

Transforming Care: Social Rehabilitation Services for Children with Disabilities in Ukraine

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Abstract. The article examines the provision of social rehabilitation services to children with disabilities and their parents within Ukrainian territorial communities. The study aims to identify priorities and challenges in delivering these services and to propose measures for enhancing their quality. A qualitative research methodology was employed, utilizing expert interviews with 13 specialists from the Lviv, Ternopil, and Cherkasy regions, including both administrators and practitioners who work directly with children with disabilities and their families. The findings highlight that early intervention and day care services as essential priorities, alongside supported living, transportation, assistance during inclusive education, and social orientation programmes. The key challenges include insufficient interdisciplinary collaboration, inadequate information exchange about available services, limited access for children with disabilities, low professional competence among specialists, and issues related to material, technical, and financial support. Recommendations for improving the service quality encompass systematic monitoring of rehabilitation processes, prioritizing professional support within children's immediate environments, adopting an integrated service provision approach, ensuring children's participation in decision-making, enhancing competencies of parents and professionals, strengthening social partnerships, promoting fundraising initiatives, conducting awareness campaigns, and fostering international

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cooperation. This study contributes to the theory and practice of local social work by providing actionable insights to improve social rehabilitation services for children with disabilities in Ukraine, thereby promoting inclusivity and social cohesion.

Keywords: social rehabilitation, social services, interdisciplinary collaboration, children with disabilities, territorial community, Ukraine.

1. Introduction

In the context of building a barrier-free environment and implementing inclusive education, the development of social rehabilitation services for children with disabilities and their families has assumed heightened importance at both national and local levels. Despite notable regulatory, political, and socio-economic advancements, significant challenges remain in providing children with disabilities access to services tailored to their needs and in providing adequate support for families raising or living with persons with disabilities.

In Ukraine, the demand for social rehabilitation services has risen since the escalation of the war in 2022, which has profoundly reshaped the landscape of disability and family needs. Beyond increasing the prevalence of disability, the conflict has generated new categories of vulnerability and intensified disparities in access to care, particularly for children and families affected by displacement and social disruption (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2023). As Petrochko et al. (2023) note, these developments have amplified the urgency of accessible, community-based rehabilitation services capable of addressing the multidimensional pressures faced by war-affected households.

Guidance on comprehensive support for children with disabilities is set out in various international and Ukrainian regulatory documents, including the Strategic Programme of the Council of Europe for 2021–2025 and the Council of Europe Strategy on the Rights of the Child (2022–2027). The latter emphasises six priority areas, among them, equal opportunities and social inclusion for all children; access to technology and its safe and responsible use; and the protection of children’s rights in crisis and emergency situations (Council of Europe, 2022).

In Ukraine, the regulatory framework for rehabilitation services, including for children with disabilities delivered both in institutions and at the child’s place of residence, is defined by the Law of Ukraine “*On Rehabilitation of Persons with Disabilities in Ukraine*”. Article 37 specifies that social rehabilitation (habilitation) includes teaching children with disabilities essential social skills, such as personal hygiene, self-care, mobility, and communication. It also involves adapting living conditions to meet the needs of children with disabilities, implementing pedagogical correction to foster and maintain safe behaviour patterns, developing skills for defending their rights and interests, promoting self-reflection, cultivating a positive self-image, and enhancing communication abilities (Law of Ukraine on Rehabilitation of Persons with Disabilities, 2023).

Previous international and Ukrainian studies have examined various aspects of social rehabilitation services, including community-based approaches, family support systems, and interdisciplinary collaboration (Tétreault et al., 2014; Hiebert-Murphy et al., 2008; Petrochko & Spirina, 2021; Vynogradova, 2021). However, these studies were conducted in a relatively stable socio-political context before the escalation of war in Ukraine. The novelty of the present study lies in analysing the provision, challenges, and prospects for social rehabilitation services specifically in the post-2022 wartime conditions, when the demand for such services has dramatically increased, and their structure and accessibility have been substantially transformed. Unlike earlier research, this study foregrounds the territorial community level, highlighting the local dynamics of service availability, professional capacity, and resource distribution in war-affected contexts.

Accordingly, the purpose of this article is to examine the current state of social rehabilitation services for children with disabilities in Ukraine and to outline directions for their improvement. In line with this aim, the research design focuses on three core objectives: assessing the availability of and demand for services; analysing barriers that hinder effective organisation and delivery; and identifying measures and resources needed to enhance quality and accessibility.

This study contributes to the literature on disability services by examining the Ukrainian case in the context of war and post-war recovery, with a focus on strengthening inclusive, community-based rehabilitation systems and providing evidence-based insights into the challenges and prospects for their development.

2. Social Rehabilitation Services for Children with Disabilities in Ukraine

Social rehabilitation encompasses a broad spectrum of interventions, including therapy, social assessments, educational support, vocational training, and recreational activities (Hanga et al., 2017; Portillo & Cowley, 2011). Early intervention programmes (Cason, 2011; Majnemer, 1998), respite services (Balukhtina, 2022), and alternative care arrangements (Tuladhar, 2024) play a vital role, as do psychological counselling, mediation and structured leisure activities (Schwartz, Duvdevany, & Azaiza, 2002). These interventions collectively aim to strengthen social and life skills, enabling children to achieve greater independence and integration within their families and communities (Rimmerman, 1998; Sharma et al., 2023).

Consistent with these perspectives, Petrochko and Spirina (2021) emphasise that social rehabilitation should be understood as a multidimensional process aimed at promoting social inclusion and improving the overall quality of life of children with disabilities. Worldwide, the increasing demand for social rehabilitation services is driven not only by the rising prevalence of congenital and developmental disabilities but also by the growing recognition that children require comprehensive interventions integrating medical, educational, social and psychological dimensions. Recent scoping work also synthesises cross-national barriers and requirements for children's rehabilitation services (Xie et al., 2024). This recognition reflects the reality that families of children with disabilities

face complex and interrelated challenges. Tétreault et al. (2014) documented significant obstacles that families encounter in meeting their own and their children's needs, particularly in relation to daily caregiving and access to resources. Financial pressures further intensify the situation: Burton and Phipps (2009) and Rogers and Hogan (2003) showed that households raising children with disabilities experience substantially higher expenses – especially for severe conditions – while simultaneously facing barriers to employment. These pressures often undermine family well-being and contribute to the risk of social exclusion. Moreover, caregiving responsibilities can have a detrimental effect on the mental and physical health of parents (Murphy et al., 2006). Consequently, ensuring both quality and equitable access to services remains one of the most persistent issues across different contexts.

Research highlights that service design and delivery models directly shape the quality outcomes for children with disabilities. Harbin, McWilliam, and Gallagher (2000) stressed that services should be community-based so that to reduce access barriers and increase the likelihood of families utilising the available resources. Community-based models also allow services to be more responsive to local conditions, enhancing sustainability and parental engagement (Hiebert-Murphy, Trute, & Wright, 2008). Shannon and Tappan (2011) emphasised that early intervention, maternal and child health care, and social welfare programmes must operate effectively at the local level, while Kar (2021) underscored the necessity of embedding these mechanisms into community structures. These studies also indicate that identification of systematic needs and an early assessment are critical for effective service delivery. Another key determinant of service quality is interprofessional collaboration: the effective delivery of social rehabilitation services depends on joint efforts among experts, institutions and organisations. Tuladhar (2024) noted that environmental, social and economic factors, along with societal norms, influence the development of socio-emotional competencies and skills, which are central to rehabilitation goals. Interprofessional collaboration has been identified as best practice for addressing the complex needs and risks faced by families of children with disabilities (Saia, Toros, & DiNitto, 2020).

In Ukraine, the evolution of social rehabilitation services demonstrates recognition of internationally identified principles – such as community-based provision, early assessment, and interprofessional collaboration – while also reflecting the distinct influences of socio-political conditions and the consequences of war. At the same time, the translation of these principles into practice remains uneven, challenged by a range of systemic and contextual shortcomings that hinder effective implementation. Stoliaryk (2020) highlights barriers such as limited information about the available services, stigmatisation by service providers, time constraints, mismatched services, and geographical inaccessibility. Furthermore, parental biases and stereotypes often hinder effective interventions, thus contributing to the fragmented nature of support systems and the social isolation of families. In addressing these issues, Vynogradova (2021) developed a model for delivering integrated social services, underscoring the need for psychological support and accessibility. This aligns with prior Ukrainian scholarship on integrated service provi-

sion and interdisciplinary approaches (Spirina & Lun, 2021). Sapiga and Ostrolutska (2023) focused on the organisation of services, highlighting the conditions under which social prevention, support and care are provided. Balukhtina (2022) outlined the role of temporary respite services in alleviating the burden on caregivers, a theme echoed internationally in studies advocating support systems that provide necessary breaks for parents. Meanwhile, Petrochko, Slozanska, Horishna, and Stolyaryk (2023) examined constraints in establishing social day care services, emphasising the importance of adapting these services to regional and family-specific needs, particularly in war-affected areas. Together, these studies highlight both the progress towards integrated and accessible rehabilitation services and the challenges of sustaining them under the pressures of war.

The outbreak of the full-scale war in 2022 has profoundly altered this landscape, reshaping both the demand for and the supply of rehabilitation services. On the demand side, the number of children with disabilities has grown significantly due to war-related injuries, trauma and psychological disorders (OCHA, 2023; Petrochko et al., 2023). On the supply side, services have been critically weakened by shortages of qualified personnel resulting from internal displacement, emigration and military mobilisation. These human-resource gaps are further compounded by the destruction of infrastructure and persistent resource scarcity, together with difficulties in ensuring service accessibility – especially in frontline areas where safety constraints limit regular provision. These pressures underscore the urgent need for adaptive service models that can respond effectively to displacement, trauma and resource fragmentation. The transition towards more inclusive, community-based rehabilitation in Ukraine requires not only overcoming existing barriers but also adopting innovative approaches aligned with global trends in family-centred, holistic care. This transformation calls for context-sensitive strategies that take into account the realities of war and post-war recovery, ensuring sustainable frameworks for children with disabilities and their families.

3. Research Methodology

The methodological approach was guided by the overall aim of the study: to examine the current state of social rehabilitation services for children with disabilities and their families in Ukraine, identify key priorities and limitations in their organisation and delivery, and outline potential measures for improving their quality and accessibility. Accordingly, the inquiry was structured around three research questions: (1) What is the current availability of, and demand for, social rehabilitation services in Ukrainian territorial communities?; (2) What are the main barriers that hinder the effective organisation and delivery of these services?; and (3) What actions and resources are required to enhance social rehabilitation services within the current socio-political context?

A qualitative research strategy was adopted as the most appropriate option for addressing these objectives. The organisation and delivery of services are shaped by local priorities, institutional capacity and family pathways into support – dynamics that are poorly captured by standardised quantitative measures. A qualitative design enables in-

depth understanding of processes and contexts by documenting practitioners' and administrators' perspectives, identifying barriers and gaps, and highlighting variation across communities.

Data were collected by using a semi-structured interview guide developed for the providers of social and social rehabilitation services. At the start of each interview, the interviewer introduced the study purpose, voluntary participation and confidentiality, and obtained consent for audio recording. The guide covered six domains: (a) the presence and characteristics of children with disabilities in the community, including groups most in need and sources of information; (b) the availability, scope and organisation of rehabilitation and social rehabilitation services, and the actors responsible for delivery and coordination; (c) access to services outside the community and forms of inter-agency cooperation; (d) demand for different types of services; (e) barriers and resource constraints in service provision; and (f) perspectives on service integration, quality improvement and future priorities. To operationalise these domains, the interviewers used concise, purpose-linked prompts, for example: "Which services are currently available in your community, and who provides them?" (service provision); "How do families usually access these services?" (access pathways); "What unmet needs do you encounter most frequently?" (demand); "What organisational or resource barriers most hinder timely, quality provision?" (constraints); and "Which services would you prioritise for development in the next 12 months, and why?" (priorities).

Questions were formulated to elicit detailed accounts of existing practices, perceived gaps and recommendations. The respondents were also invited to identify priority services for their community and provide additional comments beyond the structured prompts.

The interviews were conducted with 13 specialists from Ternopil, Cherkasy and Lviv regions, representing regional and local Centres for Social Services, the Dzherelo Centre for Rehabilitation and Social Services, the Prolisok and Bez Obmezhen Comprehensive Rehabilitation Centres for Children with Disabilities, and the International Charitable Foundation *Caritas*. The participants were recruited via purposive sampling to include organisational leaders and frontline practitioners so that both system-level and practice-level perspectives were represented.

The empirical phase took place from May to August 2024. Ethical approval was granted by the Committee on Research and Experiment Ethics at Ternopil Volodymyr Hnatiuk National Pedagogical University. Participation was voluntary with informed consent; confidentiality was assured. All interviews were audio-recorded and transcribed verbatim.

The transcripts were analysed by using reflexive thematic analysis. The process comprised five phases: (1) familiarising with the data and preparing analytic notes; (2) inductively coding – guided by interview questions yet open to new categories; (3) collating codes into candidate themes and subthemes aligned to the study objectives; (4) iteratively reviewing and refining themes against the data and research focus; and (5) producing an analytic account that links themes to implications for policy and practice. Illustrative excerpts were used to support interpretations.

4. Findings and Discussion

Availability and Demand for Social Rehabilitation Services for Children with Disabilities in Ukrainian Communities

Expert interviews highlight a mixed landscape of social rehabilitation services for children with disabilities in Ukraine, thus revealing stark contrasts between urban and rural areas. In larger cities, a range of services is available, including early intervention, supported living, inclusive education support, sign language interpretation, day care, transport services, and family-based placements. Some communities also address specific local needs, such as household assistance and parental support groups, which are critical for enhancing families' quality of life.

Social rehabilitation is not just about structured programmes; it's about making everyday life more manageable for children and families. (Participant 2)

Despite these efforts, rural and small-town communities often lack access to even basic rehabilitation services. Financial and logistical constraints, and insufficient staffing prevent the establishment of comprehensive, resource-intensive interventions including multidisciplinary rehabilitation and psychological counselling. Families in these areas frequently rely on informal networks or travel to urban centres, which create significant barriers to consistent care. Furthermore, children with severe disabilities remain particularly underserved across all regions.

Our services often cater to children with mild to moderate conditions, but children with severe disabilities remain underserved. (Participant 7)

Among the most in-demand services, early intervention stands out as essential for addressing developmental delays and preventing long-term challenges. Day care services were also widely recognised as critical, providing structured developmental support for children while allowing parents time to work or attend to other responsibilities. Accessibility-related issues, particularly transport services, were frequently cited as a pressing need in rural areas, where distance and poor infrastructure prevent families from accessing available support. Additionally, inclusive education support and orientation and mobility programmes, particularly for children with autism spectrum disorders and visual impairments, were identified as transformative services that remain underprovided.

Children with autism and visual impairments need training to navigate their environment. It's not just a service – it's a life skill. (Participant 3)

While urban areas provide a relatively broader spectrum of services, rural and settlement communities face significant deficits in both availability and accessibility. Closing these gaps, particularly for high-demand services such as early intervention, day care, and transport, is essential for ensuring equitable access and fostering inclusion for children with disabilities and their families across Ukraine.

Challenges and Pathways for Improving Social Rehabilitation Services for Children with Disabilities

Table 1 provides an overview of the themes and sub-themes generated from the analysis of the interview transcripts. Verbatim participant quotations appear in the subsequent text under each sub-theme.

Table 1. **Themes and sub-themes**

| Themes | Sub-themes |
|---|---|
| Theme 1: Challenges in Service Provision | Sub-theme 1.1: Public Awareness and Information Gaps Sub-theme 1.2: Lack of Service Mapping Sub-theme 1.3: Limited Cooperation Between Communities and Regions Sub-theme 1.4: Accessibility Issues Sub-theme 1.5: Professional Competence and Indifference Sub-theme 1.6: Cultural Barriers and Parental Hesitancy |
| Theme 2: Opportunities for Improvement | Sub-theme 2.1: Community-Based Services Sub-theme 2.2: Prioritisation of Key Services |
| Theme 3: Suggestions for Transforming Social Rehabilitation Services | Sub-theme 3.1: Developing a Centralised Service Map Sub-theme 3.2: Enhancing Accessibility Sub-theme 3.3: Strengthening Professional Training Sub-theme 3.4: Promoting Public Awareness Sub-theme 3.5: Fostering Collaboration Sub-theme 3.6: Integrating Family-Centred Approaches |

Theme 1: Challenges in Service Provision

The provision of social rehabilitation services for children with disabilities in Ukraine is hindered by a range of systemic and practical barriers that limit their accessibility and effectiveness. These challenges include gaps in public awareness, insufficient coordination between service providers, and logistical and professional shortcomings. While services exist to address various needs, disparities in their availability and quality across regions remain significant. The following sub-themes delve into these issues, highlighting the key areas of concern and supported by illustrative participant insights.

Sub-theme 1.1: Public Awareness and Information Gaps

A major obstacle identified by the participants was the lack of public awareness regarding the available social rehabilitation services. Families often rely on informal networks to find information.

Parents share information among themselves because there is no centralised platform or institutional effort to inform them. (Participant 4)

Doctors and social workers rarely mention these services, and, when they do, it's often incomplete or outdated information. (Participant 5)

This gap highlights the need for improved communication and public engagement strategies to raise awareness of the existing services.

Sub-theme 1.2: Lack of Service Mapping

The absence of a structured mapping system for social rehabilitation services was identified as a critical issue. Without a clear directory of services, families and professionals alike struggle to navigate the available options.

There is no unified directory of services or centres in our community. Parents have to figure it out on their own, often through trial and error. (Participant 3)

Even professionals like myself struggle to identify suitable services. A service map would make our work and the lives of families much easier. (Participant 10)

Sub-theme 1.3: Limited Cooperation Between Communities and Regions

The participants consistently pointed out the lack of collaboration between communities and regions, which hinders the exchange of knowledge, experience, and resources.

We don't communicate with neighbouring centres or regions. Each community operates independently, which prevents us from learning from each other. (Participant 6)

They also highlighted the potential benefits of collaboration.

Collaborating with other rehabilitation centres would help us implement best practices, but such partnerships rarely happen. (Participant 11)

Sub-theme 1.4: Accessibility Issues

Geographic and logistical barriers further complicate access to services, particularly for families in rural areas.

Our centre is located on the outskirts of the town, far from public transport. Most families can't afford private transportation to get here. (Participant 8)

Children in remote villages have almost no access to rehabilitation services. It's a major gap in our system. (Participant 12)

Sub-theme 1.5: Professional Competence and Indifference

Significant gaps in specialist training were highlighted, particularly in areas such as sign language and autism support.

We lack basic skills like sign language, which are essential for working with children who have hearing impairments. (Participant 9)

Professional indifference was also noted as a barrier.

Some practitioners are unwilling to go the extra mile. They wait for parents to request services instead of actively offering them. (Participant 13)

There's a lack of initiative. Parents often feel they are on their own. (Participant 7)

Sub-theme 1.6: Cultural Barriers and Parental Hesitancy

Stigma surrounding disability and parental reluctance to seek help were cited as critical barriers.

Parents often avoid rehabilitation services because they fear being judged or don't want others to know about their child's condition. (Participant 4)

Some parents worry that enrolling their child in rehabilitation might lead to a loss of financial benefits, so they prefer to keep the child at home. (Participant 6)

Theme 2: Opportunities for Improvement

Despite existing challenges, the participants identified meaningful opportunities to advance social rehabilitation services. These insights emphasise the need for practical, systemic changes that align with the lived realities of families and professionals.

Transforming care requires bold steps, but it also requires understanding the daily realities of families and professionals. (Participant 7)

This theme outlines areas where improvements can address current barriers, laying a foundation for a more inclusive and effective system.

Sub-theme 2.1: Community-Based Services

The participants emphasised the value of community-based services in addressing practical, everyday needs. These services were seen as essential for filling immediate gaps and improving the quality of life for children with disabilities and their families.

Day care services are critical, not only for children but also for their parents who need time to work or manage their own mental health. (Participant 8)

Small initiatives like providing rehabilitation equipment or organising parent support groups can make a big difference. (Participant 4)

Another participant highlighted the role of extracurricular activities in fostering inclusion.

Children with disabilities should have access to the same opportunities for social interaction as their peers. Communication clubs and group activities are not just recreational – they're vital for their social development. (Participant 6)

Reflective accounts underscored the feasibility of these services within the constraints of local resources, emphasising that even modest interventions can create meaningful impacts.

Sub-theme 2.2: Prioritisation of Key Services

Prioritised areas included early intervention and day care – the former to address developmental risks promptly, the latter to combine structured support for children with respite for caregivers – together with support for inclusive education to secure equitable participation. Transport emerged as a cross-cutting prerequisite for access across all service types.

Support during inclusive education ensures that children with disabilities are not left behind and have access to equal opportunities. (Participant 10)

Early intervention allows us to identify developmental issues when we can still prevent long-term complications. (Participant 2)

Without reliable transport, many families are effectively excluded from the system. (Participant 7)

The participants also highlighted social orientation programmes as a priority for building functional independence, especially for children with autism and visual impairments.

Children with autism and visual impairments need training to navigate their environment. It's not just a service – it's a life skill. (Participant 3)

Theme 3: Suggestions for Transforming Social Rehabilitation Services

The findings from expert interviews and professional reflections reveal a pressing need for comprehensive systemic reforms to improve the accessibility, quality, and scope of social rehabilitation services for children with disabilities in Ukraine. The recommendations provided below integrate practical suggestions from the participants and reflect a critical analysis of the barriers and opportunities identified during the study.

Sub-theme 3.1: Developing a Centralised Service Map

The participants strongly emphasised the need for a comprehensive, centralised map of available social rehabilitation services. Such a resource would serve as a critical tool for families and professionals, offering an accessible directory of service providers, types of support offered, and their geographical locations.

The current system is a maze of disconnected services where parents are left to navigate on their own. (Participant 6)

If there were a digital platform or even printed directories available at healthcare or administrative centres, it would simplify life for both families and practitioners. (Participant 3)

Reflections from professionals reinforced the potential impact of such a tool on inter-professional collaboration.

Even among specialists, we often don't know what services are available outside our immediate institution. A shared resource map would make referrals much more efficient. (Participant 9)

This recommendation aligns with international best practices, where service mapping has improved accessibility, increased service utilisation, and reduced duplication of efforts among providers.

Sub-theme 3.2: Enhancing Accessibility

To address transportation and geographical barriers identified in Theme 1, the participants proposed mobile units, decentralised service points, and built-in transport support.

Parents shouldn't have to travel hours to access basic services. Mobile units could bring early intervention and rehabilitation directly to villages, which would be a game-changer for families in rural areas. (Participant 8)

Another expert highlighted the importance of incorporating transport solutions into service planning.

Transportation support must be built into the system, whether it's through dedicated vehicles or subsidies for families. (Participant 7)

In addition to transportation, the physical accessibility of service centres in urban areas was flagged as a critical issue.

Many centres are located in places that are difficult to reach for families without private cars. This needs to change. (Participant 10)

Sub-theme 3.3: Strengthening Professional Training

The need to improve the qualifications of specialists was consistently emphasised. The participants identified significant gaps in knowledge and skills, particularly in areas like working with children with autism spectrum disorders, intellectual disabilities, or hearing impairments.

We still don't have basic sign language training for staff working with hearing-impaired children. This is unacceptable. (Participant 9)

Rehabilitation standards evolve, and so must we. Regular workshops, certifications, and interdisciplinary learning opportunities are crucial to maintaining high-quality services. (Participant 2)

The participants also noted that training supports professional well-being, helping to prevent burnout and sustain motivation.

We need resources to recover as professionals – training isn't just about skills, it's about staying motivated and passionate about what we do.

Sub-theme 3.4: Promoting Public Awareness

The participants pointed to a lack of awareness among families about the availability and importance of social rehabilitation services, identifying targeted public awareness campaigns as a key solution.

The best way to reach families is through trusted community and opinion leaders. (Participant 5)

We should use local administrative centres, social media platforms, and even schools to share information about available services. (Participant 6)

Professionals also stressed the need to address stigma surrounding rehabilitation services.

Parents sometimes avoid these services because they're worried about being judged or labeled. Awareness campaigns need to address this directly. (Participant 8)

Sub-theme 3.5: Fostering Collaboration

Building networks between communities and regions was highlighted as an essential step toward improving service delivery. The participants described the current system as operating in silos, limiting opportunities for resource-sharing and the exchange of best practices.

We can't work in isolation anymore. Collaboration is the key to progress. If we could learn from centres in neighbouring regions, it would help us improve our own practices. (Participant 11)

Reflective insights further highlighted the benefits of collaboration in standardising service quality.

If we had a platform for sharing best practices and success stories, it would inspire other communities to adopt similar models. (Participant 7)

Sub-theme 3.6: Integrating Family-Centred Approaches

The participants advocated for a shift towards family-centred models of rehabilitation, emphasising the importance of supporting not only the child but also their immediate family.

Rehabilitation doesn't end at the centre – it continues at home, in schools, and in everyday life. We need to equip families to carry forward what we start. (Participant 2).

The most effective interventions happen where children live and play. Offices can't replicate those settings. (Participant 10)

Empowering parents through education and support was also seen as a priority.

We need to teach parents how to care for, support, and advocate for their children. It's about building their confidence and competence as much as it is about providing services. (Participant 4)

Thus, the family-centred approach is viewed as a pivotal element of successful rehabilitation, ensuring support for both the child and their family within everyday environments.

The study underscores the alignment of Ukraine's challenges and opportunities in social rehabilitation services with global trends while highlighting context-specific nuances shaped by the country's socio-political and economic realities. Internationally, research emphasises the need for integrated, community-based approaches to service provision, with early intervention, inclusive education support, and transportation consistently recognised as priority areas (Harbin et al., 2000; Hiebert-Murphy et al., 2008). The participants in this study echoed these findings, identifying early intervention and day care as essential services to prevent developmental delays and support families effectively. Additionally, the call for supported accommodation and orientation and mobility programmes reflects international best practices, which advocate for holistic and family-centred care models (Shannon & Tappan, 2011).

However, Ukraine's socio-political and economic realities – particularly those shaped by the ongoing war – introduce distinct complexities that demand tailored solutions. A critical disparity in service availability and quality exists between urban and rural areas. Children in remote villages face significant barriers to accessing rehabilitation services due to geographic inequities, inadequate infrastructure, and limited transportation options. Unlike established international models, where decentralised and mobile services are well-developed, such approaches remain underutilised in Ukraine despite their necessity for rural populations. The participants emphasised the urgency of implementing mobile units and locally based services to address these gaps.

Another defining feature of Ukraine's context is the pivotal role of community resilience and grassroots efforts. Much of the information about the available services circulates informally through parent networks rather than within institutional channels. While this peer-to-peer sharing bridges gaps in public awareness, it also reflects systemic deficiencies in communication structures and raises concerns about equitable information dissemination, particularly for newly displaced families.

Professional capacity also presents unique challenges. While gaps in specialist training are a global issue, the lack of expertise in areas such as autism spectrum disorders or sign language in Ukraine points to systemic underinvestment in rehabilitation education. Additionally, professional burnout, compounded by war-related stress and limited resources, was highlighted as a significant barrier to sustaining high-quality services. The participants emphasised the importance of interdisciplinary collaboration and mental health support for service providers, aligning with international practices but requiring urgent attention in Ukraine's high-pressure environment.

Interregional fragmentation further distinguishes Ukraine's system. Unlike the global trends highlighting the benefits of centralised coordination and standardised protocols (Saia et al., 2020), Ukrainian territorial communities often operate in isolation, which limits opportunities for knowledge exchange and resource sharing. The participants consistently advocated for enhanced inter-regional collaboration to harmonise service quality and scale successful local models nationally.

The ongoing war has reshaped the priorities of social rehabilitation in Ukraine, by introducing additional challenges beyond those seen in stable contexts. Practitioners face the dual task of supporting children with pre-existing disabilities while addressing new vulnerabilities caused by displacement, trauma, and loss. This unique dynamic underscores the urgency of integrating trauma-informed practices into rehabilitation services and tailoring them to the realities of war-affected families. Unlike systems where developmental or medical needs dominate, Ukrainian services must address a broader spectrum of psychosocial needs linked to conflict.

Despite these challenges, the findings highlight opportunities for systemic transformation. Key recommendations include enhancing coordination, investing in professional training to address skill gaps, and promoting family-centred approaches that empower parents as active participants in their child's rehabilitation. The participants also emphasised the importance of targeted public awareness campaigns to reduce stigma and ensure equitable access to information about available services.

5. Conclusion

This study demonstrates that social rehabilitation services for children with disabilities in Ukraine are facing profound structural and contextual challenges, many of which have been exacerbated by the war. Urban areas provide a wider spectrum of services, while rural and frontline communities remain underserved, especially in relation to early intervention, day care, and transport. Systemic barriers – including lack of service mapping,

insufficient professional training, and limited collaboration – further restrict accessibility and effectiveness.

At the same time, the findings highlight clear opportunities for transformation. Community-based initiatives, centralised mapping, professional capacity-building, and mobile solutions can form the foundation of a more inclusive and resilient system. Aligning these reforms with the global best practices, while adapting them to the wartime and post-war realities of Ukraine, will be crucial.

By prioritising family-centred, trauma-informed, and collaborative approaches, Ukraine can move toward building a sustainable model of social rehabilitation that ensures equity of access and empowers both children with disabilities and their families.

Future research should prioritise scalable models for rural service delivery, strategies for fostering inter-regional collaboration, and an in-depth examination of the long-term impacts of war on rehabilitation needs. By focusing on these areas, Ukraine can advance towards building a more equitable and sustainable system of care for children with disabilities and their families.

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