw on what we know works in PEI and propose responses that traverse sectors and siloed working
- honour the learning from all responses, what worked, what did not, what was a significant response and what was directed at a smaller scale
- 'good enough' research – it would never be possible to accurately document or acknowledge all the work that has happened across all statutory, semi-statutory and community levels across Ireland. This report represents the work of those who engaged with the consultants and responded to queries for information. Furthermore, the situation in which Ukrainian children and their families find themselves, along with the services supporting them, is dynamic, and trying to grasp a moment in time before it shifts to another stage was challenging.

# WHAT DOES THE LITERATURE TELL US?

**Overview of literature**

The literature review explores the growing body of research and analysis focusing on the unique experiences of Ukrainian refugees. It also draws on extensive international and national literature that evidences the journey of all those seeking asylum. In general, these are divided into four phases[1] that represent the before, the travel and the new country experience (Ní Raghallaigh M., 2022; Arakelyan & Ager, 2020)

- **Exposure to war or conflict**. Also referred to in the literature as pre-flight or pre-migratory experiences, this reflects individuals' experiences in their country before being displaced. They could include traumatic events witnessed or directly experienced due to war or conflict.
- **Escape.** It is also called migratory/transitory experiences or 'flight'. This includes the journey to a new country, which brings insecurity, uncertainty, fear, stress, and possible trauma en-route to a destination.
- **Arrival.** Also called a postmigration experience or temporary settlement refers to what happens once a child/family arrives in a country of destination seeking refuge (Arakelyan & Ager, 2020). Families often experience staying in temporary, sometimes transitory accommodation. At the same time, their application is being processed or, in the case of Ukrainian families' a first response to accommodate individuals when they arrive. In Ireland, these are referred to as EROCs (Emergency Reception Orientation Centres) or, as recently announced for Ukrainian families, Arrival Centres. This so-called temporary phase can become protracted, as has been the experience of many in Ireland who seek international protection. However, this is also the case for those from Ukraine who have lived in state-provided congregated settings for nearly two years.
- **Everyday life.** This post-migratory experience is also called resettlement or settlement. It reflects the experiences of individuals when refugee status has been granted. Families are now experiencing everyday life integrated into life in a new country.

What we know works for children does not change because a child and family unit are migrants or refugees; the core principles outlined in the literature review below remain the same for all young infants, children and adolescents. However, what changes is that the familiar ecosystem where children are safe, secure and settled becomes radically destabilised. Their home, community, and school lives are disrupted, and their relationships with those closest to them are altered. Extreme levels of stress and possible unimaginable trauma are experienced and reflected within the family relationships. Like the title 'Shifting Sands', the children and their family's everyday experiences constantly shift from familiar and secure to unstable, insecure, stressful and frightening, and these new circumstances exacerbate any pre-existing vulnerability or stress on the family.

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[1] Some authors limit this to three phases representing pre-migratory, migratory and post migratory experiences.

Some children and families have pre-existing protective factors which support positive outcomes, but exposure to such radical life-changing circumstances can override such protective factors. Others may not have the same level of protective factors to draw from and may be experiencing difficult circumstances in their country even before they are impacted by war and trauma. Their original 'ecosystem' was not a safe, secure and settled one, as noted above, before the commencement of war or threatening life circumstances.

The final two phases of arrival and everyday life are where a country's response can mitigate the worst impact of this potential early childhood trauma. Trauma-informed responses can be implemented, drawing on best practice in the literature. However well-intentioned and following the best design in theory, the implementation of responses can be limited by the availability of funding or, given the current pressures on services, the organisation's capacity to respond.

In short, the literature review will cover the following:

1. The impact of being a refugee on a child's life
2. What works for better outcomes for all children?
3. A child development perspective on the experience of refugee children.
4. Prevention, mitigation and early intervention.

## 1. THE IMPACT OF BEING A REFUGEE ON A CHILD'S LIFE

Seeking refuge significantly impacts a child's life in many ways, particularly mental health and well-being outcomes, which permeate a range of other outcomes such as physical health, learning, education, play and friendships and can result in adverse childhood experiences.

**Mental health and well-being:** Exposure to war and military aggression violates fundamental human rights that can significantly impact people's mental health (Bürgin et al., 2022). Children and their families may have had experiences that threaten their safety from the broadest definition through exposure to trauma, stress, upheaval and uncertainty before, during and after migrating to a 'safe' destination.



*Figure 3 Thinking about child refugees in Ireland*

Children and adolescents may have witnessed horrific or traumatic incidents in their home country and there is evidence of a strong link between exposure to such events and the increased probability of mental health difficulties, including Post-Traumatic Stress Disorder (PTSD) (Soltan et al., 2020). Previous research on PTSD rates among child and adolescent refugees in Europe found a prevalence rate of 22%. Other research has estimated that one-third of refugees fleeing war meet the diagnostic threshold for PTSD (Javanbakht, 2023;

Charlson et al., 2019). The nature of exposure to war and the cumulative effects of these events increase the risk of psychopathology.

Rates of other mental health issues, including depression and anxiety, are reported to be 14% and 16%, respectively (Javanbakht, 2023). The pre- and post-migration experience impacts these rates. These experiences include the nature of exposure to war, the economic impact of war, separation from a parent and the migration experience (Buchcik et al., 2023; Bürgin et al., 2022; Tyrer, 2014; Hodes, 2022). We cannot be sure how the welcome received by Ukrainian refugees might influence PTSD rates. However, we do know that the post-migration environment, including border controls and support offered to refugees, impacts the risk of developing PTSD (Tyrer & Fazel, 2014).

Research completed in 2014 showed that a large sample of adolescents in Donetsk in Western Ukraine who were exposed to war conditions had significantly higher rates of PTSD compared to young people in parts of Ukraine not exposed to war (Hodes, 2022). History of mental health difficulties and diagnosis of ASD and ADHD also impact people's risk of developing mental health difficulties in host countries (Ougrin et al., 2022).

Thommessen and Todd (2018) report that refugee children present with higher levels of socio-emotional difficulties on *Strengths and Difficulties* (SDQ) assessments in comparison to migrant children. Studies of well-being in child populations of Ukrainian refugees indicate ratings of poorer well-being than that of the host population in Germany, as reported by parents of children 3-17[2] (Brockschmidt & Wimmer, 2022).

In the most recent Irish research (Ukrainian Action Ireland, 2024), 25% of respondents felt the need for psychological support (up from 24% in 2023), 9% have already started seeing a psychotherapist, and 3% attend support groups (with the remaining 15.5% are looking for help).

**Physical health:** In general, we know the health outcomes for refugees vary considerably due to various factors. For example, the country of origin's economic and health policy status and pre-existing health conditions. Also mentioned in the literature is the concept of the "healthy immigrant effect," where the country of origin's health services and health status are higher than those of the country where asylum is sought. (Lewtak, et al., 2023)

As noted above, the impact on Ukrainian refugees is still an evolving situation and there is limited literature outlining the longer-term health outcomes for Ukrainian children. Countries such as Germany and Poland, which have provided asylum for up to 2.5 million individuals (cumulatively) from Ukraine, can share experiences of the emerging physical health needs. Differences in immunisation uptake in Ukraine and the general health status of the population, along with heterogeneity amongst any population of refugees, meant some children were at higher risk of physical health conditions, including chronic health conditions and infectious diseases, which were primary presenting causes for children at Polish hospitals (Lewtak et al., 2023).

In general studies of refugee child populations, there is evidence of considerable health needs on arrival, with recommendations for comprehensive assessments and health service support. There is

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[2] Using the KINDLR ® question items "psychological well-being".

considerable variability in longer-term health outcomes for refugee children (Lewtak et al., 2023; Baauw et al., 2019).

In a survey by Ukrainian Action Ireland (2023) of 8,000 respondents, 62% reported that their health was good or very good (scoring themselves 4 or 5). In the March 2024 survey, this decreased to 53% (Ukrainian Action Ireland, 2024). This is significantly higher than the 39% of Ukrainian refugees in Germany (Brockschmidt & Wimmer, 2022) who rate their health as good or very good.

67% of Ukrainian Action Ireland survey respondents had availed of medical services in Ireland and reported difficulties accessing services. For many, the challenge was how to access services in particular specialist services(56%), language barriers (20%), accessing a GP (18%), waiting lists (12.5%), and cost (11%).

**Perinatal health for mothers and infants:** *"Providing optimal perinatal care will result in reducing health inequalities in this vulnerable group, both refugee women and their babies"* (Lewtak et al., 2023, p. 8)

The experience of war and associated stress and destabilisation may have long-lasting consequences for mothers and infants. War exposure is also associated with premature birth and low birth weight (Chrzan-Dętkoś et al., 2022). Sources of stress for refugee women include language barriers, unfamiliar procedures, and a lack of understanding of birth options (Brown-Bowers et al., 1997).

In a study of hospital admissions of Ukrainian refugees in Poland from 2014 to 2022, pregnancy, childbirth and the period 6 weeks post-childbirth were the main reasons for hospital admissions (Lewtak et al., 2023). A small study of Polish midwives noted that women presented as being withdrawn, with higher levels of anxiety, and that while cultural differences were not so apparent, language was a barrier. This impacted breastfeeding outcomes. They noted the importance of additional support for Ukrainian women without a community network (Chrzan-Dętkoś & Murawska, 2023). Some Ukrainian refugee pregnant women face other risk factors, including loss of their previous lifestyle and separation from their partner (Chrzan-Dętkoś et al., 2022).

In the case of Ukrainian refugees, it is still very early to collate and analyse the outcomes for women and infants aside from the above-mentioned early research in Poland. In general, the literature reports an increased risk of poor outcomes for refugees during the perinatal period but also for women in general, which can impact child outcomes (Lewtak et al., 2023).

One Irish study of the perinatal experiences of 22 refugee women outlined significant findings. 50% of participating women had pregnancy complications (Tobin, 2010). In such a small study, it is hard to extrapolate pregnancy outcomes, but there is significant evidence for poorer outcomes for refugee women, even in comparison to other migrant women (Ramadan et al., 2023). Tobin (2010) outlined significant findings relevant to the experiences of women seeking asylum in Ireland. A number of these are referenced below which have relevance to Ukrainian refugees:

- Language and difficulty accessing interpreters were barriers for women during the perinatal period.
- Women experienced a complex range of feelings such as loss, isolation, loneliness and depression as a consequence of being away from family and networks of support.

- Significant findings were noted on the inadequacy of direct provision, which is not sufficient to support women during and post-pregnancy – food, space, nutrition, privacy, and transport were some of the many issues raised.
- The practice of dispersal, or moving individuals from one setting to another, was highlighted in terms of continuity of care for a pre-term infant who had hospital appointments to attend but was transferred to a different location away from Dublin.
- There was experience of racism within health services.
- There were higher rates of breastfeeding among refugee mothers, but a lack of support and poor levels of nutrition were reported to be influential factors.
- The women had limited antenatal care and preparation for birth.
- There was a fear of the future for participating women, given the transient nature of their experiences of the Irish asylum process and a lack of clarity regarding their future security.

**Learning and Education:** Overall, the literature outlines that, in general, refugee children, particularly unaccompanied minors, have poorer outcomes than host nation children (Dunlavy et al., 2020; Hutchinson & Reader, 2021). Dunlavy et al. (2020) outline how the factors of a child's age and country of origin impact outcomes. Other studies referenced by Huang & Lam (2022) outlined the factors impacting academic performance: parents' host country language proficiency, parental school involvement, children's educational aspirations, and children's language abilities. While there is data on the educational experiences of refugee children and young people (Gallagher, 2022) and feedback from schools (Smyth et al., 2009) in Ireland, national quantitative data on educational outcomes for refugee children is more difficult to identify in the literature.

School attendance can be a challenge for many refugee children. School attendance data in Ireland is not broken down to the level of nationality/ethnicity, so it is not possible to track this. However, as of the 1st of June 2023, 92% of entitled Ukrainian children allocated PPSNs were enrolled in Primary Schools, 83% in Lower Secondary and 74% in Upper Secondary Children (CSO, 2023c).

**Adverse Childhood Experiences (ACEs):** *"Chronic or traumatic stressors experienced early in life are collectively termed Adverse Childhood Experiences (ACEs)"* (Wood et al., 2020, p. 4). The term was coined following extensive research linking adult physical and mental health outcomes to their childhood experiences (Felitti et al., 1998). It was based on the completion of a questionnaire outlining 17 questions focused on incidents that may have caused childhood trauma. The list includes parental mental health, parental substance misuse, exposure to domestic violence, incarceration of a parent, divorce and parent separation, and childhood abuse (emotional, physical and sexual). It has expanded the scientific knowledge on the impact of toxic stress during critical periods of childhood development and the longer-term health implications. Intervening early can prevent or mitigate the impact of ACEs, the cost of which in Ireland has been estimated to be $7.7 billion or 2% of GDP (Hughes et al., 2021).

Many of the experiences categorised under the list of ACEs could be experienced by a child refugee, including those escaping the war in Ukraine. When considering ACEs in the context of child refugees, Wood et al.(2020) have produced an accessible and comprehensive report. Reflecting on the experience of child refugees, they add to the original list and ask that the following be considered:

- Unaccompanied minors
- Collective violence, witnessing violence or participating in violence

- Deprivation of basic needs
- Experience of being detained/imprisoned.

**Play, playfulness and child spaces:** *"Conflict robs children of their safety, family and friends, play and routine, yet these are all elements of childhood that give children the best possible chance of developing fully and learning effectively"* (Feldman, 2019, p. 302, citing Britto, 2017)

Play traverses all aspects of a child's life, from individual play to sibling and familial play and beyond into the community with peers, at school and in the street or park. Finally, play is also a policy decision. Developing a national play policy shapes all spheres of life where children find themselves – from parental public health information, education and early learning, health service delivery, youth services, sports, creative and recreational activities and design of housing, streets and our shared public space.

We know that play, including teenage playfulness, has a significant positive, protective and mitigating role in supporting refugee children (Feldman, 2019; Hyder, 2005; Rodgers & Cleere, 2022; Koopmaus & Doidge, 2022; Lynneth, Liu, & Popp, 2018). Play can help children regulate their behaviour and emotions and neuroscience now explains that "*child-led play produces dopamine, a neurotransmitter associated with a sense of well-being that reduces levels of stress"* ( Rodgers & Cleere, 2022). The ability to exert control in play in a world with little consistency, which appears 'out of control', is one of many ways play allows children to transcend their daily lives.

A considerable body of literature addresses the therapeutic benefit of play, including using play as an insight into how children cope. Hyder (2005) outlines how trauma can be expressed in play - "gone is the sense of joyful adventure, story and spirited imaginative discovery that is characteristic of childhood" (Hyder, 2005). Additionally, the benefits of play therapy in general and within refugee populations have been comprehensively addressed in the literature. However, evidence is confined to a small number of studies, all of which demonstrated reductions in PTSD symptoms and in the case of one which demonstrated the effectiveness of 'Theraplay' in reducing attachment difficulties (Cowling & Anderson, 2023).

In March 2022, the Department of Children, Equality, Disability, Integration and Youth requested the engagement of the City and County Childcare Committees to support the response to the Ukrainian crisis, which was documented in *'The response of City & Childcare Committees to the early learning and care needs of Ukrainian children and families'* (O' Dwyer, 2022). The report outlines how Early Childhood Education and Care (ECEC) places were secured, *'Stay and Play'* sessions were implemented, and parent and toddler groups were explored. While it highlights the significant reach and considerable response to high levels of need in a time-pressure context, it also outlines logistical challenges, structural, cultural, and socio-emotional issues and resource implications (O'Dwyer, 2022).

The many benefits of play are documented in tandem with referencing children's right to play under Article 31 of the United Nations Convention on the Rights of the Child – *"The right of the child to rest, leisure, play, recreational activities, cultural life and the arts (Article 31)"* (United Nations Convention on the Rights of the Child, 1989)*.*

Article 31 was addressed further in General Comment No. 17 (United Nations Convention on the Rights of the Child, 2013) with the many benefits of play outlined across age ranges, stressing play's role in creating a 'culture of childhood'. The Committee also outlined Article 22 as follows:

*"Refugee and asylum-seeking children face profound challenges in realising their Article 31 rights, often experiencing both dislocation from their traditions and culture and exclusion from the culture of the host country. Efforts must be made to ensure that refugee and asylum-seeking children have equal opportunities, with children from their host country, to enjoy their Article 31 rights. Recognition must also be afforded to the right of refugee children to preserve and practice their own recreational, cultural and artistic traditions."*

Ireland's only play strategy, *'Read, Steady, Play – A National Play Policy,'* was published 20 years ago (National Children's Office, 2004). Despite its age, there are strong foundations for the development of play in Ireland within this policy. It highlights the need to address play spaces and access to play for many children living in marginalised settings, including direct provision. Aside from the considerable developments in the policy and service delivery landscape, the policy does not reflect significant societal changes, particularly in relation to social media and screen usage, community safety, greater levels of a multicultural population and more comprehensive migrant needs.

First 5, A Whole of Government Strategy for Babies, Young Children and their Families, puts play at the centre of its many actions. It lays the groundwork for a revised play policy under Goal A and recognises the importance of play in all children's lives, including the barriers to accessing appropriate play spaces for the many children living in congregated settings.

This commitment is strengthened under Young Ireland, Ireland's National Policy Framework for Children and Young People (DCEDIY, 2023) by making play and recreation a priority with actions shared across Government departments, including:

- integrate culture and creativity in developing more vibrant, creative, and sustainable places
- ensure adequate provision of play facilities in the built environment
- create child and youth friendly urban spaces
- assess current play policy, practice and provision and make future recommendations.

**Irish research, including specific literature on the Ukrainian crisis:** Ukrainian Action Ireland has completed three extensive studies of Ukrainian refugees in Ireland—the first in 2022, the second in March 2023 and the third in March 2024. These studies have over 8,000 respondents and gathered information on many issues, including education, accommodation, language, transport, integration, and use of social media, especially Telegram (Ukrainian Action Ireland, 2022, 2023, 2024). Some findings from this research have been outlined above or will be referenced throughout this literature review, with some outstanding findings noted here. Overall, the 2023 research describes a positive picture, with 97% of respondents reporting that they feel safe in Ireland and 90% reporting that they are healthy.

The National Family Resource Centre (FRC) Forum has recently completed research on the experience of Family Resource Centres in responding to the needs of Ukrainian families. Many challenges are identified in this research, including resource and staffing issues, transport, language, and social media's part in influencing perceptions of refugees. This research identifies the primary source of anti-

immigrant rhetoric through social media posts on local forums (71.4%). Ariner (2023) argues that the issue of sharing anti-immigrant rhetoric needs to be challenged with open, accurate information from governments.

The FRC Forum research makes several recommendations concerning the need for funding for staff to do more time-consuming work with families and the need for staff training and accurate information from the Government. This aligns with the experience in other European countries' response to the Ukrainian crisis (Ariner, 2023)

Community and voluntary services are working to support Ukrainian families with pieces or ad hoc targeted funding. There is a need for more long-term resources and funding for staff (National Family Resource Centre Forum, 2023; Migrations in Our Common Home Responding with Care, 2022).

## 2. WHAT WORKS FOR BETTER OUTCOMES FOR ALL CHILDREN?

From systematic reviews, the literature outlines what works in the earliest years of a child's life to ensure their best outcomes. The work of Jack Shonkoff and his colleagues at the Center on the Developing Child outline this clearly in Figure 2.

This evidence aligns with the World Health Organisation Nurturing Care Framework, an international framework for countries to promote the best outcomes for young children and their families.

It places the centrality of responsive caregiving within a health context with the early parent-child relationship front and centre. It calls for focusing on families and communities. It highlights the need for more support for families, particularly support for caregivers' mental health. In 2020, the World Health Organisation (WHO) built



*Figure 4 Three Pillars to promote better child and parent outcomes (Center on the Developing Child at Harvard University, 2021)*

on this to issue 'Improving Early Childhood Development: WHO guidelines' (WHO, 2020). In this document, they simplify the four elements to enhance outcomes for children:

- responsive caregiving
- promote early learning
- integrate caregiving and nutrition interventions
- support maternal mental health.

Of course, these pillars also become protective factors when children experience inequality in their early years. There are many factors, including the experience of being a refugee, which threaten the best aspirations of all caregivers and place children at risk.
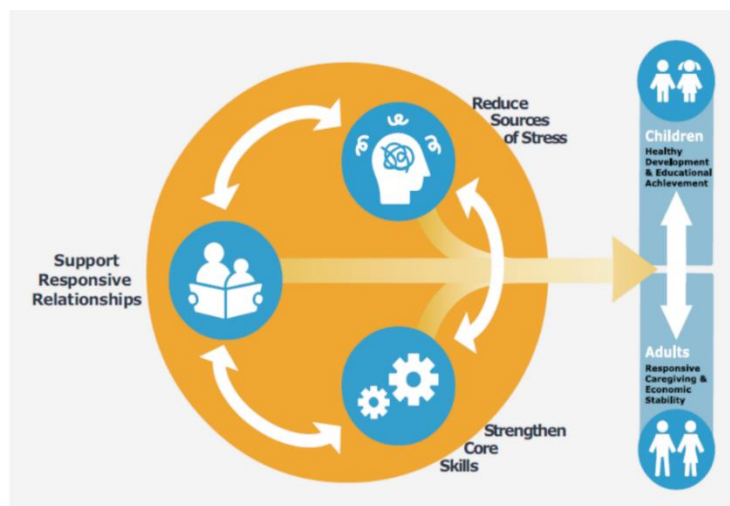
For older children, especially before and during adolescence, other factors come into play when exploring the best outcomes. As outlined above, the core foundation in early years sustains and directly impacts adolescent development. The concept James Heckman (2000) and colleagues referred to as "skills beget skills" could be reframed to extend to security, self-esteem, confidence, and other inherent protective attributes resulting from positive early years development. These can become the foundation on which adolescent development can draw. However, regardless of a solid early foundation, we also know that *"adolescents, ages 10 to 19, are undergoing a highly sensitive period of brain development"* (Office of the Surgeon General (OSG)., 2023). As a result, the adolescent period is not necessarily predicted by positive early years development.

While responsive parental/caregiver relationships remain crucial to best outcomes for adolescents, the development and influence of peer relationships become significantly more critical. There is strong evidence outlining the neurological development of this phase and how the brain is susceptible to more significant influence from social pressures, peer opinions and peer comparison (Albert, Chein, & Steinberg, 2013; Office of the Surgeon General, 2021; Office of the Surgeon General, 2023).

Young people's level of agency and independence in decision-making is directly linked to self-esteem. In line with brain development, adolescence is when risk-taking experiences peak.

Social media and screen usage have benefits, such as connecting and receiving social support from peers. There is also evidence that it can support help-seeking behaviour. However, there is now a significant body of evidence linking social media use to poor mental health outcomes for young people. (Office of the Surgeon General (OSG)., 2023).

A range of protective and risk factors for adolescents impact a young person as they navigate their identity in their home or through friends, social media, school, and community, all of which can positively or negatively impact their sense of self-worth. These hold for families fleeing a crisis and seeking refuge and can impact the young person differently as they move through the phases of refugee migration.

## 3. A CHILD DEVELOPMENT PERSPECTIVE ON THE EXPERIENCES OF REFUGEE CHILDREN

*"Many of today's conflicts last the length of a childhood so that from birth to early adulthood, children experience multiple and accumulative assaults"* (Frey-Wouters, 1997, p. 1 cited in (Feldman, 2019))

Child development as a process is not a static instance. Regardless of age, children constantly negotiate who they are and how they understand and be present in the world. An incident of war and subsequent dislocation to a new country does not happen in isolation from a child's development. Similarly, it is not just one incident. It (as outlined by the phases described at the start) involves different and unique life experiences over time. Many child development theories provide a

framework to explore this experience. Hyder (2005) lists three succinct yet profound ways in which child development is 'interrupted' by war and conflict – trust, competence and identity.

Lev Vygotsky (1978) theorised that children are active agents constantly negotiating their development through interactions with their relational worlds. He outlined the 'zone of proximal development' - *"the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers"* (p. 86). Today's theories of what works in responsive relationships align with Vyotsky, who outlined how these interactions can 'scaffold' a child's learning, development, and skill uniquely adapted to that child. Along with others, Vygotsky stressed the importance of play, in particular, imaginative play, where children can reach beyond their developmental milestones but also where play builds self-regulation (Bodrova & Lbong, 2015; Berk & Meyers, 2013; Ginsburg, K. et al., 2007; Bruce, 2001; Baker et al., 2019).

The "bioecological model of child development" developed by Bronfenbrenner (1979) builds on Vygotsky's work, recognising the agency of the individual child. He then maps out the increasing spheres of influence on a child's development from the micro-system to the macro-system.

He includes time (chronosystem), creating a dynamic model to explore the constantly evolving development of a child. This model examines *"multiple levels of context and change over time can be especially useful in examining the complex issues surrounding the development of identity in newcomer children and adolescents"* (Hayes & Endale, 2018, p. 285). A significant body of literature utilises the Bronfenbrenner framework as a helpful lens to outline the complex and multi-layered experiences of a child refugee (Arakelyan & Ager, 2020; Mooney, 2015; Thommessen & Todd, 2018; Yok-Fong Paat, 2013; Jensen, 2007) as outlined in Figure 3.

This theoretical background to child development provides a framework to explore in detail the many factors facing a child and their family impacted by the trauma of war and subsequent migration.
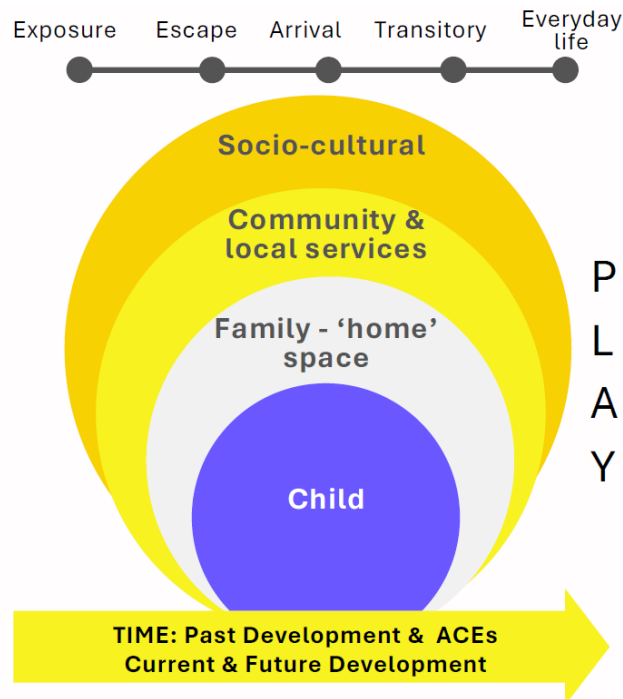
*Figure 5 Adapted from Arakelyan & Ager's (2020) image of a Bronfenbrenner's model to explore the many factors impacting the life of a child refugee.*

## FACTORS IMPACTING DEVELOPMENT AND OUTCOMES

### 3.1. The Infant, Young Child and Adolescent

- **Age:** Higher rates of trauma and dysregulation were reported in adolescents, as well as a disconnection from past friendships, school or family (Glazer, 2023). Arakelyan and Ager (2020) also report on three studies which place younger children at greater risk of mental health difficulties. In terms of education outcomes for refugee children, age does matter, with young children fairing better in a study of refugee children in Nordic countries (Dunlavy et al., 2020).

- **Gender:** Gender was identified as a risk factor, with female refugees being identified as being more likely to experience mental ill health post-migration (Buchcik et al., 2023). Arakelyan and Ager (2020) note that girls report higher levels of depression and anxiety and more internalising symptoms as they experience high levels of daily stress during resettlement. However, in one study, a genetic variant associated with how childhood trauma influences adult violence and antisocial behaviour was found amongst refugee boys but not girls. In some large-scale studies, there were no gender differences (Arakelyan & Ager, 2020; Wood et al., 2020)

- **Ethnicity and acculturation style - including language and social competency:** In some cases, being within an ethnic group with a strong sense of ethnic identity was seen as a positive and protective factor regarding mental health. However, this was also balanced with possible acculturation stresses when children experience conflict between their own culture and that of their host country. Those children who adopted a more integrated acculturation approach were found to have better mental health outcomes.

This is associated with competency in language proficiency and broader social competencies. Language competency can support children's engagement with peers, schools and broader services. Literature highlights how frustrating not having a shared language could be :

*"In the beginning, I mean this was from the perspective of a ten-year-old, I felt I couldn't learn anything at all. I felt like everything went so slowly, and they were never going to understand me and I was never going to learn this language."* (Thommessen & Todd, 2018, p. 18)

Experiences for younger children were exacerbated as language barriers in preschool children can lead to communication challenges and associated frustration and dysregulation (Hurley et al., 2013).

Given that children may advance in learning a language and integrate themselves within a new host country, this can place strains within their families (Arakelyan & Ager, 2020). This is discussed further in the family context, as the associated role reversal can ensue from children being asked to take on additional responsibilities due to their language competency. One such negative consequence is being *"exposed to information that may cause distress, anxiety and worry in the child"* (Thommessen & Todd, 2018, p.10).

- **Religion:** It would appear that religion is a robust protective factor for refugee children, including unaccompanied minors (Arakelyan & Ager, 2020; Scott, Mason, & Kelly, 2024). As noted below, religion can also provide community connectivity and cohesion between refugees with a shared culture or ethnicity, which is also a protective factor.

- **Temperament:**
  - **Coping style:** Arakelyan and Ager (2020) outline the importance of children's temperament and approach to managing presenting situations, which encompasses a range of individual factors such as self-regulation. Arakelyan and Ager (2020) outline a correlation between those with a problem-focused rather than an emotional-focused coping approach and better mental health outcomes. This is addressed in the qualitative research carried out by Thommessen and Todd (2018), who, using qualitative research techniques, reported a predictive factor which they termed "choosing to succeed".
  - **Risk-taking:** Risk-taking behaviour amongst refugee children, such as antisocial behaviour and alcohol/substance misuse, is associated with higher rates of depression. While more prevalent in males, it is associated with host community attachment and peer support (Arakelyan & Ager, 2020).

- **Unaccompanied minor:** Travelling without a parent is a significant risk factor for all child refugees, and unaccompanied children present with a higher risk of developing mental health conditions, poorer mechanisms for coping and are at higher risk of having been exposed to violence or death of a parent (Arakelyan & Ager, 2020; Wood et al., 2020). Education outcomes for unaccompanied minors are also considerably less than for host country children or refugee children with family support (Hutchinson & Reader, 2021). There is evidence that sustaining contact with family abroad can mitigate depression in populations of unaccompanied minors (Arakelyan & Ager, 2020).

### 3.2. Family & 'home'

- **Parental Mental Health:** Section 1 of the literature review outlines the impact parental mental health has on outcomes for children. This is strongly referenced as a predictive factor when exploring outcomes for child refugees. The prevalence of mental health conditions amongst all refugees, including those arriving from Ukraine, is higher than a majority of host country rates and also higher among Ukrainians who migrated in comparison to those who stayed in Ukraine, outlining that entering a new cultural environment significantly contributes to the mental well-being of Ukrainians (Lushchak et al., 2024). Parental mental health is a risk factor for children's future outcomes and high rates of PTSD among parents increase the risk of child mental health amongst refugee populations (Nielsen et al., 2019).

  Arakelyan and Ager (2020) describe that the stressful process of asylum can reduce the ability of parents to respond sensitively and responsively to their children's needs and, therefore, increases punitive or short-tempered responses and challenges in maintaining emotional bonds. Additionally, children become concerned for their parents, thereby increasing their own stress levels. Arakelyan and Ager (2020) describe the pressure on parents to conceal their mental health from their children and the likelihood of parent-child role reversal in which children assume greater care responsibilities.

- **Parenting:** Parenting comes into sharp focus for those in a refugee context, and the pressure and strain of this make responsive parenting a challenge. It is very much parenting in shifting contexts, conditions and cultures. In a refugee context, it is often done in isolation from the usual family and neighbourhood network of support. The parent-child relationship is a strong predictor of outcomes for refugee children. The many tensions that can occur, given the acculturation gap, have already been outlined.

  Older pre-teen and adolescent children's assimilation into local communities or the school environment can result in significant peer influence. This fast-tracks their cultural integration and can also cause tensions in the parent-child relationship, given a potential acculturation gap between parents and their children. This can result in 'intergenerational conflict', which is a risk factor for refugee children (Arakelyan & Ager, 2020; Wood et al., 2020).

  The fast pace at which children, often through school, advance in their language competency can again result in a role reversal as the parent is dependent on them for often translating material inappropriate for their age. This escalates the child's awareness of adult issues, concerns and problems and creates the "parentification" of children (Arakelyan & Ager, 2020).

  Managing the stressful journey, families are often in situations where there is an absence of privacy. This results in parenting practices which are exposed or on view in state-provided accommodation and shared settings of the host country (Eltanamly et al., 2022)

  This has been covered substantially in the literature exploring Ireland's direct provision system. While there are some differences in the experiences of Ukrainian refugees, given the entitlements afforded them under temporary protection, the shared living facilities are very similar. Many Irish reports have explored this experience of parenting in IPAS/Direct provision

(Cid, 2023; Foreman & Ní Raghallaigh, 2015; Working Group on the Protection Process, 2015; Ombudsman for Children, 2020; Uchechukwu Ogbu, Brady, & Kinlen, 2014).

In particular, the literature outlines an absence of parental choice imposed by such living conditions, increasing parental stress and impacting parental self-esteem and mental health. Ultimately, the literature outlines how parental capacity can be negatively impacted by the experience of parenting in such facilities (Foreman & Ní Raghallaigh, 2015).

- **Parent and family support and the extended family:** The literature reviewed also highlights the considerable issue of parent support. In many contexts, including the Ukraine crisis, most family units comprise mothers and children. Thereby, overnight two-parent families are now parenting alone in different cultures and languages, often without extended family support. Strong evidence indicates that parent support, family cohesion and the presence of extended family members are positive protective factors ( Arakelyan & Ager, 2020; Eruyar, Huemer, & Vostanis, 2017; Hamari et al., 2022; Eltanamly H.et al., 2022).

- **Family impacted by health and disability:** Refugee children can also be impacted by a disability or physical health of siblings or parents, which can increase family tension, increase children's experience of stress and, again, a role reversal as the child assumes extra responsibilities so as not to add to the pressure the family is already experiencing. At the very early phases of migration, the fundamental logistical challenges of migrating, followed by the challenges of navigating new health and disability services, can be overwhelmingly stressful. Personal testimony from parents of children with ASD outlines the fear and stress of a long journey from Ukraine to Ireland (Gogol, 2024).

The Irish literature addresses this point in the context of living in state-provided accommodation and raises examples such as parenting or sharing sibling space with a child with autism (Foreman & Ní Raghallaigh, 2015; Working Group on the Protection Process, 2015). Living with a sibling with a health or disability has an impact on the whole family, and when this is in inadequate living conditions, this can add to pressure and family tension.

- **Parental language competency, education and employment – including family socioeconomic status:** In terms of broader outcomes, there is considerable literature outlining the impact of parental language competency, education and employment on outcomes for child refugees with a focus on broader integration into a community, availing of services and socio-economic status (Ariner, 2023; Huang & Lam, 2022; Committee on Migration, Refugees and Displaced Persons, 2023). Language barriers impact refugees' engagement with children's preschools and schools (Hurley et al., 2013).

Research completed by Ukraine Action Ireland reports that 77% of respondents chose to come to Ireland, given that English is the primary spoken language. The same research names language barriers as one of the main challenges facing Ukrainian refugees. It impacts many people's access to employment and healthcare (Ukrainian Action Ireland, 2024). Family Resource Centres (FRCs) in Ireland report language as a significant issue facing Ukrainian migrants, as well as services' ability to engage with families and their needs. FRCs have responded by supporting access to language classes (National Family Resource Centre Forum, 2023). Involving Ukrainians as interpreters in

providing language services and developing transitional and adaptation programmes in schools and universities is essential (Vlasenko, 2022 & Hurley et al., 2013).

The Committee on Migration, Refugees and Displaced Persons (2023) outlines a range of recommendations highlighting the importance of integrating refugees into the workforce, including recognition of qualifications, matching skills to job opportunities and a broad focus on education from language skills to information on rights and citizenship.

In Ireland, research from Ukrainian Action Ireland (2024) highlighted that 43% of respondents were working, up from 30% in 2023. Those not working named transport and language issues as reasons for not working.

- **Help-seeking behaviour:** Culturally defined ways of accessing services or seeking help are associated with increased vulnerability of families and their children to adverse mental health outcomes. (Bürgin et al., 2022; Ougrin et al., 2022; Ellis et al. 2012.) An awareness of how culture impacts family coping and culturally congruent ways of family coping (Hughes, 2013) can be supported by using cultural brokers in mental health service provision (Tyrer et al., 2014; Ougrin et al., 2022).

### 3.3. Community - physical, social, local services and infrastructures

- **Friends:** Positive experiences of developing peer friendships and integrating into local neighbourhoods and communities are outlined as a positive protective factor. However, the reverse is cited more often in the literature, such as negative, discriminatory or bullying behaviours experienced by refugee children, which can have a significant impact on mental health and other outcomes (Arakelyan & Ager, 2020; Wood et al., 2020).
  *" it's like I have no friends at all ….I think because the girls are so close and because, you know, like new one, new girl in the school, and nobody has like idea about me"* (Ní Raghallaigh et al., 2019 p. 65)

  Having a space to be able to play and meet with friends outside school, as well as language being a barrier, was also cited as essential to cement peer relationships (Cid, 2023; Ombudsman for Children, 2020; Ní Raghallaigh, Smith, & Scholtz, 2019).
  *"but there is nobody around like a friend. I can go outside and talk like in the hotel because I am little bit speak English, and it's like I will want to say, but nobody can understand me"* (Ní Raghallaigh et al., 2019 p. 65)

- **Ethnicity and social cohesion** Protective factors identified include family cohesion, belief in community causes, as well as planned nature of departure, rapid entry to the host country, ongoing contact with family, children negotiating their bicultural identity and timely access to services (Hodes, 2022).

- **Accommodation:** There is significant literature describing the transiency and inadequacy of where refugee families are housed once they arrive in a host country and the impact this has on outcomes for children, including mental health (Vaghri et al., 2019; Arakelyan & Ager, 2020; Wood et al., 2020).

  In Ireland, literature has explored the experiences of children and families seeking international protection being housed in 'direct provision' or IPAS facilities. While there are differences in the entitlements of Ukrainian children and families availing of temporary protection, the experience of living in large shared facilities such as hotels is similar (Arnold, 2012; Cid, 2023; Foreman & Ní Raghallaigh, 2015; Ní Raghallaigh et al., 2019). Issues that include lack of space, privacy, lack of places to play, food, crowded conditions, and cultural needs not being addressed are named in this report. Transport was a significant challenge, given the inaccessibility of accommodation locations.

- **Early Years Settings and School:** Successful integration outcomes for children are strongly linked to school participation and parental engagement. We also know that age predicts child outcomes. For example, Mood (2022) reported that children aged 10 years and older struggle more in integrating into new schools.

  *"Ultimately, the integration of refugee students in education can only be promoted through a holistic model"* (Cerna, 2019, p.1 ). Schools play a significant role in impacting a range of outcomes, including mental health, for refugee children if best practices in approaching the broader needs of refugee children are embraced by school/early years settings (Magos &

Margaroni, 2018; Thommessen & Todd, 2018; Harrison et al., 2022). Much of the literature is focused on school attendance  (Palik & Østby, 2023).

The role of Early Childhood Care and Education settings in supporting a broad range of refugee outcomes is significant (Stevens, Siraj, & Kong, 2023; Gambaro, Neidhöfer, & Spiess, 2021), and these outcomes can extend to the integration of mothers, including improved language proficiency and employment prospects. Availability of placements, access issues, socio-emotional support, approaches to teaching and learning, culturally responsive environments, community and family engagement and staff training are all components impacting outcomes for children (Stevens et al.,  2023; Hurley et al., 2013).

Ukrainian Action Ireland's 2023 survey of Ukrainians living in Ireland presents findings focusing on integration and children. The report highlights that 99% of survey respondents' children are in school, with 46% of preschool-age children in preschool.

In October 2022, Schools of Sanctuary completed a survey to identify Ukrainian parents' experience of schools in Ireland. 178 parents responded to the survey, which outlines parents' understanding of the Irish education system. Key findings from this survey included:
- 91% of respondents said enrolling their children in schools was easy.
- 41% of parents had a poor understanding of the education system
- 49% can speak English and communicate with teachers
- 63% confirmed that their children received extra English language classes
- 28% of respondents were aware of after-school activities
- 77% of students had friends outside their language groups.
- 78% received welcome packs from the school, and 77% were included in school events (Schools of Sanctuary, 2023).

## 3.4. Institutions & policy - the socio-cultural context

- **Discrimination:**

  *"Perceived discrimination (e.g. child perceptions that they are treated with less respect, insulted or called names) in the host country has been found to have a negative effect on mental health, such as PTSD symptoms and depression"* (Wood et al., 2020, p.26)

  Ireland's Ombudsman for Children completed a comprehensive consultation with refugee children living in direct provision centres, strongly highlighting the impact of discrimination (Ombudsman for Children, 2020). In additional to the self-reporting of these experiences, there is significant evidence outlining the long-term and harmful impact of racism and discrimination on the life outcomes and mental health of children (Wood et al., 2020; Arakelyan & Ager, 2020).

- **Asylum policy & process:** How host countries manage their asylum policy and practice significantly impacts outcomes for child refugees, including mental health outcomes (Arakelyan & Ager, 2020; Wood et al., 2020). The provision or quality, secure accommodation, duration of the application process, provision of support and access to education, employment and integration activities play a considerable role in outcomes for refugee children.

Ariner (2023) states that local integration strategies must be implemented as soon as possible and should be fully inclusive and co-designed by local authorities, communities and refugees transparently and communicated effectively.

Conflicts can exceed what was initially envisioned by policy makers under the status of temporary protection. According to the 'Theory of Disaster Curve', the first months after a crisis can be described as a honeymoon period with increased mobilisation of a society committed to supporting those fleeing war. When a crisis like that in Ukraine continues longer than this period, the next phase becomes the 'disappointment phase'. Mutual solidarity can give way to feeling overwhelmed and overloaded (Prot-Klinger et al., 2019).

Ireland had proposals to review its current policy concerning support for those seeking international protection with the *White Paper to End Direct Provision and to Establish a new International Protection Support Service*' (DCEDIY, 2021). However, the urgent response to the Ukraine crisis and an increase in individuals seeking international protection disabled the progress of this proposal. Ní Raghallaigh et al. (2019) completed a scoping study and made recommendations on the needs of children and young people coming to Ireland under the International Refugee Programme. It considers how provision and practices relate to the transformational goals of Better Outcomes, Brighter Futures (Department of Children and Youth Affairs, 2014).

The response from the Irish Government to the war in Ukraine was very swift. The Department of Justice granted temporary protection to persons fleeing the war in Ukraine on 9 March 2022. In order to respond to the needs of Ukrainian families in Ireland, large-scale planning and investment in the short, medium and long term were identified (European Commission, 2022; Migrations in Our Common Home Responding with Care, 2022 & IPAS, 2022).

Most of the needs of Ukrainian families are similar to those facing Irish society, e.g., housing, healthcare, education, public transport, employment, and childcare. Government must invest in infrastructure and services that benefit all and encourage awareness-raising among hosting communities, including at an educational level (Migrations in Our Common Home Responding with Care, 2022).

Given the length of time since the first Ukrainian refugees arrived in Ireland, it has been hard to anticipate the needs requiring a funded policy response. Literature suggests the burden of mental disorders will emerge over the coming months and years, and there is an urgent need for policy and strategy to support the implementation of scalable mental health interventions to support people experiencing mental health impacts from fleeing the war (Charlson et al., 2019).

- **Government policy on the participation and well-being of children and young people in society:** How a country sets the policy context for the voices of all children to be heard is central to best practice.

Article 12 of the UN Convention on the rights of the Child (UNCRC) outlines that *"state parties will assure the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child. The views of the child will be given due weight in accordance with the age and maturity of the child"* (UNCRC, 1989). Ireland became a party to

the UNCRC in 1992, thereby committing to implementing the principles and provisions contained in the UNCRC into Irish domestic law and practice, including the right of children to have their voices heard in decisions that affect them (Parkes et al., 2015).

The Global Compact on Refugees (GCR) is a framework for more predictable and equitable responsibility-sharing, recognising that a sustainable solution to refugee situations cannot be achieved without international cooperation. A child-centred approach applies to the Global Compact on Refugees (GCR). It promotes the meaningful participation of all people concerned, including children and young people, by calling for their empowerment to participate and be at the centre of solutions (Initiative for Child Rights in the Global Compacts, 2021).

Ireland has some exemplary models of child and youth participation (Lundy, 2007; Ombudsman for Children, 2020), and the challenge is to embed these best practices within the organisational culture of all services, from housing to adult mental health services and, in particular to those services supporting all individuals seeking asylum in Ireland and not just those services directly working with children.

Since the National Children's Strategy (Department of Health and Children, 2000) and an exploration of Child Well-being Indicators (Hanafin & Brooks, 2005), Ireland has advanced its ability to track how children and young people are doing. Better Outcomes Brighter Futures (Department of Children and Youth Affairs, 2014) and now Young Ireland (DCEDIY, 2023) both have child outcome indicators. While there are some indicators within these frameworks which contribute to learning more about refugee children in Ireland, only one is a child outcome measure of whether they have experienced discrimination. The other indicators are demographic measures, including a measure of the number of children living in direct provision and separated and unaccompanied minors.

The question of how well a host country measures its ability to support the best outcomes for refugee children is a challenging one. It requires multiple data across state departments and agencies or comprehensive longitudinal surveys, which include outcome measures such as tracking relevant indicators. One study used a Delphi technique to outline critical indicators for a country to assess how well it supported the integration of migrant and refugee children in schools and proposed 35 different indicators, including children's sense of belonging, experience of discrimination, and teacher training (Marcos et al., 2023).

Government policy in child protection and family support impacts outcomes for children and broader policy positions such as housing, education, health and social protection.

## SUMMARY:

Fleeing war and seeking refuge is not a homogenous experience. This is partly due to risk and protective factors experienced by refugees before and during the journey to a new country. In terms of mental health, people are remarkably resilient. However, some protective and risk factors have been explored which may impact the mental health and overall well-being of refugee children and are summarised in Table 1.

| Protective factors for children | Risk factors for children |
|---|---|
| <ul><li>Responsive parent-child relationships</li><li>Extended family support</li><li>Individual temperament</li><li>Language acquisition</li><li>Positive peer relationships</li><li>School engagement</li><li>Cultural identity</li><li>Religion and faith</li><li>Early access to psychological interventions</li><li>Play and recreation</li><li>Parent education and employment</li></ul> | <ul><li>Unaccompanied minor</li><li>Exposure to violence, war and trauma</li><li>Pre-existing adverse childhood experiences</li><li>Parental mental health</li><li>Perinatal period</li><li>Risk-taking behaviours in adolescence</li><li>Chronic health conditions or disability</li><li>Poor parental support</li><li>Poverty</li><li>Exposure to discrimination, racism, or anti-migrant sentiments</li></ul> |

*Table 1 Summary of protective and risk factors for refugee children.*

## 4. PREVENTION, MITIGATION AND EARLY INTERVENTION

***Responses on arrival:*** Upon arriving in a new country, refugees can experience difficulties associated with isolation, loss, culture, community, and feeling unsafe and insecure. A core principle of trauma work is to help people feel safe, creating what Glazer refers to as *'a safe place to stand'* (2023). Providing a physical environment to help people feel safe and keeping safety in mind are core components of providing this environment (Glazer, 2023). Research completed by Ukrainian Action Ireland reported that 97% of respondents feel safe in Ireland (Ukrainian Action Ireland, 2023). This research also reported that Ireland's distance from Russia was a core reason for coming to Ireland for 42% of respondents, a reduction of 9% amongst respondents to the same question in 2023 (Ukrainian Action Ireland, 2024).

Acknowledging the hierarchy of needs is essential to ensure that basic physiological needs and the need for safety are addressed first. There is a need to provide environments that enable parents to care for their children and environmental infrastructures that foster emotional well-being (Bürgin et al., 2022). Identifying groups most at risk through screening and responding to these needs with appropriate culturally informed services is crucial (Buchcik, Kovach, & Adedeji, 2023 & Bürgin et al., 2022).

***Responses to support mental health – infant, child, adolescent and parent mental health:*** The literature highlights the health service needs of refugees upon arrival in host countries. Mental Health First Aid in the acute phase of arrival, education on navigating health systems, focused training for mental health professionals on supporting refugees and developing a network of Ukrainian and Russian-speaking health professionals to support health care providers are highlighted (Javanbakht, 2023). Interventions that recognise culturally congruent coping methods and use creative methodologies also have some research supporting them (Hughes, 2013; Ellis et al.,2012 & Tyrer et al., 2014).

The Mental Health and Psychosocial Support Minimum Service Package is a collaborative project by the UN Interagency Standing Committee (IASC), which outlines activities considered the highest priority in meeting the immediate critical needs of emergency-affected populations. These are based on existing guidelines, available evidence and expert consensus. Resources and activities include those aimed at both children and caregivers (Inter-Agency Standing Committee (IASC), 2022).



*Figure 6 Intervention pyramid for mental health and psychosocial (Inter-Agency Standing Committee (IASC), 2022*

This pyramid approach has influenced how other services, such as preschools, have supported the socio-emotional well-being of young children using Nurturing and Responsive Caregiving Relationships and a Pyramid Model for supporting preschool refugees (Hurley, Saini, Warren, & Carberry, 2013).

Interventions that support those experiencing PTSD are recommended (Buchcik et al., 2023; Bürgin et al., 2022; Hodes, 2022; Ougrin et al., 2022). Much of the literature supports developing multi-layer trauma-informed refugee mental health support programmes (Ellis et al., 2012; Hurley et al., 2013, & Hodes, 2022).

A growing body of research demonstrates the effectiveness of evidence-based interventions supporting people affected by trauma but not always among refugee populations (Bürgin et al., 2022; Tyrer et al., 2014; Thabet et al., 2023; Hodes, 2022; Soltan et al., 2020). Similarly, a knowledge gap exists around effective, accessible strategies for enhancing resilience among displaced children (Thabet et al., 2023). The limited available research has highlighted the need for multilevel service provision, drawing on the existing evidence base (Hodes, 2022).

Over the past two years, research has emerged regarding trauma-specific programmes, including the Trauma Systems Approach and the Trauma Recovery Technique (TRT). The Children and War Foundation developed TRT specifically to support children impacted by war. TRT is based on cognitive behavioural therapy (TF-CBT) elements, and it aims to reduce PTSD symptoms, increase resilience, and enhance effective coping strategies. Participants are provided with practical techniques to deal with traumatic memories, physical and behavioural arousal symptoms, and fears. Treatment elements include psychoeducation (in playful and multimodal ways), normalising reactions to traumatic memories, working with nightmares, scaling anxiety and avoidance, and framing intrusive thoughts and emotions. (Pastoor, 2019). An adapted version of this programme to include parent sessions was evaluated in 2021, demonstrating positive outcomes for both children and parents (El-Khani et al., 2021)

Overall, interventions supporting young refugees should "*target the larger social ecology by placing development and recovery in the context of caregiver and community well-being*" (Frounkelker et al., 2020, p. 171.). Frounkelker et al.(2020) call for greater partnerships with refugee communities to address the research gaps and promote engagement strategies and effective interventions.

***Responses to support integration:*** Responding to essential needs at the community level: Glazer (2023) describes the community as a protective winter coat that can strengthen a refugee's sense of place and belonging. Family Resource Centres in Ireland have implemented initiatives to support integration and create a sense of belonging (National Family Resource Centre Forum, 2023).

Ravi (2022) describes the material (having enough), the relational (connection to others) and feelings (subjective experience) dimensions of integration. Pryce (2022) describes 7 drivers of integration and practices supporting these drivers: neighbourhood context, settlement policy, segregation dynamics, social housing policy, training for new migrants, school quality and housing market discrimination. In Ireland, the Community Response Forums are working to address many of these drivers. This work has significant resource and staffing implications.

Access to health, education and the labour market are preconditions for integrating refugees (Ariner, 2023). Integration is a gradual and multifaceted process which needs to be planned and implemented as early as possible in anticipation of prolonged conflicts. (Ariner, 2023). Local strategies and programmes should be co-designed by local authorities, local communities, and refugees themselves (Ariner, 2023). Such integration strategies must be adequately resourced (Ukraine Civil Society Forum (UCSF), 2022). Issues around prolonged stays in congregated accommodation settings and language may hinder further integration (National Family Resource Centre Forum, 2023).

Parents and children need adjustment support (Eltanamly et al., 2021) and staff need specialist training (National Family Resource Centre Forum, 2023; Hurley et al., 2013; Tyrer RA, 2014). Further support to promote interpreter services and language teaching supports needs ongoing funding (National Family Resource Centre Forum, 2023 & Vlasenko, 2022). A culturally informed approach to health care provision takes time, planning and resourcing (Ougrin et al., 2022)

***Responses to support learning, education and access to early years and school systems:*** EU guidance on supporting the integration of children from Ukraine posits a model of educational integration that supports learning and social and emotional needs. Individual, interpersonal, and school-level factors influence the development of policies and practice (European Commission, 2022). This guide, '*Supporting the inclusion of displaced children from Ukraine in education: Considerations, key principles and practices for the school year 2022-2023,*' provides examples of best practice throughout Europe.

Other literature highlights models of support for children in ECEC and school settings. An adapted version of the pyramid model aimed at supporting preschool refugees (Hurley et al., 2013) provides a cohesive, systematic approach incorporating evidence-based practices to support the social development of young children. The three-tiered model provides universal promotion, secondary prevention, and tertiary intervention support for young refugees.

Policy to support the integration of all Ukrainian children entails measures to support the integration of students, have targeted support for children who need it, and support children and families to maintain a link with Ukraine (European Commission, 2022). School settings are where the acculturation process develops; therefore, these settings can effectively provide individual and group psychological adjustment support (Tyrer R, 2014; Birman et al., 2007). To support this, school staff need training to promote mental health and create supportive, caring environments for students

(Ehntholt et al., 2005). Schools and ECEC settings need specialist responses for children with specialist needs (Hurley et al., 2013, European Commission, 2022).

***Responses to support women and infants in the perinatal period:*** Good practices for supporting pregnant Ukrainian refugee women have been identified (Chrzan-Dętkoś et al., 2022). These include facilitating access to perinatal care, providing information about the perinatal practice, counteracting social isolation, mental health screening in Ukrainian, initiatives to overcome cultural barriers, promoting breastfeeding and skin-to-skin contact, and supporting the training of obstetricians and midwives (Chrzan-Dętkoś et al., 2022). We are not yet fully aware of the barriers facing Ukrainian women.

***Responses to support parents:*** Supporting the health needs of war-affected children and focusing on supporting parenting practices is essential. Supporting parents in maintaining warm interactions with their children and supporting their children's age-appropriate independence despite the war atrocities they may have experienced is crucial (Eltanamly et al., 2021).

Evidence shows that various parenting supports or programmes significantly impact outcomes for children, parents and the wider family (Hamari et al., 2022). Issues explored within a scoping review were recruitment, retention and delivery methods. They highlighted the importance of ensuring cultural sensitivity in delivery, retention and engagement through bilingual delivery, social brokering and word of mouth. The article outlines the challenge of balancing structured programmes with the requirement for more tailored, needs-led support. Finally, the article outlined that much of the research in this area has been conducted in America and not Europe and, therefore, will have cultural implications (Hamari et al., 2022).

The Nurturing Care Framework must be adapted to crisis and conflict settings by creating context-specific recommendations (Bouchane K, 2019). Research completed in 2018 highlights that 11 out of 26 Humanitarian and Refugee Response Plans did not include the element of Responsive Caregiving in their plans (Bouchane K, 2019).

# SHIFTING SANDS - FEBRUARY 2022 TO 2024

The response from the Irish Government to the war in Ukraine and people seeking international protection was swift. The Department of Justice began granting Temporary Protection to persons fleeing the war in Ukraine on 9 March 2022. By July 2023, nearly 90,000 Ukrainian people had been given temporary protection in Ireland and allocated PPS numbers by the Department of Social Protection. By February 2024, this figure has risen to 105,424. As of February 2024, the CSO reports that 24% of arrivals have sourced their accommodation independently, with 75% availing of serviced accommodation and 2% living in emergency accommodation (CSO, 2024e). The Irish Government website Gov.ie provides information on travelling to and living in Ireland for Ukrainian refugees.

**Age breakdown**

Regarding the number of children and young people (up to 18 years) allocated PPSNs, on 29 February 2024, this figure was 28,863. Figure 4 below indicates the cumulative PPSN allocations for all age ranges in April 22 and July 22.
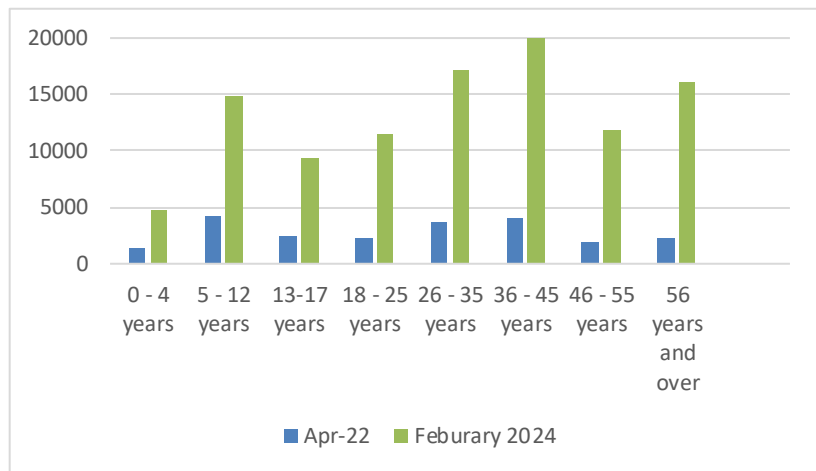


*Figure 7 Graph developed from CSO figures of allocations of PPSNs by age April 22 and February 24 (CSO, 2024)*

Figure 5 below outlines the frequency with which children and young people arrived in Ireland. Allocated PPSNs commencing from April 2022 indicate that most people arrived in the months up to April 22 and between April and July 22. A further slight peak in arrivals is noted in October 23.



*Figure 8 Graph indicating the frequency of PPSN allocations for children and young people from April 22 to Feb 24 – developed from CSO data (CSO, 2024)*

*Figure 9 Allocation of PPSNs across ages and by sex February 2024 – image is taken from CSO website (CSO, 2024g)*
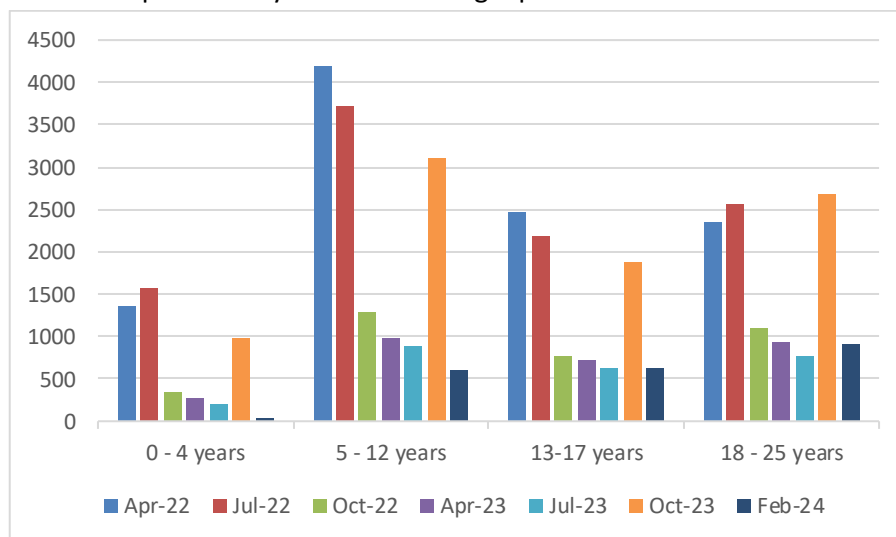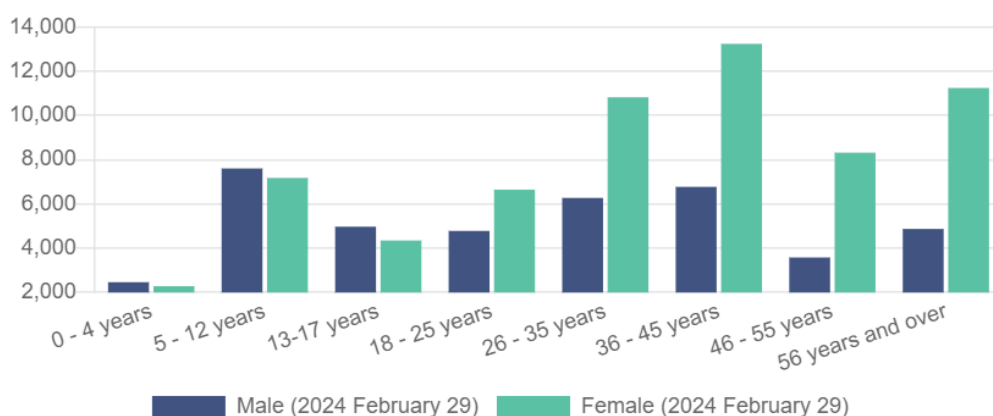
**Education and employment**

CSO figures for February 2024 indicated that 93% of entitled Ukrainian children allocated PPSNs were enrolled in Primary Schools, 85% in Lower Secondary, 87% in Upper Secondary and an average of 85% across all Secondary level schools (CSO, 2024f). In February 2024, over 18,000 Ukrainian children were enrolled in school, with the spread of children across primary and secondary schools indicated by Tables 2.

| Primary School Class | Number of children | Secondary School Year | Number of children |
|---|---|---|---|
| **Junior infants** | 1308 | **Junior Certificate Programme** | 1076 |
| **Senior infants** | 1378 | **Transition year programme** | 620 |
| **1st class** | 1230 | **Leaving Certificate Programme** | 1900 |
| **2nd class** | 1338 | **All second-level school programmes** | 6873 |
| **3rd class** | 1544 | | |
| **4th class** | 1541 | | |
| **5th class** | 1479 | | |
| **6th class** | 1494 | | |
| **All primary classes** | 11312 | | |

*Table 2 Number of Ukrainian children enrolled in Irish Primary & Secondary Schools – February 2024 (CSO, 2024a; CSO, 2024b)*

Regarding adults accessing education, the CSO (2024) reported that 7,310 arrivals enrolled in further education and training courses on 01 February 2024, of which 14,186 were enrolled in further education English language courses.

As of February 2024, 40,997 arrivals had attended an employment support event arranged by Intreo Public Employment Services, and 59% noted that English language proficiency was challenging in securing employment (CSO, 2024).

Regarding the previous educational and professional backgrounds of Ukrainian refugees presenting to Intreo offices, 61% had a National Framework Qualification equivalent to level 7 or higher (graduate), and 30% indicated a professional background (CSO, 2024).

**Locations in Ireland - County Council area breakdown**

Dublin, Kerry, Cork, and Donegal are the county council areas that accommodate the most Ukrainian adults, children, and families, as outlined in Table 3. Note that this does not reflect the impact in some smaller areas. For example, Ennistimon County Clare has the highest number of Ukrainian individuals per percentage population, followed by Kenmare, Killarney, Ballinamore Co Leitrim, Donegal Town and Tralee.

| County | Number of individuals 6th February 24 |
|---|---|
| Co. Dublin | 14301 |
| Co. Kerry | 9673 |
| Co. Cork | 9466 |
| Co. Donegal | 7613 |
| Co. Galway | 5678 |
| Co. Clare | 5519 |
| Co. Mayo | 4639 |

*Table 3 County allocations of PPSN numbers as of 6th February 2024 cumulative figures (CSO, 2024c)*

## Parallel process and unprecedented scale

Ireland's processing of international protection applications peaked at 13,319 in 2022, the highest in 20 years (in 2002, it was 11,634). This is relevant to Ireland's situation in 2022 as Irish infrastructures and systems were not used to responding to such a high level of need. Figure 9 below indicates the significant rise in International Protection applications in 2022. In 2020, Ireland processed 1,566; in 2021, the number of applications processed was 2,649, a dramatic reduction from 2019 (International Protection Office - Department of Justice, 2023).

Explanations for the sudden increase in those applying for international protection in 2022 are thought to be:

1. COVID-19 after-effects and suppressed migration

2. conditions in countries of origin and first asylum

3. UK policy changes

4. secondary movements from other EU Member States

5. network effects

6. conditions in and perceptions of Ireland

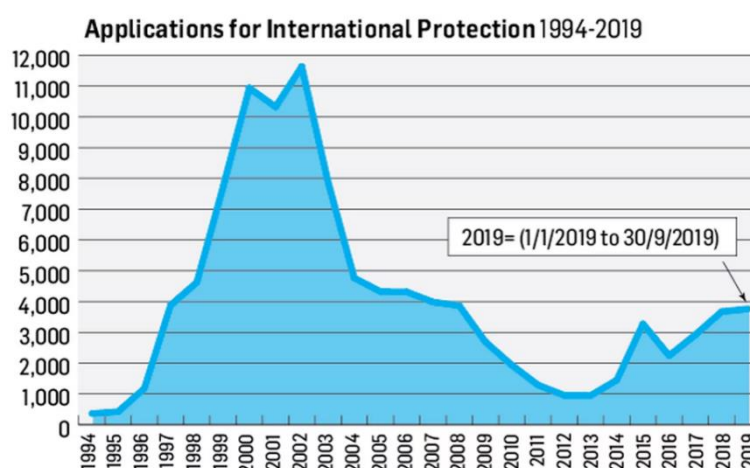7. intervening obstacles and routes to Ireland (Cunniffe et al., 2022).



*Figure 10 History of the scale of applications for International Protection before 2020 image taken from Irish Times (Hillard, 2019)*

**Unaccompanied minors**

The CSO ([2024d](#)) reports that 465 unaccompanied Ukrainian minors have been referred to Tusla since the start of the crisis, with Tusla accommodating 373, with 105 remaining in Tusla care. It is hard to get data at the same time points to explore the total number of unaccompanied minors. However, media reports indicate that 280 unaccompanied minors seeking international protection were referred to Tusla in 2023 (Irish Examiner, 2024).

## NATIONAL GOVERNMENTAL RESPONSE

Each government department was mobilised to respond differently to the needs of Ukrainian people arriving in Ireland. It is beyond the scope of this document to map out the full range of each department's response or to reflect comprehensively on the national response. However, a few relevant state initiatives will be highlighted below.

The ***Department of Children, Equality, Integration, Disability, and Youth (DCEDIY)*** has played a central role in coordinating and delivering on the immediate needs of all Ukrainian people arriving in Ireland. DCEDIY is primarily responsible for integration, including the significant function of IPAS response and community integration. It has faced considerable pressure in arranging the many logistics from airport/port to accommodation. It has released information on the Department's response to the needs of Ukrainian people arriving in Ireland. While it is impossible to comprehensively outline all the responses delivered through DCEDIY, the following provides an overview of several relevant initiatives.

DCEDIY was responsible for many responses, including youth support, Early Learning and Care, and initiatives such as the City and County Childcare Committee-led Stay and Play initiative and the Better Start-led City West Play Facility – outlined below in Snapshot 1. DCEIDY, through Tusla, developed a standardised framework for delivering services supporting Ukrainian children and families. The agency also announced in April 2022 that its response would be managed through the Office of the Director of Services and Integration. This office established a governance structure to ensure a coordinated and integrated response.

In July 2023, €1.2 million was awarded to 70 projects nationwide through the International Protection Integration fund 2023.

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📷    **Snapshot 1. *"Ireland likes children"* – A child-centred welcome for children and families arriving from Ukraine. City West Children's Play Facility**

*With input from Better Start*

The arrival of young children and their families to Ireland in late February 2022 saw an immediate response from the DCEDIY. The co-location of responsibilities for children along with those for Equality resulted in a focus on children from the start, which ensured a welcome space that included toys and play materials for those seeking information and support when they arrived at Dublin Airport. As the logistical information and support services responded to need, children and families were arriving at City West, now termed a 'Transit Hub' children and families who had made the arduous journey out of Ukraine and to train stations and airports in neighbouring countries to arrive in Ireland were arriving at various times throughout the day at City West. A former conference centre, the space was not designed with children in mind.

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Following the initiative of senior officials from DCEDIY, who responded by delivering toys/supplies to City West, a dedicated City West Play Facility was developed by 19 March 2022.

The facility was developed and staffed by Play Facilitators and a Play Coordinator who all have experience working with children of varied ages and have an in-depth knowledge and understanding of play to support children's social and emotional development. This enabled a contrasting environment to those many spaces children had experienced on their journey to Ireland – it was not an airport, a train station or an office. It was a break from an adult world of bureaucracy and form-filling.



Instinctively, children took off their shoes and entered the space, and those working in the facility created a safe space without demands on children.

While it was clear this space allowed for children to *"take a break"* from experiences of change and anxiety, those working in the facility also noted the importance of this space for the parents of the children. They, too, could *"take a breath"* and know that for now, for this time, their children were safe and not in a busy public space. Those working in the facility also noted how some parents even used the space themselves and coloured or drew pictures alongside their children.

The space was not a 'childcare' facility and parents were to be present alongside their children. However, parents could sit back and watch and relax.

The space enabled play for all age ranges and incorporated a range of imaginative play and creative arts and crafts. Many pictures were mounted on the walls, the majority drawn by the children and the odd one or two drawn by parents. One staff member recounted a play scenario where children would use the doll's house to replicate the environment they had left behind in Ukraine, erecting barriers and blockades to their Ukrainian home and re-enacting scenes they had witnessed. It became a sanctuary for children but also for their parents.

At its peak, the facility operated 24 hours a day, 7 days a week, and this has since been reduced, given the reduction in the number of children arriving at City West.

Approximately 20,000 children passed through City West and used this unique play facility, which is still in operation 14.5 months later. Now, all children who arrive in Ireland benefit from having this space as their first point of contact with Irish systems.

The co-location of the Department of Children with Integration and Equality played a huge role in implementing this initiative. Hopefully, this service will continue to provide a play opportunity to all children who arrive in Ireland from all countries.

*As part of its response, the Department of Education* (DOE) has put in place a system of Regional Education and Language Teams (REALT) hosted by the 16 regional education and training boards (ETBs) to support the education needs of children from Ukraine arriving in Ireland.
A core function of the REALT is to help families find a school place and to provide language support. This work involves working with the families, school principals and communities to locate school places, providing relevant information and signposting to support across the system. Department of Education-funded services such as Guidance Counselling developed responses regarding psychological needs, directing and supporting students as they explore study options. The Department also guides schools in supporting and integrating Ukrainian children into schools (www.gov.ie).

Again, it is impossible to accurately outline the full range of **Department of Health** responses, the significant role played by the **National Social Inclusion Team** and their local and regional responses, and the significant responses deployed by **Primary Care.** One example of a national and local response was evident in the Catch-Up Vaccination for Refugees and Applicants Seeking Protection. As a critical part of its response, the *Department of Health,* through the HSE, released a briefing on its response to the health needs of Ukrainian refugees. This briefing, released in May 2022, covers point-of-entry care, access to GP, acute and specialist services, mental health, and disability services. It also describes the public health response and proposed community delivery model (hse.ie).

The *Department of Social Protection* had processed over 105,000 PPSN allocations by February 2024. It has had a significant logistical response in this regard and in supporting access to various social welfare benefits. It published information on social welfare support for those arriving from Ukraine under the EU Temporary Protection Directive. This Guidance covers accessing PPS numbers, income support and employment seeking (www.gov.ie).

The *Department of Justice* also played a significant role in the processing and granting of temporary protection against a background of substantial increases in applications for international applications. It launched a new International Protection Information website and an International Protection Modernisation Programme 2023-2024. The report provides a complete review of the entire International Protection process, from the day a person first applies for protection in Ireland until their case is finally decided. The report contained 70 recommendations, with 48 related to the Department of Justice. The report and its recommendations were based on the assumption that there would be circa 3,500 International Protection applications per year. Since 2022, this number has been far exceeded (www.gov.ie).

The **Department of Rural and Community Development** also deployed a range of supports, some through Pobal using the Social Inclusion and Community Activation Programme (SICAP) programme to support Ukrainian families through funding Local Area Partnerships around the country under Supports for Ukrainian Refugees and New Communities. This enabled the employment of Integration Support Workers.

Finally, it is beyond the scope of this document to outline the full range of responses delivered by the **Department of Housing, Local Government and Heritage**, which had a significant role in supporting local authorities in responding to the accommodation and other needs of Ukraine families, and most importantly the establishment of Community Forums across each local authority to coordinate the response in each area.

An Accommodation Working Group has been established to support DCEDIY, including the Department of Housing, Local Government and Heritage, and the Office of Public Works (OPW) in delivering required accommodation.

## FROM NATIONAL TO LOCAL COORDINATION

*Community Forums*

The Community Forum is a multi-agency forum that brings together representatives of statutory and voluntary agencies operating across county council areas, ensuring commitment and consistency in service delivery. These forums were initially set up to coordinate the response to Covid 19. In April 2022, the Department of Local Government and the Department for Rural and Community Development announced that this forum structure would coordinate the response to the needs of Ukrainian refugees. These forums, led by the County Councils, bring together statutory and voluntary services to coordinate the response. Initially, they met frequently, but they moved to fewer meetings as time passed.
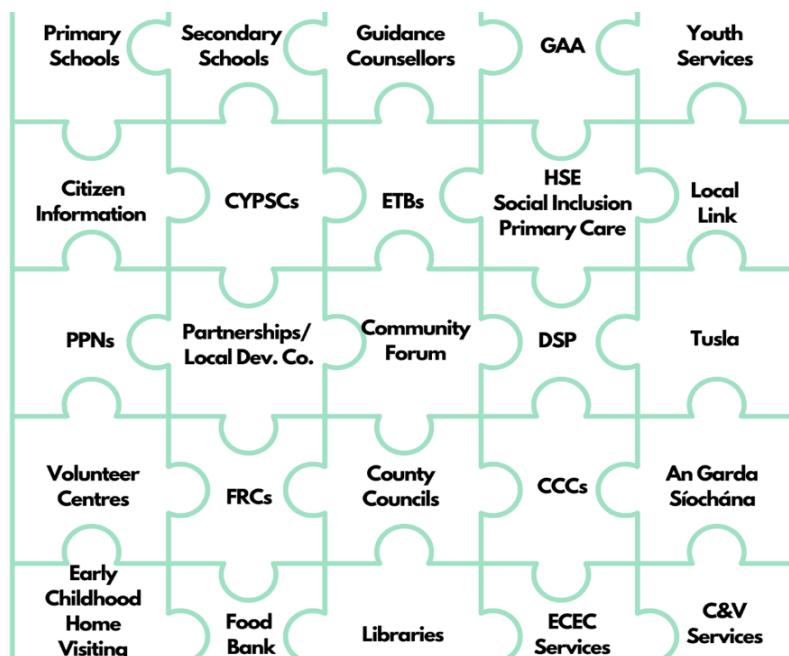


*Figure 11 is a graphic representation of some organisations participating locally in Community Response Forums.*

**Snapshot 2. A Community Forum Perspective**

📷 *With input from the Meath Community Forum and actions supported by various interagency partners such as the Department of Health and Meath Partnership.*

Meath County Council is the lead agency for the Meath Community Forum, which is part of the county's response to assist the people of Ukraine and meets regularly.

All City and County Councils set up a dedicated email address to help coordinate queries. Queries that must be addressed after the Community Forum are referred to the appropriate agency for follow-up. Initially, the Meath Community Forum met weekly, but now, it meets every two months with regular email contact between meetings. There are approx. 40 organisations are involved in the forum. Some local organisations and groups are not forum members but link in and respond to needs discussed at the forum meetings. The forum email receives roughly 50 emails per day enquiring about concerns relating to accommodation, schools, health, and any other issue.

Meath County Council has a remit to support the accommodation needs of Ukrainian families and individuals leaving congregated settings. The Council established a Ukrainian Support Programme consisting of a Senior Staff Officer, a Clerical Officer, and a translator to support this work.

From early on, needs beyond accommodation were identified, so the Council Support Programme team focused on two other areas - health and well-being and a community car initiative. All three areas are outlined below:

1. **Moving towards integration and seeking accommodation in the local community**
   There are 1,800 Ukrainian people in commercial accommodation arrangements in Co. Meath, both in rural and town settings. Meath County Council supports people who want to move out of these settings. So far, the team has supported 150 families of 450 individuals to move. The team inspects accommodation offered by hosts and provides Garda vetting for potential hosts.

2. **An integrated approach to support health and well-being**
   Early on, the support team recognised that health and well-being were the core needs of the families they supported. They developed a Health and Well-Being initiative (funded by the Department of Health) as an integrated programme, providing cookery classes, yoga classes, and sports activities, including GAA and soccer. 500 people participated in this Programme, which has since ceased due to funding issues. The local county Sports Partnership continues to support families and individuals.

3. **Addressing the transport challenge for Ukrainian families living in rural areas – A Community Car Programme.** The Department of Housing funds this Programme. Meath County Council signed up for this scheme, which Meath Partnership coordinates under a service-level agreement. This Programme was established to address transport issues facing people living in more rural areas and the lack of transport links to these areas. The car operates one day per week in 5 districts and provides transport for people to attend appointments where no other accessible transport is available.

*Tusla Community Support Contact Centres*

In April 2022, Tusla announced the establishment of Community Support Contact Centres to support Community and voluntary sector coordination. The centres work through existing structures, resources, and systems to ensure consistency and avoid service duplication. The following are the aims of these Contact Support Centres.

- Provide a local point of contact in the locality for families requiring information and support -in some areas, this service may be provided remotely.
- Signpost - Provision of standard information and advice in various formats and languages as devised by state services and localised information particular to community context.
- Provide family support or referral to relevant providers, where required.
- Work in partnership in the context of the local authority's coordinated response and share and disseminate good practice and information.
- Provide a group space for strength-based support/or provide service outreach in conjunction with other local partners.
- Participate in opportunities provided to develop a cultural understanding of displaced populations.
- Ensure Tusla response pathways are understood and utilised appropriately to report child protection or welfare concerns.

## COMMUNITY VOLUNTARY INFRASTRUCTURE

Several national and regional NGOs have played a key role in supporting and integrating Ukrainian children and families arriving in Ireland.

**Irish Refugee Council (IRC)-** in 2022, 2,600 individuals received assistance through a helpline and 1,000+ people were supported through outreach initiatives. Also, in 2022, 20,000 Ukrainian people accessed employment information. IRC also provides accommodation support and, in a 2022 report, called for a whole government approach to addressing the migrant housing crisis and identifying recommendations for each relevant government department.

**Immigrant Council of Ireland** also provides support and information to Ukrainian people arriving in Ireland. The council also runs many campaigns, including an integration hub focusing on promoting the political participation of migrants and combatting racism.

**Ukraine Civil Society Forum (UCSF)** is an initiative convened by civil society cooperating to support the emergency response and welcome of refugees from Ukraine to Ireland. This provides a space for the national coordination of civil society and community responses, connecting into the State's emergency response structures and ongoing reception and integration. The UCSF shares information to avoid duplication, identifies trends and patterns, including gaps in service provision, works together to share solutions, and escalates issues to the Government where necessary. The literature review highlights issues raised in the UCSF policy paper from 2022 (UCSF, 2022)

**The Open Community** is the national support organisation for Ireland's Community Sponsorship Programme for Refugees. The Open Community engages and supports people across Ireland to welcome refugees into local communities. It promotes, enhances, and develops Community Sponsorship in Ireland. It is a central hub for support, guidance, and resources to the Irish Community Sponsorship movement. The Open community also mobilises individuals and communities to welcome and support refugees. Its partners include the Irish Red Cross, the Irish Refugee Council, Amnesty, Doras Limerick, NASC Cork, and the UNHCR.

**Doras.** Limerick Doras is an independent, non-profit, non-governmental organisation working to promote and protect the rights of people from a migrant background in Ireland, providing integration support, direct support, advocacy and planning. It also publishes resources, including an extensive Refugee Resettlement Toolkit, which will be discussed in this report Refugee Resettlement Toolkit - Doras.

**NASC Cork** is a Migrant and Refugee Rights Centre based in Cork. Nasc works with international protection applicants, migrants and refugees to advocate for change within Ireland's immigration and protection systems to ensure fairness, access to justice and the protection of human rights. This work is done by providing frontline services, including information and advocacy services, a migrant youth project, a women's project and a child and family project. NASC also publishes resources and launched a Ukraine Information and Outreach Service in 2022.

**Ukrainian Action Ireland** (UAI) was established in May 2022 as a group of Irish and Ukrainian volunteers who came together to help Ukrainians in need and foster Irish-Ukrainian friendship in response to the humanitarian crisis in Ukraine. Ukrainian Action in Ireland is a member of the Ukraine Civil Society Forum and, with the **Irish Red Cross**, operates the Ukraine Community Centre in Dublin as well as a bilingual hotline, website and social media channels providing essential information for Ukrainian refugees arriving and settling in Ireland. UAI also provides integration support and community-building events and has completed two extensive research studies with Ukrainian people living in Ireland.

**Schools of Sanctuary Ireland (SOSI)** believes that schools are the future of an integrated Ireland. They can take on a role in equipping generations of students to build an inclusive and equitable world for all citizens. Sanctuary schools provide a safe, welcoming and inclusive environment for all students. Schools can further embed intercultural practice by adopting three core Learn/Action/Share principles. In 2023, SOSI conducted a survey as part of the Sophia Project to identify the experiences of Ukrainian parents of schools in Ireland. Findings from this survey are presented in the literature review (cityofsanctuary.org).

**Community Foundation Ireland (CFI) Ireland for Ukraine Fund.** The Ireland for Ukraine Fund was launched by media outlets in 2022. As of 5th April 2023, the Fund is closed for public donations and encourages people to continue to donate directly to Ireland's international aid agencies and local charities in Ireland. Through public donations, Government support and philanthropic giving through CFI, €7.5 million has been raised. Funding was distributed equally between humanitarian support in Ukraine and the surrounding countries and meeting the needs of Ukrainians and communities here in Ireland. Further information is available here.

In exploring the range of responses to the needs of Ukrainian children and families, data was gathered from different sources, including emails, surveys, phone calls, semi-structured interviews, and two PEIN webinars, and was collected between February and September 2023.

Organisations that participated in the survey supported individuals and groups ranging from 6 to 2,000, offering a continuum of support from intensive to information sharing. In total, they supported 14,500 children and families.

Responses will be outlined under the following headings:

| | |
|---|---|
| Information support | 75% |
| Support to access services | 66% |
| Language supports | 45% |
| Sports/AfterschoolActivities/Youth Clubs | 43% |
| Concrete supports | 36% |
| Parent Baby/Toddler Groups | 25% |
| Play Group or Structured Play Supports | 23% |
| Early Childhood Education and Care | 21% |
| Parent or family befriending supports | 18% |
| Youth/adult counselling -therapeutic | 18% |
| Home visiting programmes | 16% |

*Table 3 Survey respondents indicate the type of support offered to Ukrainian children and families.*

1. *Information dissemination, signposting and language support*
2. *Pregnancy, early years and primary school-aged children*
3. *Supporting older pre-teens and secondary school-aged children*
4. *Whole family supports.*

**1. Information dissemination, signposting and language support**

It is clear from the range of sources that the majority of organisations had a role in information dissemination, signposting to services and the provision of language support – this was evident in the 'snapshot survey' completed by 56 respondents.

Various organisations have delivered on this, including integration organisations, Partnerships, FRCs, local community and voluntary organisations, Citizens' Advice and semi-state services. They have delivered:

- Access to information was a primary support and was available in different ways, including through Hubs, Drop-ins, and Pop-up clinics.
- Accommodation advice and support were other primary areas of support.
- Job-seeking support. The Ukrainian Action Ireland (UAI) research indicated that 36% of respondents are looking for a job (Ukrainian Action Ireland, 2023).
- Language/interpreters – including the Fáilte Isteach programme. In the UAI research, 84% of respondents reported learning English, and 48 are learning in face-to-face classes (Ukrainian Action Ireland, 2023).
- One-to-one and family support was provided by dedicated Ukrainian Support Workers employed by Local Area Partnerships and some Resource Centres, as well as existing Family Support Workers based in Family Support Services and Family Resource Centres. For Family

Support Workers, this work is usually taken on in addition to their already heavy workload supporting families.

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📷 **Snapshot 3. Information, Advocacy and Signposting – shifting from needs assessment to integration.**

*With input from Bray Area Partnership, Galway City Partnership and South Dublin County Partnership*

Many Partnership Companies shared experiences of how they responded initially once they became aware of new accommodation centres or new arrivals at known accommodation centres. Partnerships already focused on integration and offered a range of migrant supports. They initially did not have sufficient capacity to respond but quickly 'cobbled together' additional support, including Ukrainian-speaking support workers and commenced a 'needs-led' approach once within the local accommodation centres. For some, this focused on education and securing school placements. For example, in Bray, they relied on pre-existing relationships with local school networks and developed templates and a process of mapping needs to available places. For others, like in Galway and South Dublin County Partnership, broader needs assessments operate in a one-to-one support system. This was a particular focus of South Dublin County Partnership as, given the proximity to hospitals, many children and families with additional health and disability needs were clustered.

In this regard, a 'case-work' model was initially put in place, which included advocacy, bringing organisations together and signposting or referring children and families to the correct services for support. At times, over 1,500 interventions were carried out a month, and there was no way to prepare for the issues or needs that may have presented. There was considerable work involved in liaising between accommodation providers and the Ukrainian residents, everything from food preparation to advocating for uniting family members and, in particular, supporting Tusla's involvement in Child Protection training for all accommodation centres.

Advocacy became a primary function at a crucial time as a lack of awareness of the service landscape and language barriers made it difficult for families to follow information resources independently and resolve issues, needs or challenges themselves. It also coincided with a general feeling of being overwhelmed or 'information overload', making it hard to navigate systems, services and supports independently.

While all participating Partnerships spoke of the need for integration from the start, the responsive and acute work that took place initially was targeted. With integration always being an underlying aim, once acute issues were resolved, one-to-one support was gradually reduced to promote less dependency. Families were invited to existing services and support, such as local Yoga and Well-Being in nearby community spaces or generic summer camps arranged through youth services or the Sports Partnerships. Furthermore, families were now signposted to other organisations that could address their specific needs. The use of social media, particularly WhatsApp and Telegram groups, proved invaluable in disseminating information and providing signposts to other supports, activities, and services.

**Ukrainian-speaking Support Workers are central to the response.** All Partnerships and broader organisations outlined the vital role Ukrainian-speaking Support Workers played in terms of the initial needs assessment, ongoing responses in terms of advocacy and, at times, essential support for Ukrainian parents.

**Building on existing relationships/services.** Many Partnership companies have already established relationships with Schools, Tusla, the ETBs, and County Councils in their areas. They had established services supporting migrant communities, such as English Language Classes and Volunteer English Support, such as *'Failte Isteach'*. Such relationships enabled Partnerships in many areas to 'hit the

ground running'. Similarly, Partnerships with specific additional services, e.g., Bray Area Partnerships' SPECS,[3] could offer specific home visiting, early childhood development and parenting supports.

2. **Pregnancy, young children and primary school children**

Organisations and groups nationwide quickly identified the need to provide social outlets for Ukrainian families with young children living in congregated settings. Family Resource Centres, Youth Services, Area Partnerships, City and County Childcare Committees, and other services developed a range of child and youth supports such as *'Stay and Play'* and '*My Place to Play Groups*', parent/toddler groups, and after-school activities such as sports and arts and crafts. Social outlets became even more of a necessity during the school summer holidays in 2022, leading to services providing summer camps for children and fun days for families.

**What is Stay & Play?**

"A weekly or fortnightly facilitated play session is run for an average of one hour for children from 0 to 3 years, or up to school age where the child is not attending preschool (due to lack of daily transport in geographically isolated areas, waiting for a place, accessing afternoon preschool etc.). Parents/carers attend the session with their child, where they can engage in play and learning activities and access peer support. Babies and young children have an opportunity to play, meet new people and make new friends in a relaxed, child-focused environment" **(O'Dwyer, 2022)**

**What is My Place to Play?**

My Place to Play programme aims to enhance parent-child interactions and the physical, emotional, cognitive and language development of infants and toddlers living in international protection and emergency accommodation services. Professionals are trained to provide parents with a 'play mat or bag' to support parent-child interaction and child development through play **(Early Learning Initiative, 2024)**.

Specific needs of parents and very young children were addressed with services in some parts of the country providing Home Visiting services (such as Life Start in Donegal) and support accessing ECEC places.

Supporting school-age children to source school places and enrol in school became an essential support offered throughout the country. In areas with a high number of Ukrainian families, this has not been easy, leading to children needing to travel to schools a distance from where they are staying and, in some cases, to Gaeltacht schools. Supporting parents in preparing their children for school by providing school packs/bags and uniforms has also been a core task of services. Some services described how they supported the integration of children into schools by bringing them to meet school principals and teachers before starting a new school term. Services have continued supporting schools with guidance from the Department of Education.

The health needs of pregnant women and children were a focus of many services. Public Health Nurses provide developmental checks with babies in congregated settings. Ukrainian Support Workers

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[3] SPECS – Supporting Parents and Early Childhood Services

employed through Local Area Partnerships and other Integration Support Organisations and Family Support Workers employed by Resource Centres, support pregnant women's access to antenatal and post-natal care.

In CHO 4, a delivery model was developed that saw HSE In-reach teams established, becoming the first point of contact between Ukrainian arrivals and Cork Kerry Community Healthcare, as outlined in Snapshot 5 below.

### 3. Supporting pre-teens/teenagers

Particular needs of adolescents were identified by services early on. Leaving friends and integrating into a new country is challenging during this developmental stage. The need for privacy and space is also essential for adolescents and is lacking in congregated settings. Many older adolescents are doing state exams online in Ukraine, meaning they are navigating two school systems. Services around the country continue to implement many supports to support this age group, including:

- services collaborating with schools to support the integration of teens in second-level
- supporting teens in their preparation for secondary school, including the provision of laptops
- basketball /sports /sailing camps
- buddying systems
- targeted youth work- for example, one area has secured funding to employ a part-time youth worker to support Ukrainian young people in engaging in and integrating with other young people in youth services
- teen-specific conversational classes
- dedicated and integrated youth activities- well-being, self-care, additional language classes, places to hang out and meet up.

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📷 **Snapshot 4. Targeted activities as a step towards integration and positive mental well-being – Preparing young people for engaging in Secondary School**

*With input from Baldoyle Family Resource Centre supported by Fingal Children and Young People's Services Committee*

Baldoyle Family Resource Centre has a small staff team and so was aware of trying to support young people from Ukraine within the boundaries of what was within their capacity given an already significant programme of support being offered by the service.

A primary focus for the FRC was to provide a dedicated response to the young people living in a local congregated setting. They carried out a range of targeted supports, which all led to supporting the integration of young people into the community and, most significantly, preparing them to commence secondary school. The following is an overview of the range of support provided with the support of CYPSC funding.

1. **English language class programme** to prepare teenagers for secondary school in September. Building on the success of this programme, they have secured funding this year from Christian Brothers Edmund Rice Trust to run a two-week English Language programme to prepare teenagers for secondary school.

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2. **Supported group pre-visit to local Secondary School**. Staff working with young people were conscious of the challenges for young people from Ukraine they worked with of starting secondary school in Ireland after the 2022 summer break. The service has a strong relationship with the local secondary school and has arranged to bring the young people to meet the principal and tour the school before the school opens for the new academic year. The group focus was necessary as if a parent could not attend for some reason, and the pupil could still visit with the group and not miss out on this important preparatory step.

3. **School weekly network meetings** were held with the school because of this established relationship, and these helped identify the emerging needs of the teenagers and analyse how they can be addressed.

4. **Youth mental well-being and building competency.** In 2023, arising from the network meetings, young Ukrainian people participated in two sailing programmes with support from the Fingal County Council. They included a Sailing to Wellness programme and a 5-day overnight sailing course facilitated by Sailing Training Ireland. The centre also developed a 12-month well-being programme focusing on yoga, mindfulness, and self-care, which will run for the academic year 2023-2024, supporting teenagers and young adults aged 18-24 years living in congregated settings.



5. **Shifting to integration.** As time passed, the importance of supporting integrated activities became very apparent for the FRC. Friendships in adolescence are so important that leaving close friends in Ukraine and trying to make new friends in Ireland presented a considerable challenge. Baldoyle Family Resource Centre hosted an integrated mindfulness programme to support integration for all young people living in the community. The service has identified the need for young people to hang out to support the development of friendships. Having a place to just 'be' rather than solely organised activities has been identified as a need.
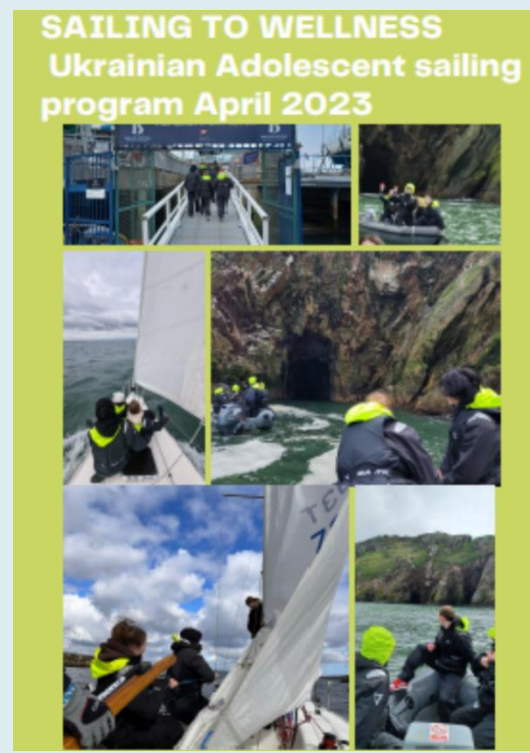
4. **Whole family supports.**

A significant focus of work nationwide has been supporting whole families on one-to-one and group levels. Balancing time and resources between individual and whole group support has been challenging. Aside from the range of information, signposting, and language support responses outlined above, a range of additional response needs were referenced, which impacted the whole family, as outlined below.

**Transport-** All respondents raised the area of transport, particularly in rural areas. Advocating for more transport through Local Link and the Community Car were priorities raised during the research.

**Cultural and celebratory events- connecting Ukrainians.** A protective factor raised in the literature review is the support of family, friends or fellow Ukrainians. While this is a challenge in balancing integration, many organisations approached this in positive and successful ways, e.g., building connectivity through social media, in particular using Telegram groups, but also creating a space for Ukrainian families to come together – see snapshot 5 below.

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📷 **Snapshot 5. Creating a community space for Ukrainian children and families to feel is their own.**

In Bray, using existing networking and relationships, the need to create a 'hub' for Ukrainian children and families was explored and a chance opportunity presented itself. A former preschool building, ideally located in the town centre, became available for a nominal charge. A proposal was drawn from scratch to enable its opening as a 'drop-in' community space. Partnerships can draw on wider work strands such as



'Tus' or existing 'English language' supports such as '*Failte Isteach'* to open and maintain the building whilst also beginning to build a programme of activities and resources.

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**Building community connectivity.** Whole group and integrated events continue to take place nationwide to provide a social outlet and bring all families in communities together. Integrated healthy cooking – including shopping/meal planning initiatives, have been piloted in some areas.

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📷 **Snapshot 6. Integration & prevention - Integrating families from Ukraine through a community-based child and family-focused healthy eating programme.**

*A Louth CYPSC initiative funded through Healthy Ireland and delivered by Connect Family Resource Centre.*

A community-based Healthy Ireland-funded initiative enabled Connect Family Resource Centre to reach out and engage Ukrainian children and families in a 4-week healthy eating programme. This was enabled by the good fortune of having an FRC Community Support Worker from Moldova who could speak Russian and translate workshop material for Ukrainian families. Workshops were delivered to small groups of 6 families, targeting 35 families and impacting 156 individuals. Families were recruited through the FRC's 'Food Cloud' initiative with a requirement of having one child in the family under the age of 12. 6 of the 35 families engaged were Ukrainian families who had settled in the wider Drogheda area. The primary aim was to engage children directly in the Programme as families were asked to send photos, provide receipts of healthy foods purchased and participate in an 'Outcomes Star' evaluation of the initiative demonstrating a significant change for all families across the following areas:

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- meal planning
- cooking skills
- frequency of eating fruit and vegetables
- knowledge of the food pyramid
- budgeting for shopping.

All families were provided with cookbooks, blenders, measuring jugs and food vouchers to support their engagement. Week 1 had a focus on introducing veg into meals or 'hidden veg'; week 2 focused on healthy batch cooking; week 3 focused on healthy snacks, bringing colour to meal planning and making brown bread; week 4 had a focus on physical activity and trying out new and different ingredients.

Graduation day brought all the families together, including a collective celebration and presentation of certificates from the local Louth winner of the RTE Programme Ireland's Fittest Family. While this



was a 4-week initiative, the families engaged to continue to connect through the 'Food Cloud' initiative, which is provided once a week and uses a 'coffee morning' style approach to enable families to engage, chat and connect as they access the 'Food Cloud' supports during a time when the cost-of-living challenges could adversely impact on children and their families.

Connect FRC is planning a second delivery of this initiative, making changes and expanding the Programme from 4 to 6 or 8 weeks, building on the success of the first initiative and always with a focus on integration through the translation of materials to ensure accessibility and engagement of all families.

**Recognising and addressing the mental health needs** of individuals and families continues to be a focus of many services and organisations. Addressing cultural perceptions of mental health and stigma are core challenges that are being addressed in order to begin to address mental health needs. Universal supports such as yoga, art and sensory groups have been developed. Some communities have provided play therapy and dedicated psychology support for parents and children. In Donegal, Ukrainian psychologists whose qualifications are not yet recognised in Ireland provide self-care and mental health awareness groups in Ukrainian. Other initiatives include joint initiatives to support children in West Limerick Resource Centre in partnership with the ISPCC and the University of Limerick Psychology Department.

**Snapshot 7. Recognising the psychological needs of all refugees – how an established Social Inclusion Psychology service in CHO4 was uniquely positioned to respond to the needs of Ukrainian children and families.**

*With input from HSE Community Care – Social Inclusion CHO4 Kerry*

Established in CHO4 Cork and Kerry, Social Inclusion Psychology provides psychological services and support to asylum seekers, International Protection Applicants and refugees, and the services and professionals supporting this client group. Social Inclusion Psychology does not replicate mainstream services. The aim of the service is to ensure improved access to health services and improved outcomes for clients. The service provides the following:

1. **Psychology Consultation** is provided and delivered in congregated settings (walk-in: DASH, HSE in-reach, other), remotely or in-person (by appointment), which includes:

   - psychological screening (to identify needs, supports and referral pathway)
   - provision of psychological advice
   - support and consultation.

2. **Assessment and group intervention are also offered.**
   Assessment: To identify psychological needs (adults/children) to support onward referral to mainstream services.
   Group Interventions: Coping Skills for refugees and asylum seekers, trauma symptom management (understanding trauma, nightmares, distressing memories/flashbacks, dissociation, sleep, staying connected, the body and trauma) are offered, as well as support interventions for parents who have been traumatized to help reduce distress in the family system.

3. **Specialist link service – psychology consultation for professionals/services.**
   This includes prompt/accessible psychological consultation, advice and information for anyone working with refugees and asylum seekers - including statutory and non-statutory organisations.

4. **Training and support for professionals/services**
   Training: Understanding trauma, working with interpreters, assessment and treatment of PTSD / Trauma, barriers/facilitators to adjustment and integration, service access barriers and how to overcome them, self-care / vicarious trauma, supporting schools / after-school / day-care / others in meeting the needs of clients, ongoing CPD.
   Support: Facilitating peer support for clinicians treating PTSD, debriefing and support for interpreters/others.

The service, while delivered within CHO4, was also responsible for the development of an online training webinar in conjunction with the HSE National Social Inclusion Office and HSE Mental Health delivered on the 8th of April 2022 and recorded and disseminated widely, primarily through the CYPSC websites – it was called *'Understanding Trauma And Supporting The Needs Of People Fleeing War And Or Persecution'*.

# WHAT WORKED

It is clear from the findings that there has been an incredible collective response from many services and organisations in a coordinated way. The following emerged as being central to the success of responses to date.

## Coordination

Many organisations responded immediately to the needs of families arriving from Ukraine. Within days of their arrival in congregated settings, organisations engaged with families. In interviews, organisations described hearing of the arrival of families over a weekend and meeting to arrange a response first thing Monday morning. The Community Forum interagency structure was used during COVID-19 and was quickly adapted to respond to this crisis. Organisations described how the learning from responding to Covid 19 assisted in this rapid response.



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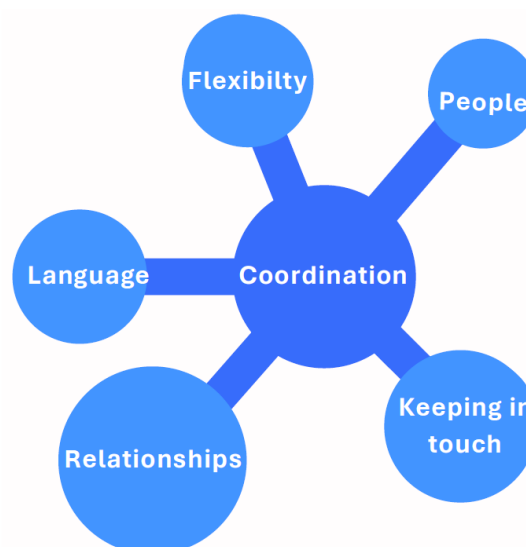
📷 **Snapshot 8. Coordinating a unique area response in rural Kerry**

*With input from Tralee International Resource Centre (TIRC), Kerry HSE Community Work Dept, Kerry HSE Public Health Nurse Service, Kerry County Childcare Committee and Kerry Children and Young People's Services Committee*

1. **A unique headstart – two Migrant Support Services already established in Kerry – Tralee International Resource Centre (TIRC) and Killarney Immigrant Support Centre (KASI) -** Established in 2010 and 2000, these two organisations had a track record for supporting migrant communities and those seeking International Protection and Asylum within Kerry. These organisations provide a one-stop shop for immigrants in Kerry to access information, one-to-one and group support. They are funded through multiple sources, in particular HSE Social Inclusion, European Union through Asylum Migration and Integration Funds, administered by DCEDIY and a range of other funding through sources such as Dept. of Community and Rural Development, through the Community Services Programme of POBAL.

   Both these organisations played a significant role in responding to the needs of Ukrainian children and families, with TIRC sharing their experiences during a webinar in June. Webinar participants listened to how TIRC stepped up quickly to respond to the needs of the first Ukrainian people on their arrival to a congregated setting in Tralee. The Centre provides many of the supports they have always offered the international community but on a bigger scale this time.

   Through its membership of the Kerry Community Response Forum and this collaborative interagency approach, TIRC provides support with language classes, schools, health, and accommodation, among many other issues. The Kerry Community Response Forum and its members have developed specific structures to address complex needs, such as specialist topic subgroups to address English, bereavement and employment needs. TIRC has piloted a

Ukrainian Community Forum to capture the voices of Ukrainians in Tralee, and this may be developed into a county-wide model with a peer support approach in each accommodation centre. TIRC and other agencies on the Community Response Forum have identified several issues that need to be addressed, all identified throughout this report.

2. **'In-Reach' to support 'Reaching-Out' – a unique HSE CHO4 area response from the start.** - Since March 2022, CHO 4 has experienced the arrival of many people from Ukraine. Currently, in Kerry, 140 congregate settings throughout the county support over 6900 people. A wide geographical base ranges from Valentia Island to Ballyferriter, Sneem to Tarbert. There is a high population in the Killarney and South Kerry area.
Many people came to family and friends and pledged accommodation (around 20%). The remaining 80% have come to congregate settings, including hotels, hostels, state buildings, B&Bs, etc.

   An immediate response was required from the HSE to support the Ukrainian population fleeing the war and CHO 4 Social Inclusion led the response, creating an MDT team and setting up new systems and frameworks that would meet the health and social needs of the Ukrainian community. A delivery model was developed that established HSE 'In-reach' teams in CHO 4 – becoming the first point of contact between Ukrainian arrivals and Cork Kerry Community Healthcare.

   In Kerry, the HSE In-reach team is led by the Community Work Dept and PHN Dept, with administrative staff and support from the Mental Health, Public Health, Psychology, the Covid Vaccination team, and the DASH Bus Service. The In-reach team visits every new location, supporting access to health services, providing information on health services in Ireland and supporting medical card applications. Public Health, Disability and Dental and Orthodontal services support referrals and complex cases.

   The unique element of having a seconded PHN going into each centre to assess needs has been significant. While there has been dedicated psychology support in Cork CHO4, this has also been replicated in Kerry.

   While the In-reach team and all HSE services try to offer the best possible service, there are huge challenges. Kerry also has six direct provision centres and three emergency centres that are at capacity and other Refugees who have arrived from countries such as Syria, Iraq and Afghanistan. Access to GPs, dental and psychology services will continue to prove difficult as more people arrive. However, the framework is in place and the In-Reach team is committed to supporting people as they arrive in the Kerry. The successful coordination is down to partnership, and the HSE in-reach teams are indebted to its partners in KASI and TIRC, FRCs, Local Development Companies, the Department of Social Protection, Local Link Kerry, Saint Vincent de Paul and other support services, who continue to support people on the ground as they transition to life without their families and friends with them.

3. **A web of coordination - Local area coordination feeding into county-wide coordination** - Within Kerry, from an early stage, coordination was devolved down to a lower level than the county level. Services were clustered across 5 distinct areas across county Kerry. While these were meeting weekly, this has now reduced to 6 meetings per year. If needs or issues cannot be addressed at this level, then it is escalated to the County Level and the Community

Response Forum, which met weekly from March 2022 – while this has only recently been reduced to fortnightly.

At a county level, partnership and engagement have been the core elements that have led to the county's success, with all services and agencies working together and co-ordinating under the auspices of the Kerry County Council Community Response Forum. The Community Work Dept represents the HSE on this and other fora in developing a coordinated response in the county.

The successful coordination is down to partnership and the HSE In-reach teams are indebted to its partners KASI and TIRC, and FRCs in supporting people on the ground as they try and transition to life without their family and friends in Ireland and the broader range of services represented on the Community Response Forum.

4. **Accommodation -** The Local Area Response Teams collaborate closely with KCC's Ukraine Response Team and the Peter McVerry Trust as part of the "Offer a Home Scheme," which involves the allocation of pledged residences to Beneficiaries of International Protection (BOTPs). Local Area Response Teams and KCC's Ukraine Response Team also facilitate the transfer of individuals between congregate accommodation centres. KCC's Ukraine Response Team is also actively executing the Refurbishment scheme.

5. **Inclusion in Health – National and county-wide social inclusion responses -** As noted above, Kerry was particularly unique in having two pre-existing social inclusion projects funded from many sources, especially HSE Social Inclusion regarding migrant health. Many resources have already been established to support newly arrived refugees in Cork and Kerry, such as an accessible website, *"Cork Kerry refugee resettlement - A guide to health and community services in Cork and Kerry for refugees."*

**People**

Having people to lead local actions has been essential. The importance of a 'go to' person has been invaluable. It reduced pressures and stresses at a time when there was information overload for many newly arrived children and families to the country. The need for dedicated staff was also evident. Funding was made available to organisations for 'activities' specifically targeting Ukrainian refugees and organisations found themselves trying to deliver additional actions and activities with no extra staffing available. This was challenging as post-COVID stretched and pressurised services could not deliver more than was currently being provided. For many organisations that participated in this snapshot study, individual staff members or the recruitment of integration workers, including Ukrainian staff members, made a significant difference in engagement and provided effective interventions and support to the broader Ukrainian child and family population.

**Language**

Organisations referenced the importance and benefits of language interventions, including classes, conversation opportunities and a range of child and youth activities to support English language acquisition. Ukrainian-English speakers employed by organisations, especially those who had just

arrived, were the central key to successfully engaging and beginning the journey to integration for many children and families.

Translating materials into Ukrainian was invaluable, creating alternative modes to overcome language barriers. One such example is the 'My Communication Aid - Ukrainian'. The HSE Social Inclusion Office developed other Ukrainian language tools for healthcare emergencies.

**What is My Communication Aid?**

> *"This project was a local response to refugee families who were finding it challenging to utilise the English that was taught in the classroom and out in the community. The aid is highly visual, contains key phrases and is a compact size to make communication easier whilst 'on-the-go'."* It was developed through the collaboration of the Cork Kerry Refugee Resettlement Initiative, Cork Kerry Community Healthcare/HSE Social Inclusion, and Cobh Family Resource Centre. The project was funded by Cork ETB's Mitigating Against Educational Disadvantage (MAED) Fund **(Cork Kerry Community Healthcare, 2024)**

The role of the Education Training Boards(ETBs), Libraries, Partnerships, FRCs and many integration services in delivering a rolling programme of English language classes, conversation models such as 'Failte Isteach' and various other approaches has been significant. While this remains an ongoing need, the fast response is a positive protective factor in supporting all those arriving from Ukraine.

**What is Fáilte Isteach?**

> "Fáilte Isteach is a community project involving predominantly older volunteers welcoming migrants through conversational English classes. The project provides the necessary language skills to new migrants in a student-centred, welcoming and inclusive manner while involving older volunteers and recognising their skills, expertise and contribution to the community" **(Third Age, 2024).**

**Keeping in touch – Sustaining communication.**

Consistent communication through social media opportunities with a strong focus on using Telegram and WhatsApp ensured messages and information were easily disseminated to large numbers of families. Participants noted this became more difficult if families moved out of congregated settings, which created the potential risk of isolation despite it being an obvious step closer to greater integration by living in the local community. Some organisations overcame this by having a visible and accessible physical presence so that Ukrainian families could 'pop-in' should they need it, e.g., Migrant support organisations such as TIRC[4] and KASI[5], as well as FRCs and Partnerships, including the Ukrainian Community Centre/Hub.

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[4] Tralee International Resource Centre

[5] Killarney Immigrant Support Centre

**Relationships**

Relationships were central to the national response to Ukrainian children and families from central Government down to local communities. The pre-existing relationships between the Early Years and the Integration section of the DCEDIY ensured that children were a focus from the start and the Department could speedily develop responses and actions for children that were within its responsibility, e.g., City West Play Facility and a national Stay and Play response across the country etc. delivered by Better Start and the City and County Childcare Committees both of whom fall under the DCEDIY.

The Kerry example is one of many that demonstrated the power of pre-existing interagency relationships such that responses could be speedily generated with strong coordination. It echoed significant initiatives or actions delivered nationwide, resulting from strong inter-agency relationships. Another example was the role played by Libraries across the country - see Snapshot 9. Libraries acted like a hub for the delivery of a range of different interagency activities whilst also delivering a range of essential supports directly through their programme of activities.

**Flexibility**

Rigid funding strands limited the full potential of funding. This was experienced initially through the Partnership organisations who felt prescribed funding lines restricted the delivery actions in a non-integrative way. Granting some level of flexibility to pool funds across particular themed headings enabled the pooling of existing and established resources and extending and growing the capacity of these to ensure integration rather than perpetuating two-tiered systems.

Similarly, organisations demonstrated flexibility and creativity in developing unique ways to utilise funding to create opportunities to engage Ukrainian families and promote integration successfully – Healthy Foods Programmes, Sports and Summer Camps, Sailing and Water sports activities and various activities supported engagement.

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📷 **Snapshot 9. County-Library Response**

*With input from Donegal Library and activities and responses supported by Donegal CYPSC, Donegal County Childcare Committee and Donegal Local Development Company*

Donegal Libraries responds to the emerging needs of the Ukrainian population in Donegal and proactively organises events to support Ukrainian children and families. Much of this work involves strong interagency and collaborative working with services across the county.

1. **Provision of information in Ukrainian**

Provision of:
'Libraries Ireland' leaflet with information on library services, including dual language (Ukrainian/English) 'Visiting the library' story card.
Donegal Library welcome pack in Ukrainian
One-to-one instruction on accessing and using BorrowBox (online eBooks and e-audiobooks service) and guidance on accessing other online services.

2. **Outreach and information dissemination**
Attending various welcome events in the local Community Centre and handing out information on library services in dual language.
Promoting library services directly to WhatsApp Groups and Telegram groups used by Ukrainians.
Visiting accommodation centres and handing out welcome art and stationary packs, including information on library services in dual language.

3. **Hosting a range of events**
Europe Direct Event In collaboration with Donegal LDC Ukraine Refugee Project with 50 parents and children in attendance to view the range of Junior fiction and DVDs available.
Craft Workshops - quilting sessions with Ukrainian Refugees once a week from September 2022 and still ongoing.

4. **Language towards integration and foster connections with home - access to reading material in Ukrainian and English language learning support**
   * Transparent Language Course - Online access for library members to learn English as a Ukrainian.
   * Conversational English/' Failte isteach' run weekly with small groups.
   * Google Translate facilitates communication between library staff and non-English/Irish speakers.
   * Book Borrowing - eBooks and audiobooks, books, and audiobooks for children/young adults/adults from the 15 million+ items available to library members via the national library network, including a selection of Ukrainian and dual language books (English/Ukrainian).
   * DVDs with subtitles are available for borrowing.
   * Sourcing relevant books for students from the Ukrainian community.
   * Press Reader - Online access for library members to national and international digital newspapers and many more, including a selection of Ukrainian language publications.
   * Science Week - Ukrainian translator for students attending an online Science Week event.
   * Organising transport of Ukrainian books from Slovakia via the Red Cross.
   * Purchasing books in Ukrainian for youth book groups based on recommendation.

5. **Specific support for very young children and their families**
   * Summer Stars Activity Packs are accessible and promoted to Ukrainian children.
   * Early Education Library Bags are accessible and promoted to Ukrainian families.
   * Free books for encouraging reading and personal development, such as Babbling Babies: multi-lingual nursery rhymes.
   * Stay & Play: Rhyme Time sessions run by the Donegal Childcare Committee

- Sensory services- Sensory Toy Box and Snuggle Seat, Sensory Play Wall, Sensory Toy Box and Sensory Friendly Evenings.

6. **Supporting integration – ensuring all library facilities are accessible and inclusive to Ukrainian families**
   - Library membership, PC, and printing services.
   - Library staff encouraged the Ukrainian Community to attend events, e.g., Culture Night, Wainfest – Children's Arts and Books Festival, Science Week, and Family Time at Your Library.
   - TTRS: Type Read and Spell (TTRS) is an online course that teaches touch-typing skills to help children and adults improve reading and spelling. Through a multi-sensory approach, the user hears a word spoken, sees the word on the screen and is prompted to use the correct fingers via the on-screen keyboard.
   - C-Pens: A Reader Pen is a convenient portable tool for independent reading and literacy.
   - Promotion of use of computer suite.
   - The library is a free service with access to over 12 million items in its national catalogue. It also serves as a community focal point - a quiet space to sit and relax, browse the collections, surf the net, meet others or study.

# CHALLENGES IDENTIFIED

**Congregated & transient living**    **Pregnancy & parenting**    **Children with disabilities**    **Accessing school/ECCE places**    **Teen independence & making fiends**

**Accessing health & disability care**    **Language acquisition**    **Transport**    **Trauma Psychological needs**    **Two tiered system of integration**

1. **Life in congregated accommodation for infants, children and young people**
   Challenges related to living in shared accommodation settings, including lack of space, being unable to cook, child safety and parenting challenges, were identified. These issues have impacted families living in direct provision for many years. The many Ukrainian families living in congregated settings further highlight these issues. Problems associated with living in congregated settings are outlined below.

   - **Access to play facilities and safe spaces to play.** This is particularly challenging at weekends and during school holidays. Ukrainian Action Ireland (UAI) research reports that only 31% of Ukrainian children engage in the same level of extracurricular activities they did in Ukraine (Ukrainian Action Ireland, 2023).

   - **Road safety, particularly for families in rural settings.** A lack of transport can mean families walk along unsafe roads to access shops and other services. Services have worked with LocaLink to increase bus services to rural areas, but there is still a shortage of daily transport options. Difficulties in recruiting bus drivers have been identified as a barrier to providing more bus services. The Department of Transport is considering initiatives to recognise HGV and bus licences from Ukraine. This may help resolve this issue.

   - **Child protection**. There has been a mixed response from management and staff in congregated settings regarding child protection training and other supports from Tusla. Over 1,000 incidents were reported to the Incidents Team by April 2023 (Spollen, 2023)

   - **No complaints mechanism**. There appears to be no mechanism to raise queries, concerns or complaints about accommodation standards and food. In some settings, for example, residents have reported the food served to be high salt and fat meals. Some note that the original standards of accommodation and food are lowering, and residents have no recourse to have these issues addressed (Spollen, 2023)

   - **Specific challenges for children with additional needs.** Respondents outlined the real day-to-day experiences of living in one room in a congregated setting with a child with ASD. The inability to control the environment, especially the sensory environment, is considerable. Sensory overload is common and distressing for these children and impacts parents' ability to parent in their usual style whilst retaining a level of regulation themselves.

2. **Pregnancy to parenting - prevention and early intervention**

- **Pregnancy, parents & young children.** As the literature outlines, women and their infants in the perinatal period are particularly vulnerable (Chrzan-Dętkoś et al., 2022). It was not possible to get an estimate of the number of pregnant women arriving in Ireland; however, many we talked to did outline experiences of supporting pregnant Ukrainian women. Accessing antenatal services was a challenge complicated by the transiency of accommodation, referred to as 'dispersal'. This significantly impacted women during pregnancy, caring for children with specific health needs or accessing services for children with additional needs – see below.
- **Parenting.** Parenting alone without a family network has been a challenge for many families. This is exacerbated if a parent has ill health or if a child has ill health or has additional and complex confirmed or emerging needs. Lack of family support and an absence of a trusted support network resulted in no informal ad hoc childcare support for parents to attend health appointments, further education or language classes. While this contributed to the level of stress experienced by parents, it also limited the pace of integration.
- **Family reunification challenges**. Some organisations outlined challenges to reunifying parents or families if they arrived at different times. That two parents could find themselves allocated to two different hotel rooms across the country seemed inexplicable. Nevertheless, there appeared to be significant bureaucracy required to address and reunify the family.
- **Levels of need.** Services identified the challenges facing particularly vulnerable groups, including young parents, Roma families, and second-country migrants. They noted that some families were identified as requiring additional and complex levels of support.
- **Dispersal/transiency of accommodation**. There is a lack of stability for children who are moved to new areas and have to move schools and make new friends again.

3. **Accessing ECCE and school places**
   - **Access to ECCE** is exceptionally challenging in some areas. For parents wanting to find work, the limited number of hours offered daily is a barrier to finding employment. This also impacted the age at which children commenced schooling, with some starting school at barely 4 years old due to a lack of ECEC places.
   - **Accessing school places.** A lack of school places has led to some children attending Gaelscoil. Children may have some knowledge of English, but none have Irish. Adjusting to another new language is challenging for both children and their parents if the parents wish to support their children's homework or engagement with school.

4. **Access to health and disability care.**
   - **Healthcare.** Families face specific and common challenges in accessing health services. Ukrainian Action Ireland's 2023 research reported that 67% of Ukrainian people have accessed health services, with the majority having difficulty accessing these health services (Ukrainian Action Ireland, 2023). Services reported challenges in accessing GP care through surveys, interviews and webinars. The HSE Social Inclusion Unit has supported families seeking GP care, but this is a more comprehensive systemic health care issue. The pathway to accessing specialist services in Ireland differs from that in Ukraine. Understanding and adapting to this different system impacts families. Services have also highlighted issues concerning accessing dentistry and orthodontic services.

- **Children with disabilities.** Access to services for children with complex needs for families is a challenge. This is a common challenge facing all families and children with additional needs in the state, with wider systemic solutions needed. Reports outlined that several factors exacerbated this. Some organisations reported they supported families for whom their child's pre-existing diagnoses of disability were not recognised and children were required to be reassessed by professionals. Others reported that assessments had just been completed and the family were asked to move so that the child's position on the waiting list was lost and they had to start a process again in a new area. While it was not possible to confirm these reports, it did appear that navigating the disability services and support was a considerable challenge for those refugee families who required it and this is against the context of a disability sector which is under considerable pressure, impacting all children and families in Ireland.

5. **Teen independence and making friends - challenges faced by adolescents**
Adolescence is a complex period of development. The acceleration of brain development makes this a challenging period for young people. Fleeing war, leaving peers, and living in congregated settings can exacerbate this. Particular challenges highlighted for this group are outlined below.
- **Friendships.** Loss of friend groups at a time when peers can be significant to young people.
- **Rural/urban experiences**. Young people from cities may find themselves living in rural areas without access to transport, increasing the risk of isolation. It was also referenced that this change from urban to rural was a cultural change for socially conscious teenagers. Additionally, the literature review outlined the link between independence and self-worth. Moving to an area where adolescents solely depend on others for transport interrupts the normal development of independence.
- **Own space.** Families all living in one room with no personal space and having no separate space to escape from family is hugely impactful on young people. Navigating the pull between dependence on caregivers and seeking independence is impacted. The role of the teenage bedroom, from slamming doors to jumping around the room to loud music, is lost,
- **Language.** Self-consciousness in meeting new friends, mainly when English is not a young person's first language, is only emerging. This takes considerable confidence when taking a chance and mispronouncing words or exhibiting a lack of fluidity with grammar and syntax.
- **Two cultures of schooling.** The research study by UAI in 2023 highlighted that 46% of children and young people attend schooling in Ireland and online in Ukraine (Ukrainian Action Ireland, 2023). Services report that this is common for older adolescents seeking high school qualifications from Ukraine. The pressure of two sets of schooling and state exams is hugely challenging.
- **Transport.** Services have provided structured and integrated activities specifically for young Ukrainian people. Services have highlighted the need for young people to have places to hang out and be together. In rural areas, the lack of transport compounds this. Services have tried to support young people in meeting up with Irish peers by providing space and transport. The need for more of these opportunities has been identified.
- **Different legal systems.** The age of consent is 16 in Ukraine, whereas it is 17 in Ireland. Potential issues relating to this difference need to be recognised and addressed.

- **Future commitments.** Access to 3rd level education/CAO system was also identified by some services working with young people and the lack of clarity regarding the future and what is feasible in terms of commitment to a third-level course acknowledging that the Department of Further and Higher Education, Research, Innovation and Science has put in place a package of Ukraine Student Fees and Financial Support.

6. **Trauma, psychological, and socio-emotional needs**
   *"The first year is about survival and then you settle and the mental health issues emerge"*
   *(webinar participant)*
   In the literature review, the mental health impacts of fleeing war and seeking international protection were described. These issues were also recognised by survey respondents and through interviews with service providers. Supporting those with pre-existing mental health needs access mental health support is a challenge, as is accessing support for those with emerging mental health needs. Concerns that these needs will become more acute as time moves on were identified by many services. Two further complications concerning accessing support are outlined below.
   - **Cultural differences.** Different cultural understandings of mental health and stigma in accessing help, in particular the need for a referral to other services, were seen as a barrier. One service described how the number of Ukrainian people accessing mental health support increased once they could self-refer rather than have someone help them fill out a form.
   - **Language.** There is a lack of mental health and counselling services in Ukrainian. There are Ukrainian mental health professionals in Ireland who, as of yet, cannot practice. A mechanism to recognise their qualifications is necessary. As described earlier, services have used innovate initiatives to address these barriers.
   - **Social media**. The impact of the war is made very real on social media. This still impacts children and young people despite leaving the country, and it is made more acute knowing that family and friends may still be in Ukraine.

7. **Language and transport – recurring themes**
   Both access to and availability of language classes for all children and families were consistently raised, as were transport challenges.

8. **Integration/ two-tier system**
   In their 2023 research, Ukrainian Action Ireland asked people about the main difficulties they are experiencing. 20% of respondents identified housing as the main barrier, 18% named employment, 17% named language (though for their children, 57% said language was the most significant difficulty faced) and 7% named transport as the main difficulty. 36% of respondents answered that they had Irish acquaintances/friends. In other research, housing policy, access to training (including language and employment skills) and segregation dynamics have been identified as three core drivers of integration (Pryce, 2022)

   Services highlighted the swift response from the Government to support refugees fleeing Ukraine, many of which have been described in this report. There is a concern, however at the inconsistency of approach to people seeking International Protection from other parts

of the world. Services identified receiving funding ringfenced for Ukrainian refugees, such as language support for Ukrainian and not Afghan or Somalian refugees. Services described pushing back against this ringfencing and insisting on using the funding for all individuals and children in the IPAS system. Services spoke of their support for equality when responding to the needs of all refugees, highlighting that the Government is responsible for protecting the rights of everyone seeking protection in Ireland. This issue is described further in the next section.

# Roadmap for services & policy makers

1 PROGRESSIVE UNIVERSALISM

2 BEST PRACTICE PEI QUALITY STANDARDS

3 PLANNING & RESOURCING NEXT PHASE OF RESETTLEMENT & INTEGRATION

4 MIGRANT INTEGRATION STRATEGY

5 NATIONAL PLAY STRATEGY

6 CHILD-RIGHTS FUNDING ALLOCATION MODEL

7 OUTCOMES FOR REFUGEE CHILDREN

# A ROADMAP FOR SERVICES

It is clear from the literature review and on-the-ground experiences that many organisations and services have provided excellent responses, activities and support within their capacity to meet the needs of Ukrainian children and families. While there are obvious challenges beyond service providers' control, many organisations acknowledged a lack of confidence in whether they 'knew enough' to ensure they could provide the most appropriate responses to the needs of refugees. At the same time, much of the learning from literature, such as supporting protective factors for best outcomes, is relevant for all children, although some children need more. For example, best practice principles in supporting positive transitions to secondary school benefit all children. When done well in a progressive, universal way, they benefit refugees unfamiliar with the broader education system. This is especially true when balancing dedicated responses with the need for integration to prevent the risk of marginalisation or exclusion. This would suggest two ways forward for prevention and early intervention services:

1. **Progressive Universalism**

*Ensure a progressive universal design for all services.*

While we frequently use the term progressive universalism, it is incredibly hard to genuinely deliver it on the ground. The constant balancing of universal and higher-need families places services under considerable pressure. It can only be delivered within a funding model (see the road map for policymakers) that acknowledges the broader needs of the local community, including the local population of Ukrainian families and those families seeking or having secured international protection statuses.

An awareness of families' unique and additional needs can be incorporated and responded to within a universal model once funded appropriately, ensuring positive steps towards integration and everyday life in Ireland. Such an approach provides a safety net so no child's needs go unidentified. It reduces stigma and promotes integration.

2. **Best Practice PEI Quality Standards**

*The development of quality standards for prevention and early intervention services considering the needs of all children, including migrant and refugee children and their families.*

While there are quality frameworks (Síolta) for the Early Learning and Care Sector, there is no requirement and no voluntary models of best practice standards for services supporting prevention and early intervention and broader child and family services. Some services follow different approaches, such as Infant Mental Health, a Trauma-Informed Approach, or Child Centred approaches, all promoting best practice. However, in isolation, they are strands of good practice that could be consolidated into best practice standards. Such standards could address all the areas outlined herein as best-practice when working with children and families from Ukraine and those within the international protection system, including but not limited to the list below.

- **Give a voice and visibility to the infant, child and young person**. There is considerable literature on how organisations can do this through participation processes or consultation, as well as how

practice and policies implemented daily create a culture of visibility for children and young people. This includes each moment of interaction with staff, the physical building and the broader organisational culture across all levels of management and practice. Some core principles include:

- Trauma-informed practice
- Cultural competency and sensitivity
- Embedding positive relational engagement practices and principles
- No wrong door – which has specific relevance for all refugee children and families.

- **Create safe child and family-friendly physical, social, and interactive spaces.** Safe child spaces are more than physical spaces. They are interactive spaces developed through clear communication (visual and verbal), explicit boundaries, and consistent actions, including timekeeping, following through on commitments, time for communication and responsiveness.

- **Ensure services are accessible.** This is accessibility in its broadest terms – awareness, information, language and physical accessibility. Transport was a significant issue raised herein, and for adolescents, the ability to mix with peers and develop their identity depends on independent travel.

- **Language & communication.** Equipping and supporting services to use all methods, ensuring language options and access to interpreters or other modalities (e.g., My Communication Aid in resources), including video, translated information sheets and social media such as WhatsApp and Telegram.

- **Co-production with parents, children and communities**. This could include employing Ukrainian (or a range of) parents as 'brokers,' 'mediators', or 'peer support' champions to support and build engagement. This can create a sense of community and belonging.

- **Cooperation, coordination and collaboration of services**. Working at an interagency level in a genuinely collaborative way is very challenging. It can be limited by funding arrangements (such as the risk of 'double funding' or 'double reporting' on various actions). However, the returns from working in this way place children and families at the centre rather than the system or the service, as seen from the examples herein.

- **Play for all – children and parents.** Play as a central modality for children is a given and the examples herein reiterate this and extend it to parents too. Creating opportunities for joy and fun for children and their parents is essential across all services, infrastructures and shared physical spaces. It supports the parent-child relationship, child and parent regulation, and children's self-worth and independence, creating new memories.

  *"Magic happens when children and caregivers create memories"* (Marques & Areal, 2023).

In 2014, a collaborative process between organisations in Limerick coordinated by Limerick CYPSC developed a Quality Assurance Programme (Limerick City Children's Services Committee, 2014), which could form an essential foundation to build a comprehensive Quality Framework for delivering PEI services to all children, including those seeking international protection and those from Ukraine. A framework should place values, principles, and practice at the core and incorporate the abovementioned considerations.

# A ROAD MAP FOR POLICYMAKERS

1.  **Build on the Migrant Integration Strategy (Department of Justice and Equality, 2017).**

The 2017 Migrant Integration Strategy is currently under review. The following should be considered in the development of a new Migrant Integration Strategy fit for purpose for the needs of all those arriving in Ireland in 2023:

- **Welcoming child refugees.** Consider how we treat all children who arrive in Ireland within the new strategy, both those seeking international and temporary protection. The research shows that how children and families are treated upon arrival can be protective in their subsequent resettlement, integration and future outcomes. Having a Play Facility welcoming children at their first point of engagement with the Irish state positively welcomes children and lets them know they are seen.

- **Enhance responses to the unique needs of children and families in the revised integration strategy.** While the current strategy mentions children, childcare, education and youth services, it falls short of recognising the challenges in resettling and integrating into Irish society. Issues of access to childcare, transport, navigating systems, especially disability services and recognition of pre-existing diagnosis and the need for integration and prevention and early intervention supports delivered at a community level are essential, e.g., the learning from Stay and Play and ensuring this is an integrated community strategy. The future integration strategy needs a dedicated focus and plan on integration and the support for integration from pre-birth and onwards for children and families.

- **Needs allocation funding models.** To promote integration, funding should not be segregated based on the migrant status of the participants but a general allocation which considers the broader migrant needs of the local population – this prevents dedicated and segregated actions and activities whilst still acknowledging that refugee populations will require more support and intervention in addition to the universal.

- **Integrated Government responses**. Refugee and migrant needs traverse all Government Departments and require greater integration and cross-referencing within all Government Strategies.

- **Dedicated integration workers.** In supporting those seeking international and temporary protection, we know that relationships and having a person to connect with make a difference. Funding is required for dedicated posts to deliver on integration activities, especially when there is a large-scale resettlement of children and families. The ability to employ Ukrainian-speaking support/key workers flexibly was essential. They fulfilled many roles from translation, engagement, and cultural brokers, and they became important 'go-to' trusted advisors who could support diverse and complex presenting needs. As children and families move into the next phase of integration, these roles will become essential.

- **End of direct provision and congregated living.** While ambitious, the Government and future Governments must commit to delivering on the '*White Paper to End Direct Provision*' and the proposed accommodation model to ensure all families have keys to their own front door. While it could never have been foreseen in 2021 when the Paper was published that the next year would see close to 90,000 individuals seek temporary or international protection all against the context of a housing crisis, this focus must remain if we are to mitigate the worst impacts of congregated living compounding traumatic experiences.

- **Family reunification.** The literature review in this document clearly outlines the protective layer resulting from having a family network together for refugees. Nevertheless, the system for Ukrainian families arriving at different times can be complicated. At a broader level, technical limitations (who constitutes family, age, and timing of application) impact the reunification of family members for all refugees, even though this would promote best outcomes for children (Hinds, 2018).

2. **Respond to the next phase of resettlement and integration for Ukrainian children and families.**

- **Access to psychological services.** Build on the CHO4 Social Inclusion Psychology model to ensure all Ukrainian children and families can access necessary psychological support. Prevention and early intervention evidence demonstrates the critical role of mitigating stress and supporting maternal mental health in the lives of young and all children and the negative impact not attending to this can have on the health and well-being of children in the here and now and in the future. Recognising the impact of toxic stress on the life and future development of children is essential in preventing emerging and future needs (Center on the Developing Child, 2020; Center on the Developing Child at Harvard University, 2021; National Scientific Council on the Developing Child, 2012; World Health Organisation, 2020).

- **Support for parents.** A menu of culturally appropriate support for parents is essential. Parents are the primary supporters of their children's well-being. Supports need to be put in place to help parents (who may themselves be dealing with mental health difficulties) to support their child's needs. Culturally sensitive groups and individual support for parents, including those focusing on emotional regulation, should be offered.

- **Mental health supports and services in ECEC and schools.** Embed the pyramid model for social and emotional development and support within ECEC settings and schools, ensuring a holistic and multilayered support mechanism to support the mental health of infants, young children and adolescent refugees.

- **Funding for play therapy in ECEC, School and Community Settings.** Establish long-term funding lines and dedicated play and creative therapy services for all children, especially refugees – see point 3 below.

- **Enhance funding and accessibility for Guidance Counsellors.** Ensure the Secondary School Guidance Counsellor model is adequately resourced to support the existing and emerging needs of Ukrainian and refugee teenagers and young people. Such support across schools, in addition to

child and family and youth services, must be preventative, proactive and integrated to create a safety net for refugee children and young people.

- **Adequate funding for PEI community-based services.** Equip all child, family and prevention and early intervention services to proactively engage and support families with the ability to respond to their needs as they integrate into Irish life in a longer-term way.

- **Sustain and extend the provision of funding for resettlement support workers.** While there has been a 'lull' in the acute response to the needs of children and families from Ukraine, the more complex work of integrating and adjusting to life in Ireland as part of that shifting phase is happening now. This is especially necessary to bridge the integration needs of transitioning from living in congregated settings to the daunting and challenging task of sourcing accommodation within the local community.

- **Safety and wellbeing in congregated IPAS accommodation.** Support Local Authorities, Community Response Forums and IPAS to ensure safe practices in all spaces where Ukrainian and international protection children and families live.

  * Develop a comprehensive mechanism for child protection training and support for all staff of congregated settings building on the best practices from around the country, e.g., Kerry Road map for Local Accommodation Managers Group / Bray and South Dublin County Partnership supports for Local Accommodation Managers, etc.

  * Ensure that there is access to a range of communal and safe play spaces – including active and outdoor play and spaces for children and parents to come together and play. Ensure that the external boundaries of congregated settings enable space for children to play safely away from roads and entrances.

  * Ensure all staff working and interfacing with refugees both within and outside of IPAS-funded services have appropriate training in trauma-informed practices, cultural competency and sensitivity, and prevention and early intervention so that infants, young children and adolescents are supported from the start.

- **Promote the participation of Ukrainian and refugee parents and children.** Ensure a sustained community development approach embedding co-production with Ukrainian children and families. As was noted in the April 2023 webinar, it is necessary to *"firstly listen to what is going on for people, it is not charity".* It is essential, therefore, to build on practices of consultation with Ukrainian families and move to co-production and encourage Ukrainian families and individuals to become actively involved and participate at a local level by building their capacity to participate in Public Participation Networks (PPNs) and developing their own networks of support, including Women's Groups (Louth CYPSC / Kerry / Partnerships).

- **Access to children and young people's language support.** Continue and advance language development opportunities across the age ranges with a strong focus on teenagers, young people and those choosing to engage in online education from Ukraine rather than attend local Secondary Schools. Create new ways to engage and build integration and language development for all teenagers and young people.

- **Allocate transport solutions to congregated settings.** Transport is an ongoing issue for those resettled in rural and isolated areas. Only a limited number of local authorities adopted a Community

Car model, which, while not without challenges, has been successfully adopted in some areas, such as by Meath County Council. The transport challenges disproportionately impact access to Early Learning and Care settings and teenagers and young people who developmentally need to explore their independence. The absence of transport solutions perpetuates segregation and increases challenges for organisations such as youth services as they attempt to provide integrated services.

## 3.   Ireland urgently needs a National Play Strategy.

*Develop a new Play Strategy for Ireland which considers the needs of refugee and migrant populations.*

Ireland's existing play policy is 20 years old this year. It lays a solid foundation for developing future play policies; however, much has changed in Ireland since then. While it did acknowledge direct provision, it could not have anticipated in 2004 how many children would be living in congregated settings as we see in Ireland in 2024 and the impact this has on the access to space for playing and safe play spaces.

Child and youth friendly spaces in our neighbourhoods, towns, cities, health, education and other service delivery spaces are essential. The provision of play is essential for the health and well-being of all children, and the evidence of the benefits of play spaces for children and young refugees is considerable. The success of the City West Play Facility in this report is evidence of how such a supported space can be incorporated into what was previously seen as a transit and bureaucratic space.

Accessibility to play, play spaces and opportunities should be considered, especially in the context of rural isolation with limited transport. The success of Stay and Play initiatives (O'Dwyer, 2022) from the excellent work of the City and County Childcare Committees and their many partners across the country demonstrates the value and impact such play settings can have for children and parents. However, the area of transport was raised considerably within this piece of work, as well as the gap between implementing and reaching families.

Finally, proposals under Young Ireland, as outlined in the literature review, are incredibly positive, and a priority focus on play and recreation is welcomed. However, the actions fall short of committing to a new play policy for today's Ireland. Such a policy must consider the needs of primary and secondary school children, families, and family play spaces. It needs to address the multiple psychological and well-being benefits for all children, especially those who have experienced transitions, war, family separations and broader traumatic issues that many of the children and young people from Ukraine or those seeking international protection may have experienced, as noted by Hyder (2004, p.13) "play can be a key way in which childhood can be restored".

Funding therapeutic play and other creative therapies for children is ad hoc and inconsistent in Ireland, with no state agency or Government Department responsible for its provision. In 2023, Minister O'Gorman announced €700,000 of Dormant Account funding to be granted to 37 community and voluntary organisations to provide play and therapeutic support for children. While this is greatly welcomed, Dormant Account funding is not consistent year on year. Once-off funding does not enable

the bedding down of essential staffing and practice frameworks to ensure this support is consistently available and accessible. The announcement of a pilot programme through the Department of Education for 'Counselling in Primary Schools-Pilot (CPS-P) 2023-2025' is also to be welcomed and includes some play therapy associations on the list of recommended panels. It is hoped that such pilots will become mainstream, recognised, and secure access routes for children, with the inclusion of their parents and families.

Many community and voluntary groups, schools and pre-schools have resorted to collecting small funding or charitable donations to fund play, drama or other creative therapy sessions for children. Given the effectiveness of play and the broader creative therapies as an intervention for refugee children, as outlined in the literature review, it is recommended that play and the arts be considered across local government, health, education and child welfare policy in Ireland.

## 4.    Develop a Child-Rights-Funding-Allocation Model for all PEI Child and Family Services

Models of funding that do not segregate service participants into 'categories' and thereby limit integration are necessary to ensure that the needs of all children and families are addressed in a non-stigmatising way.

Population-based resource allocation models are proposed within the HSE under workstream 3 of Sláintecare (Department of Health, 2021) and an agreed model to be delivered (Department of Health, 2023). This is one step towards a progressive universal model of funding where resources are allocated universally but with higher levels for those areas with higher levels of need. Such a resource-allocation model should also consider areas with a higher proportion of Ukrainian families and those seeking/with international protection.

Another model to ensure that services are not segregated along funding lines is a Child-Rights-Funding-Allocation model. The learning from the Sláintecare Population-based resource allocation model could inform this.

*"Overall, a child rights approach to resource allocation guarantees and protects the resources available to realising children's rights. To do this, a holistic framework that considers the different factors that promote or hinder the fulfilment of children's rights must shape resource allocation"* (PolicyWise for Children and Families, 2019).

This funding model argues for intersectionality across Government departments so that funding issues in one Department (e.g., housing) do not contra intervene with a Child Rights focus from a Department focused on children. In short, one Government Department should not be responsible for driving a Child-Rights model. PolicyWise outline three considerations:
1. *"Prioritize resource allocation to promote children's rights and protect it from being withdrawn.*
2. *Parents, families and communities are vital to realizing children's rights.*
3. *All rights are equal and interrelated."* (PolicyWise for Children and Families, 2019)

It builds on work that was explored by UNICEF, *"A Guide to Advancing the Rights of Children, Women and Poor Families through better public finance policies"* (UNICEF, 2010), which shares international practice and budgetary tracking tools to measure beneficiary impact. Trying to estimate the amount of state funding directly spent on children through different departments is a Herculean task for any Government.

The European Child Guarantee goes some way to address this with a particular focus on child poverty *"to guarantee for children in need, free access to early childhood education and care; education (including school-based activities); and healthcare; and to ensure effective access to healthy nutrition, a healthy meal each school day and adequate housing "*(DCEDIY, 2022, p. 7). However, proofing all policy and associated inter-departmental budgetary commitments using child rights principles is recommended instead of adding additional layers to policy commitments or 'retrofitting' existing policy to meet commitments under the Child Guarantee. This could significantly advance practice on the frontline, reducing silos and promoting seamless child-led responsive services (EASPD, 2020; Eurochild, 2014; DCEDIY, 2022). There will be significant benefits for all children, especially refugee children, as a result of the Child Poverty and Well-Being Programme Office, who increase the visibility of children across government departments and prioritise inter-governmental work (Department of the Taoiseach. Child Poverty and Well-Being Programme Office, 2023a; 2023b).

## 5. Establish an intercultural definition of child well-being for all children and families living in Ireland and track outcomes for refugee children who make Ireland their home.

We know from the literature that a sense of community and identity profoundly impacts the psychological well-being of those who experience resettlement and relocation, and so could impact a definition of well-being given different cultural experiences of local community culture, celebrations and communality. Having a sense of identity while integrating and adapting to the new host country's culture is a positive protective factor for child refugees. Research work with adolescents from Hayes and Endale (2018), *"Sometimes My Mind, It Has to Analyze Two Things"*, outlined how identity and adaptation are negotiated.

There is significant heterogeneity in outcomes for children with a range of protective and risk factor permutations. In Ireland, we have no way of being able to track or monitor outcomes for refugee children. This calls for greater data collection, including demographics across all levels of child and family services and settings. Ireland has not, to date, had extensive national or integrated data collection reflecting the lives of children across government departments.

In New Zealand, child well-being indicators are similar to those outlined under Young Ireland (DCEDIY, 2023). However, they include the following examples, which reflect cultural identity and belonging, elements we know are positive protective factors, especially for refugees:

*"**Sense of belonging:** Percentage of young people who feel a sense of belonging to Aotearoa/New Zealand as a whole. Source: The Youth Health and Well-Being Survey - 'WhatAboutMe?'*

***Support for cultural identity:*** *Percentage of young people who have someone they can ask about their culture, whakapapa or ethnic group. Source: The Youth Health and Well-Being Survey - 'WhatAboutMe?'"* (Department of the Prime Minister and Cabinet, 2024).

Furthermore, they include an outcome on prenatal care, another element strongly raised throughout the literature and the feedback from organisations as an essential indicator of outcomes for children and young people.

The large-scale nature of responding to the Ukrainian crisis has forced a broader service provider discussion on our presuppositions regarding well-being and the cultural definition of this. It has shed light on the need to review this for all children and families now living in Ireland under all conditions. It is essential to centre the perspectives and values of culturally diverse communities when defining and measuring well-being for service and program provision (Luig et al., 2022).

## SUMMARY

The many Irish services engaged in this mapping document outlined the intense pressures experienced as they responded on the ground to the unprecedented needs of over 80,000 Ukrainian individuals and more than 12,000 persons seeking international protection since the start of 2022. Emerging post-COVID services reported playing catch-up just before February 2022 as they readjusted to pre-covid delivery but to a community with needs that COVID exacerbated.

It is clear that across the country, through the work of all organisations, there was a level of efficient and coordinated engagement of services at a county level. While some reported slightly different experiences, uniformly, all said that services delivered to their maximum capacity and more.

Of course, there were and still are issues outlined herein that impact the lives of Ukrainian children and families as they now experience a shift away from acute and emergency needs and into a new phase of life in Ireland. This new phase will bring new challenges. One thing is clear, however, that the considerable response to the needs of Ireland's new Ukrainian communities has brought integration from the margins and given it a central focus for all services. It is hoped the learning from this document can help put in place preventative and early intervention measures to ensure that children and families who make Ireland their homes, for even a temporary period, experience a sense of safety, belonging and positive well-being.

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## RESOURCES

| Area | Organisation | Website | List of resources |
|---|---|---|---|
| **General information** | CYPSC | www.cypsc.ie | CYPSC resources<br><br>Resources to support refugee Children & Families from Ukraine (cypsc.ie) |
| **Information on International Protection** | Department of Justice | www.gov.ie | International Protection website<br><br>gov.ie - International Protection (www.gov.ie) |
| **Information on International Protection** | UN Refugee Agency (UNHCR) | https://help.unhcr.org | UNHCR Ireland - Help for refugees and asylum-seekers<br><br>Guide to the International Protection Procedure in Ireland \| UNHCR Ireland |
| **Information on International Protection** | European Union Agency for Asylum | www.europa.eu | https://euaa.europa.eu/sites/default/files/2022-06/Booklet_Ireland_EN.pdf |
| **Integration and resettlement** | Doras | https://doras.org/ | Refugee Resettlement Toolkit (Doras, 2020) |
| **Integration and resettlement** | Cork Kerry Refugee Resettlement | www.ahlan.ie | www.ahlan.ie<br>information, service maps, trauma support |
| **Integration and resettlement** | UN Refugee Agency (UNHCR) | www.unhcr.org | UNHCR Integration Handbook |

| | | | UNHCR Integration Handbook for resettled Refugees- checklists, practical advice and good practice. |
|---|---|---|---|
| **Integration** | NASC Cork | www.nascireland.org | NASC Ukraine Information and Outreach Project <br><br> https://nascireland.org/current-projects/ukraine-information-and-outreach-service |
| **Migrant rights** | Crosscare Migrant Project | www.livinginireland.ie | Country (living in Ireland.ie) <br><br> A guide to living in Ireland |
| **Cultural competency** | CYPSC | www.cypsc.ie | Ukraine Cultural Competency Guide <br><br> Ukraine Cultural Competency Guide.pdf (cypsc.ie) |
| **Health Information** | HSE | www.hse.ie | Healthcare services for Ukrainian nationals in Ireland - HSE.ie <br><br> Translated into Ukrainian |
| **Mental Health** | Inter-Agency Standing Committee (IASC) | https://interagencystandingcommittee.org/ | IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings <br><br> MHPSS Minimum Service Package (interagencystandingcommittee.org) <br><br> MHPSS Minimum Service Package (interagencystandingcommittee.org) Ukrainian |

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| **Mental Health** | HSE CHO4 - Cork Kerry Community Healthcare in conjunction with the HSE National Social Inclusion Office and HSE Mental Health | https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/understanding-trauma-and-supporting-the-needs-of-people-fleeing-war-or-persecution.html | Understanding Trauma and Supporting The Needs Of People Fleeing War And Or Persecution |
| **Mental Health** | Czechs for Syria Humanitarian Initiative | www.cesiprosyrii.org | Healing Trauma in Children-Picture book for parents (provides simple yet professional information in many languages, including Ukrainian and English, about what trauma is and how parents can help their children)  Publications – Czechs for Syria (cesiprosyrii.org) |
| **Inclusion in Health** | HSE CHO4 | https://corkkerryresettlement.wordpress.com/2018/12/18/the-journey-begins/ | Cork Kerry refugee resettlement – A guide to health and community services for refugees |
| **Language** | The Open University | www.open.edu/openlearn/supporting-Ukrainians | Free online resources for Ukrainians settling in the UK and Ireland - OpenLearn - Open University |
| **Language/communication aid** | Ahlan/ Kerry Public Participation Network (PPN) | www.kerryppn.ie | kerryppn.ie/wp-content/uploads/2023/01/My-Communication-Aid-Booklet-English-Ukraine-FINAL.pdf |
| **Disability** | HSE | www.cypsc.ie/_fileupload/Documents/Resources/Dublin%20City%20South/DCS%20Docs/Information%20Package%20from%20HSE%20Disabilities%20for%20Families.pdf | Information Pack for Families from Ukraine HSE Disability Services |

| Bereavement Supports | Barnardos | | [Click here](#) for Barnardos Children's Bereavement Service Helpline.<br><br>[Click here](#) for Barnardos Children's Bereavement Service Therapeutic Support.<br><br>[Click here](#) for Barnardos Children's Bereavement Service Mind the Gap (6-18 years)<br><br>Young Children (0 - 6 years) Grieve too. [Click here](#) |
| --- | --- | --- | --- |
| Education | Schools of Sanctuary Ireland | https://schools-ireland.cityofsanctuary.org/resources | **Final Post Primary Activity Sheet**<br>**Primary 4th-5th and 6th Activity Sheet**<br>Appraisal-and-portfolio-guidelines<br>2023 School of Sanctuary Charter_PDF<br>PDF Version_Schools of Sanctuary Pledge Form 2023<br>Word Version_Schools of Sanctuary Pledge Form 2023 |

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|---|---|---|---|
| **Education** | Irish National Teachers Organisation | www.into.ie | Supporting Pupils from Ukraine - Irish National Teachers' Organisation (into.ie) |
| **Education** | Irish Second-Level Students Union (ISSU) | www.issu.ie | https://www.issu.ie/guide-to-the-irish-education-system <br><br>in both English and Ukrainian |
| **Road safety** | Kerry Public Participation Network (PPN) | www.kerryppn.ie | road-safety-in-Ireland-ukrainian-8-april-2022.pdf (kerryppn.ie) |