

Needs-Assessment: Displaced people from Ukraine living in the Netherlands

December 2022

Preface

This needs' assessment was conducted by the Opora Foundation from October to December 2022.

It was commissioned and guided by the Dutch Red Cross.

INTRODUCTION

The last UNHCR flash update reported that 7.8 million Ukrainians have crossed the border to Europe.[1] This has now become the largest mass influx of displacement in the world. Although the Netherlands does not host the biggest share of displaced people in Europe, at this moment there are up to 90,000 displaced people from Ukraine in the country.[2]

Considering the current development of the conflict and the high level of destruction in the region, we could expect that the number of displaced Ukrainians staying in the country will not start decreasing anytime soon. Therefore, the long-term perspective is necessary to consider while assessing the needs of Ukrainians.

Thus, this study aims to understand the state of affairs of Ukrainian Displaced People in the country, focusing on basic needs assessment.

Fast-paced research that seeks to assess the needs of displaced people is essential for the development of evidenced-based policies. It is also useful in targeting humanitarian aid and developing evidence-based policy.

Our report will present several themes that cover different needs of Ukrainians in a factual and easy-to-follow manner. Thus we will start by providing a general overview of the background of our respondents before we dive into the main parts which required more substantial analysis.

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2. PORTRAIT OF DISPLACED UKRAINIANS
3. HOUSING
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7. HEALTHCARE
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METHODOLOGY

This report is based on the results of the quantitative rapid needs' assessment survey conducted between 23 November and 19 December 2022 with 565 displaced people from Ukraine. The distribution of respondents reflects the current distribution of 89,000 registered displaced Ukrainians in municipalities (as of 1 December 2022, according to CBS.nl) [3]. The biggest share of respondents is currently located in Amsterdam, Rotterdam, Den Haag and Dordrecht (18% of all respondents).

In municipalities with many respondents, some region-specific conclusions can be made. However, any conclusion made concerning specific municipalities should be further investigated.

The data was gathered via multiple communication channels, mainly via popular Telegram channels of displaced Ukrainians located in the Netherlands, municipality-related chat groups, as well as volunteering networks. The data demonstrates that our communication channel mainly covers individuals of predominantly Ukrainian nationality (99.6%). Thus, third-country nationals are not part of the population which is covered.

54 Questions were provided in Ukrainian and English, allowing respondents to answer in their preferred language.

Despite a significant amount of respondents understanding English, most of the respondents preferred the Ukrainian version of the survey.

Respondents answered closed and open questions which were related to the basic needs of displaced people, including safety, housing, medicine, food and hygiene, as well as restoring family links.

Since respondents were free to skip questions if they didn't want to answer, questions in the survey have been reordered in terms of priority to provide a better chance to collect statistically significant data samples for the key questions.

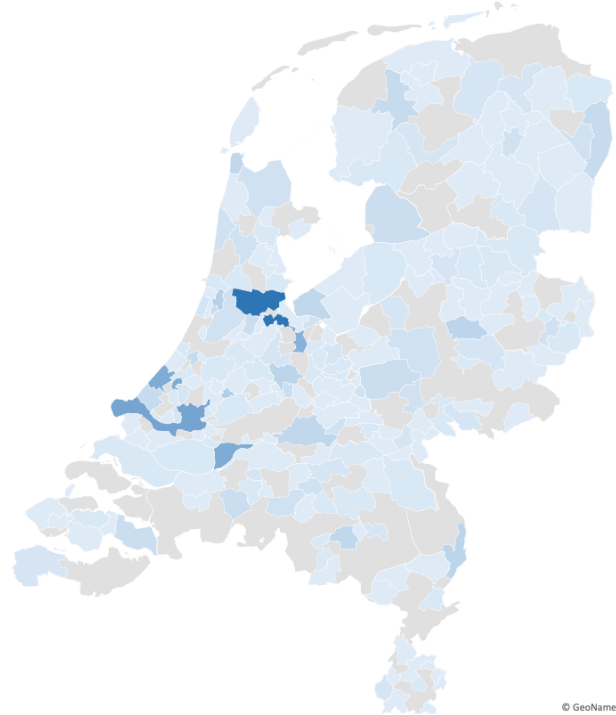
In general, the main limitation of the research is that the survey primarily covers displaced Ukrainians, who have access to devices with internet and Telegram. Consequently, potentially displaced Ukrainians with minimal access to information sources should be included in a follow up research.

Portrait of Displaced Ukrainians

Respondents distribution by municipalities. N: 559

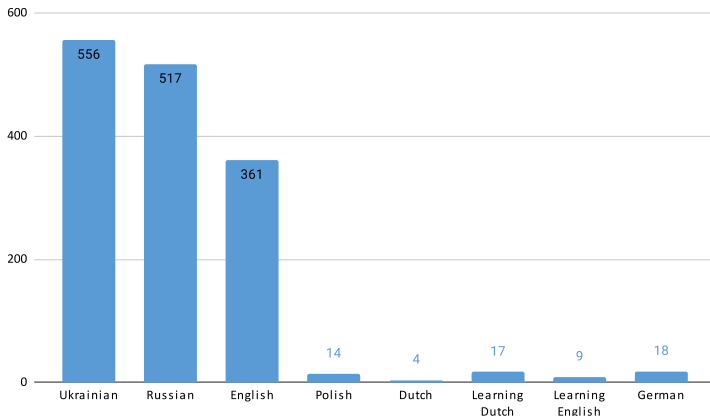
Geographical distribution (registrations)

Most of our respondents were women living in the Netherlands' largest cities. The distribution reflects the CBS data showing that most live in Amsterdam and Rotterdam.



Languages displaced people speak. N: 556

All speak Ukrainian, most Russian, and 65% report they speak English.



Languages

Ukrainian sociological group "Рейтинг" ("Reyting") reported that in March 2022, 83% of Ukrainians believed that Ukrainian should be the only state language. At the same time, 48% use only Ukrainian at home, and up to 30% report being bilingual. [4]

Main points:

- Our background data is consequent with other statistical data on Ukrainians, indicating that Ukrainians are mostly women in their mid-thirties. Yet, our main data collection methods were telegram channels, WhatsApp chats, and Facebook, which can introduce a certain bias.

- Although there is a common perception about Eastern Ukrainians being exclusively Russian speakers, our data confirms that Ukrainian is reported to be the chosen language for communication while the majority of the population is bilingual.

Portrait of Displaced Ukrainians

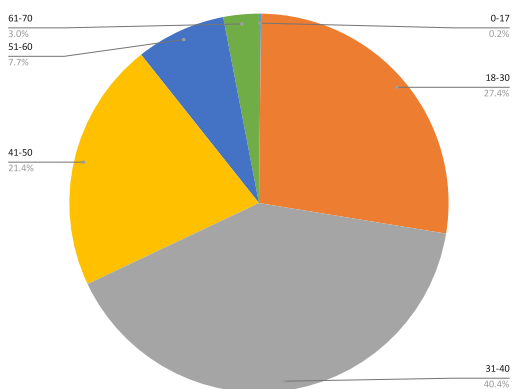


Most of our respondents are women between 31 and 40 years old...

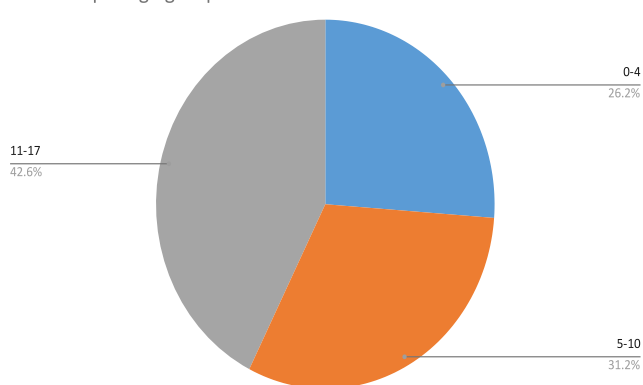
... And the high majority have arrived with at least 1 child....

... These children are mostly in between 11 and 17 years old

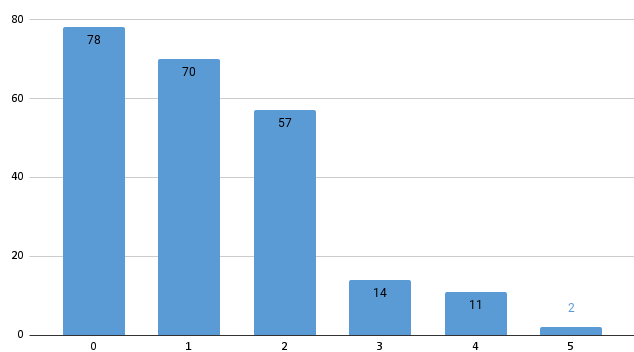
Respondents by Age Group. N: 559



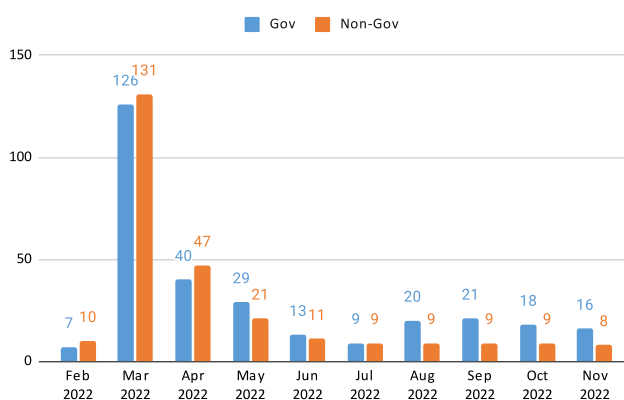
Children per age group. N: 317



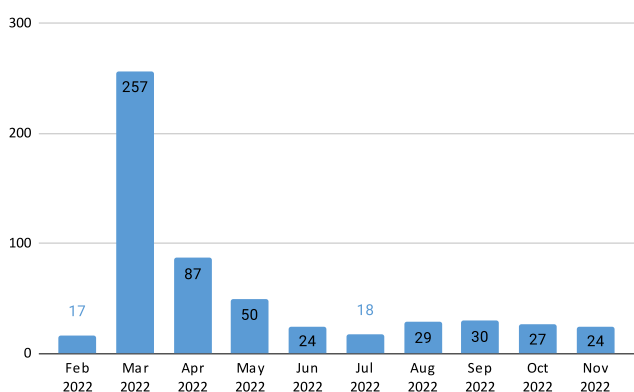
Amount of children per household. N: 230.



Arrivals. Gov and Non-Gov Locations. N: 563



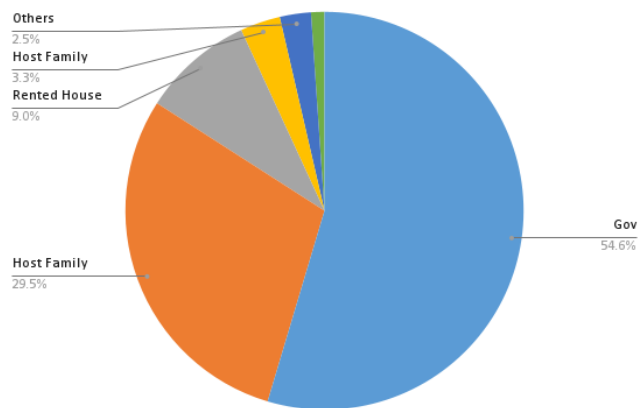
When did you arrive to the Netherlands? N: 557



Nearly 50% of the respondents indicated that they arrived in March 2022, right after the invasion. The graph also shows that since June, the arrivals have been very similar when it comes to regularity. Although the majority was hosted in the municipal locations, the smaller share of respondents has been always hosted outside the governmental locations.

The housing situation of displaced people from Ukraine

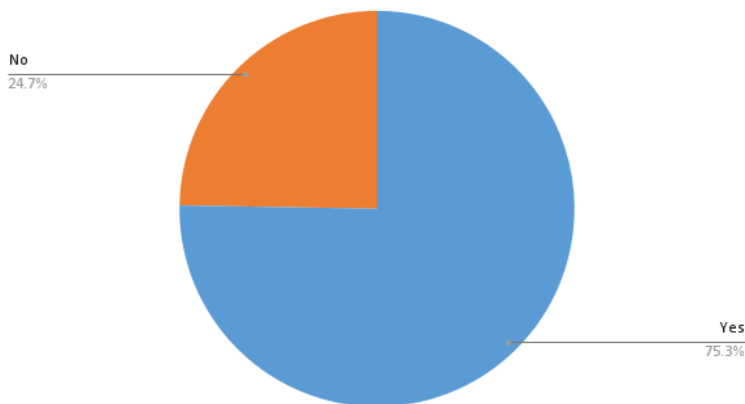
Accommodation Type. N: 548



54.4% of respondents reside in government housing arrangements, while a little more than 30% are still living with host families (10% are staying with a Ukrainian family).

If, in the beginning, the arrangement of the accommodation with private hosts was rather informal, there has been attempts to encourage more formalised and mediated agreements through the organisations RefugeeHome and Takecarebnb. Yet, the latter offer short-term solutions pushing people to change families every three to six months. [4]

Are you satisfied with your current place of residence?



Qualitative answers indicate that satisfaction is very often associated with thankfulness for hospitality, safety, basic amenities (shower, bed), privacy and a good relationship with hosts/hotel managers.

Yet, the biggest challenges for those who were reporting "No" was the lack of privacy, basic comfort (shower outside the building), and disrespectful attitudes from the personnel or managers.

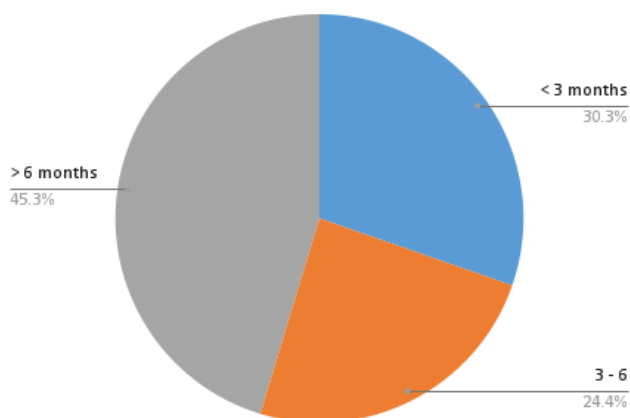
HOUSING

Duration and access to the housing

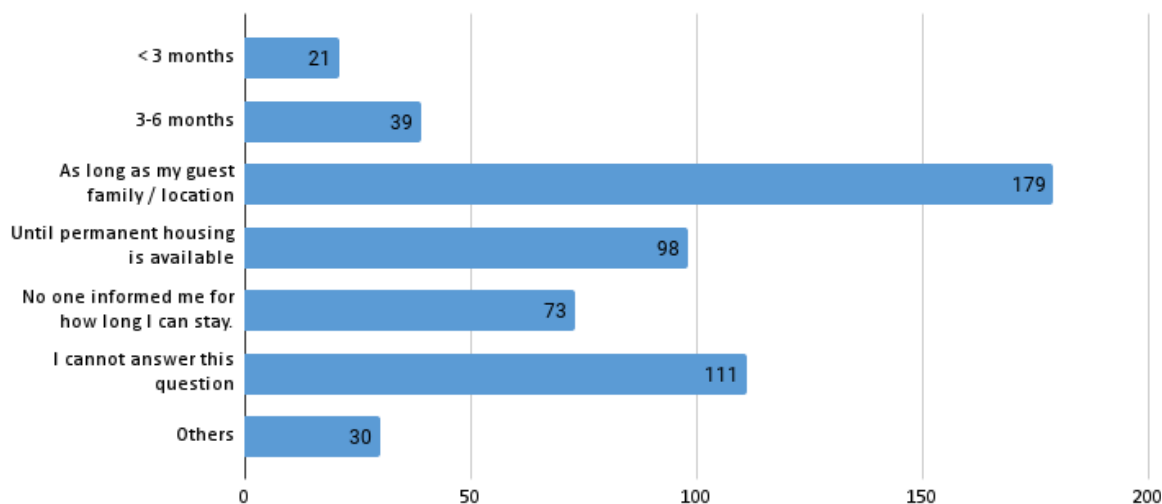
Stability is one of the essential factors towards providing a successful recovery from traumatic experiences. Thus, moving from one place to another might hinder the recovery and disturb the first efforts towards construction of a safe and stable environment.

It becomes even more complicated when people have to change not only houses upon their arrival to the Netherlands but also jobs and schools.

How long have you been staying at the current living place? N: 549



How long are you planning to stay at the current living place? N: 551

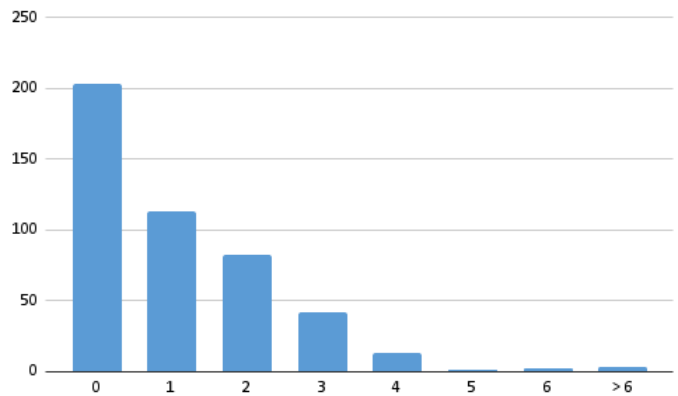


HOUSING

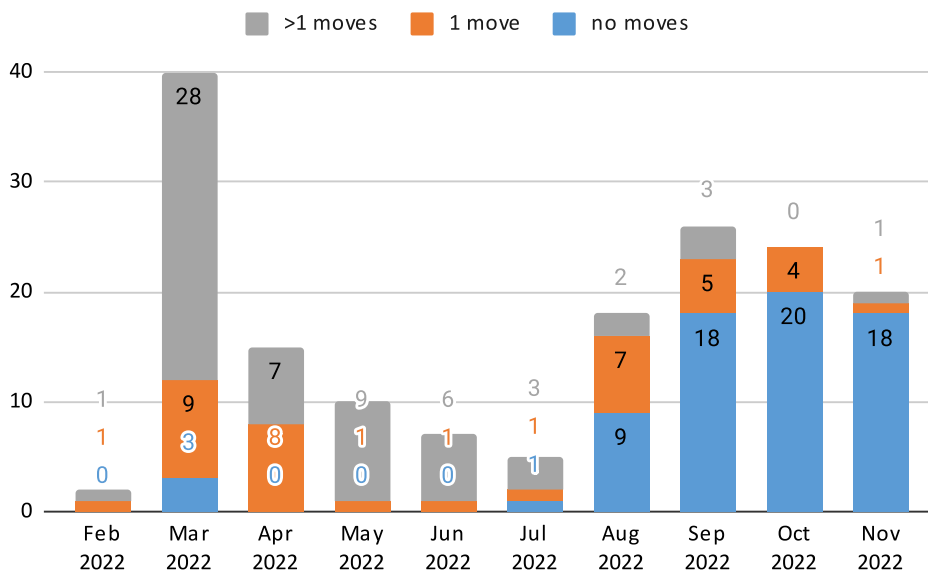
Duration and access to the housing

The duration of stay for displaced people usually depends on the type of living arrangements which are provided by the municipality - the main location provider. However, the political climate in a certain municipality, the hospitality of host families and finally, their legal status (depending on the extension of the temporary directive) are all factors which also shape the duration. Having no formal access to the general housing market, being deprived of the rights to social housing, financial restrictions and unclear legal status in a long-run perspective, contributes to the feeling of instability reported by our respondents.

How many times have you changed the living accommodation? N: 455

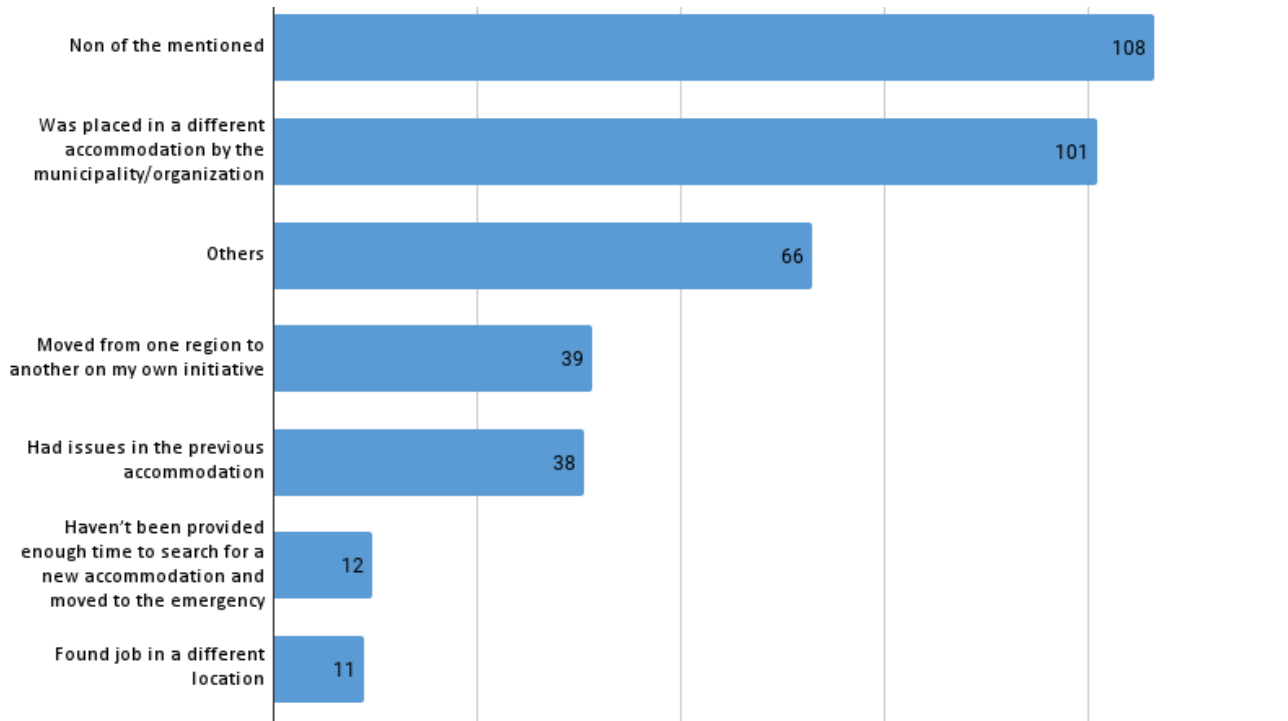


Among 168 respondents, who stay in the current location < 3 months. When did they arrive?



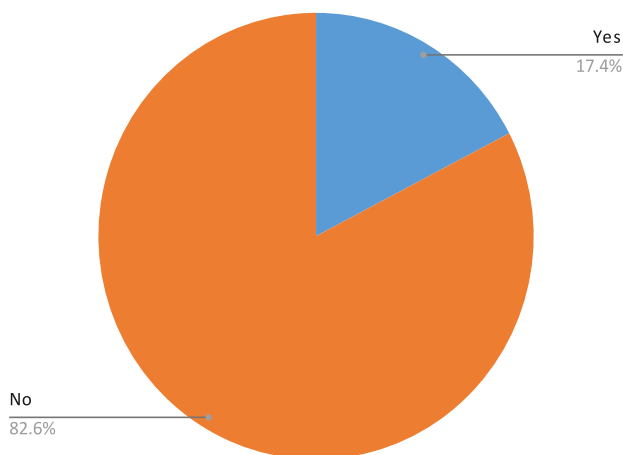
Since the initial crisis housing solutions were not designed for long-term residency, we expected that they would change places at least once, but the majority in the sample have not moved. The data also shows that people who have moved once or more were those who have been staying in the Netherlands the longest.

HOUSING



As demonstrated on the previous page, most people have been changing accommodation at least once. The majority reported that this move was due to a re-location to a more long-term location arranged by the municipality. This is, in fact, the result of a transition from crisis to semi-permanent locations. With the continuation of the temporary directive, we expect more relocations in the nearest future. [5]

Do you share the room with somebody outside your household? N: 552



'Lack of privacy' was one of the most common responses to explain dissatisfaction towards the current housing arrangement. Thus, sharing the house with several people outside one's household was reported as deeply frustrating.

In cases where full families (father included) have been sharing one room, there have been reports of increasing unhealthy family dynamics, and depression.

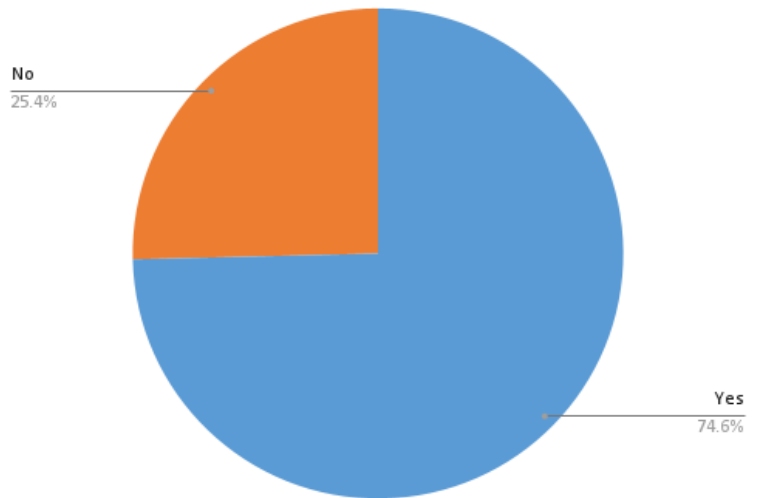
Even within one household, people complained having psychological issues and misunderstandings. For example, a daughter reported feeling tired of sharing the room with her elderly mother and a dog. Another woman indicated being depressed and not having a place where she could be alone.

SAFETY AND SECURITY

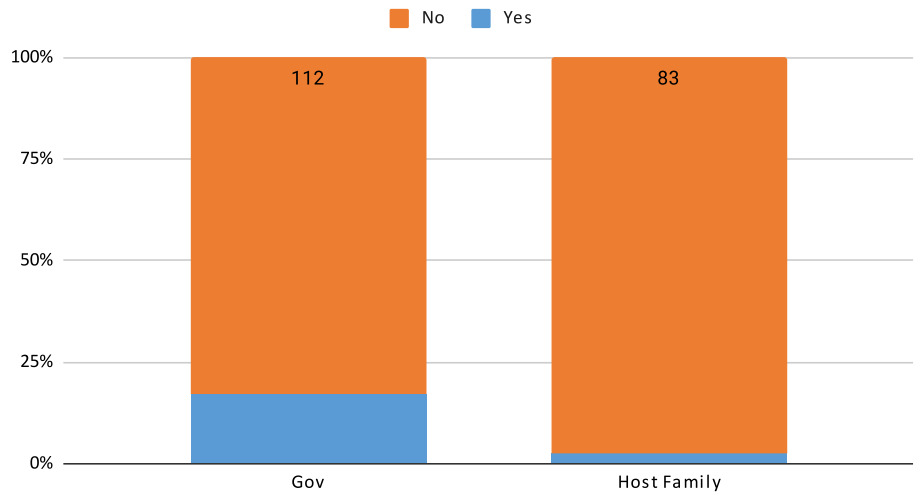
The current housing arrangements are considered relatively safe by displaced people. Yet, those staying in governmental locations witnessed more violent situations than those staying in private locations. Moreover, those staying in governmental locations are more aware of where to go if they feel unsafe. It indicates that displaced people are well-informed about the plan of action in case a situation becomes threatening. However, it is difficult to conceptualise safety since further answers point out that people are less aware of what to do in cases of discrimination, work exploitation or violence. It could be that Ukrainians referred to safety as a general feeling, or associated it with the absence of the war.

Moreover, 25.4% of displaced people in the sample shared that they could not speak up when mistreated. When asked to specify why exactly people prefer not speaking up, 65 among 147 qualitative responses indicated that they (1) are afraid of being kicked out for speaking up, (2) believe they will not be heard, and (3) are afraid that the attitude from the managers will deteriorate once they report mistreatment.

Do you feel safe speaking up when you are not being treated well in the host family or in the shelter? N: 526



Have you witnessed violence the place you are staying?



SAFETY AND SECURITY

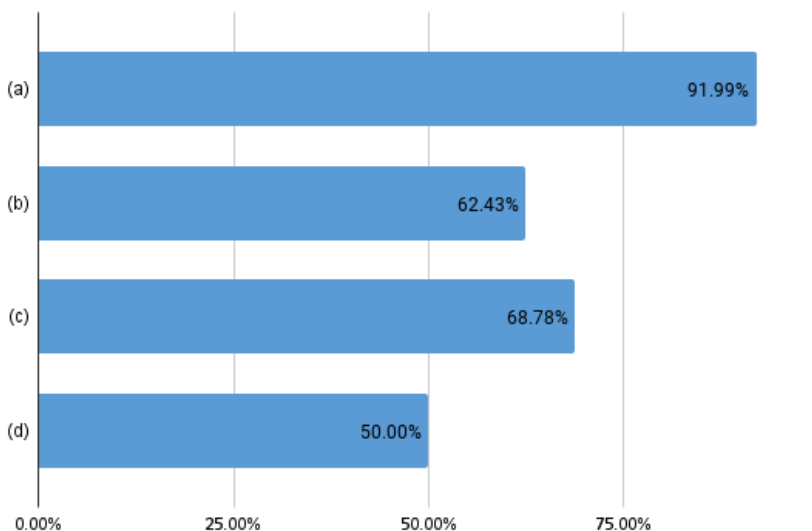
Currently, there is no effective system for displaced people to report human rights' violations and mistreatments (except for a general complaint system in the municipality which they often have no access to). Moreover, there are no people of trust who could act as mediators between inhabitants (or guests) and location managers/municipalities (or hosts in private housing).

The rules or procedures for residents of governmental locations are not detailed enough. This puts the pressure of regulating life in the location on the housing companies, which have no prior experiences in assisting people coming from a conflict zone.

The absence of external control and procedures makes it easy for locations' personnel to abuse their power. The recently launched reporting system by OPORA gathered more than 90 complaints in three weeks, many of which reported mistreatment or misunderstandings with the management of the location.

Moreover, from the qualitative answers, we have learned that Ukrainian people are feeling pressured to be thankful for the support instead of reporting problems. Besides the psychological pressure "to be thankful", there is a procedural gap which does not allow them to raise concerns. The lack of awareness of their rights was also reported.

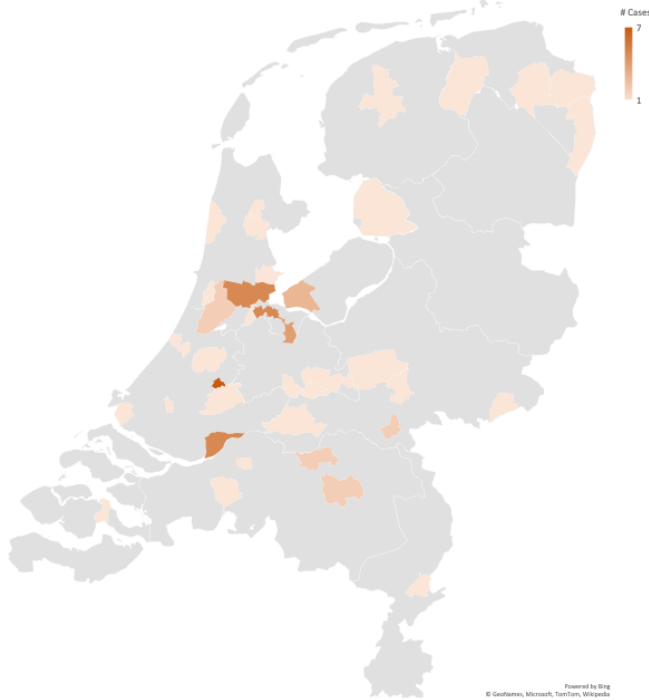
Questions on Safety. N: 362



- (a) You know where to go if you (or someone around you) feel unsafe
- (b) You know where to go if you (or someone around you) feel discriminated
- (c) You know where to go if you (or someone around you) physical or psychological violence
- (d) You know where to go if you are exploited at work

SAFETY AND SECURITY

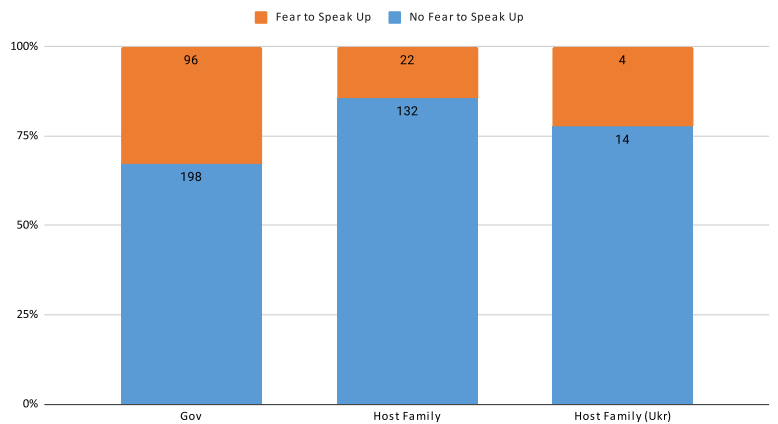
Cases of fear to speak up by municipalities. N: 64



More in-depth analysis revealed that people who were afraid to speak up due to the fear of being expelled from the location, mostly reside in municipal locations/shelters (76%). More precisely, in the following municipalities: Gouda (the biggest share), Amsterdam, Dordrecht, Hilversum, and Almere.

There were also some reports from Nijmegen, Meierijstad, Haarlemmermeer, and Den Bosch.

Fear to Speak Up

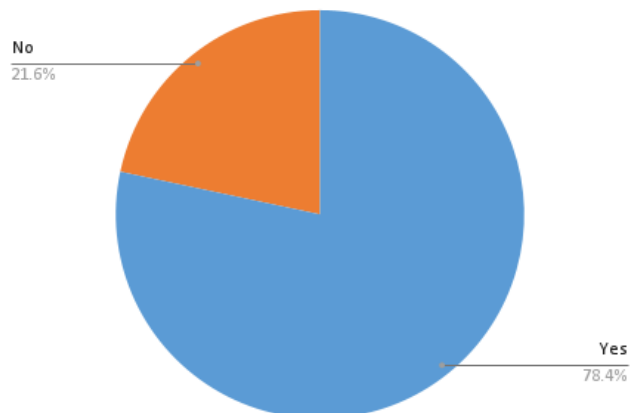


21.6% of displaced people don't have a storage place for their valuable belongings.

In qualitative answers about 'what can improve the living conditions', several people mentioned that being able to lock their rooms is essential, especially because of the fear of robberies.

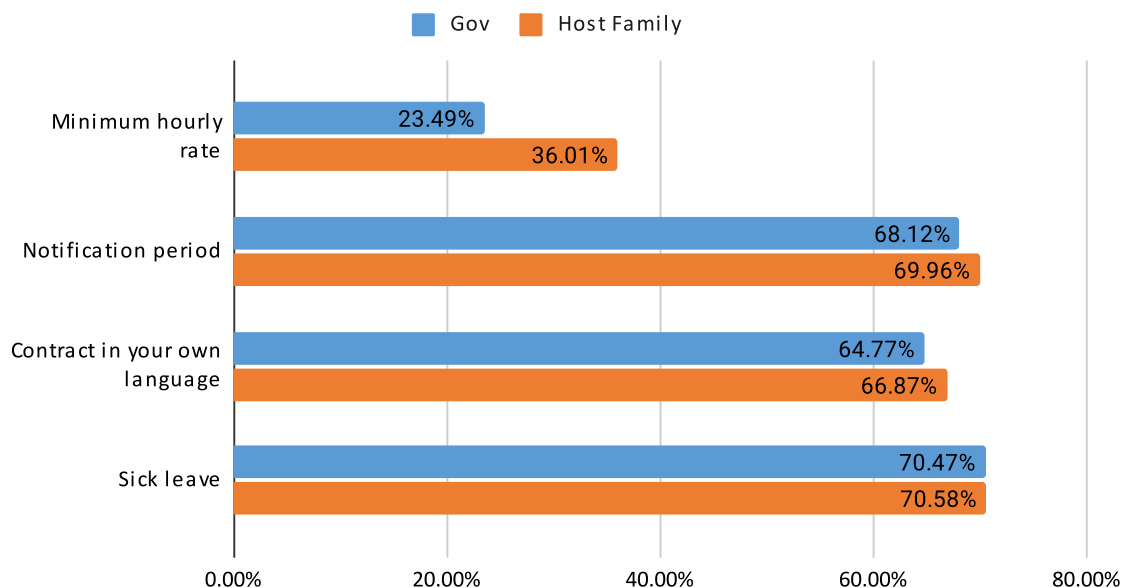
Other answers included safeguarding food in the refrigerators (there have been reports of guests and personnel of the locations stealing food from other residents).

Do you have the possibility to store your valuables safely? N: 553



EMPLOYMENT RIGHTS

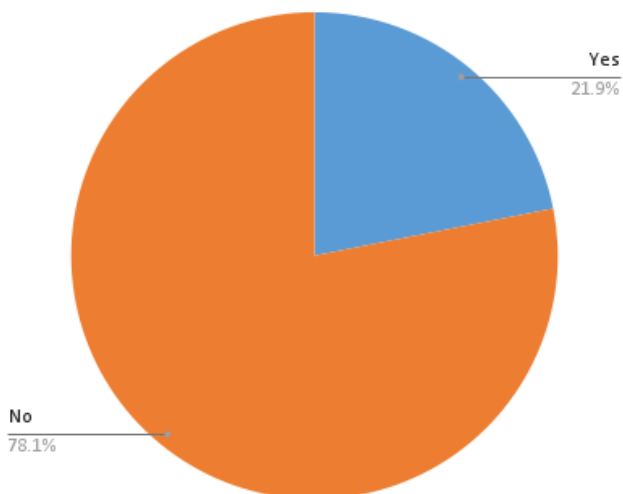
Unawareness of your employee rights. N: 479



We have earlier reported that up to 50% of displaced people are unaware of where to go if their labour rights are violated. People in shelters are slightly more aware, for example, of how much the minimum wage is.

The graphs demonstrate that people are only aware of their basic employment rights, such as minimum hourly rate, but they do not know other specificities of the labour law which could potentially protect them from mistreatment.

Did the employer treat you unfairly? N: 271



Although the number of respondents to this question is smaller in comparison to other questions, we believe that the question of labour exploitation might become more prominent in the long term perspective. Out of 100 monthly legal requests received by OPORA, at least 50% are about labour rights.

The factors that could potentially influence the increase in labour rights violations:

- Unclear procedures concerning their proof of residency, as this pushes people to work illegally or accept bad-working conditions as their only choice to make a living.
- Insufficient language skills, makes them unaware of the content of the contract.
- People being unaware of their rights.

MAIN POINTS:

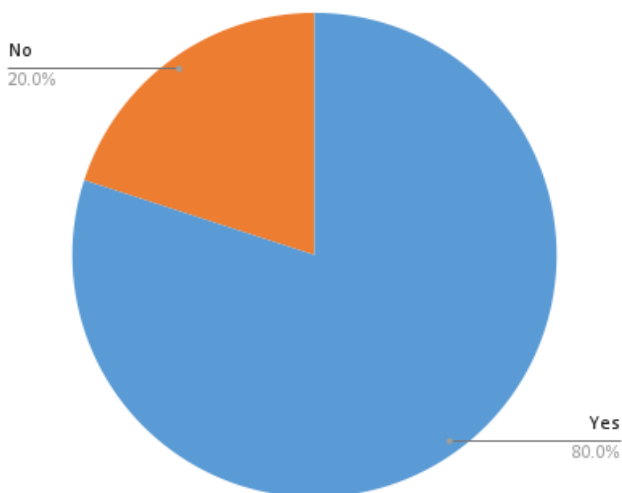
- A basic level of privacy is an essential condition for displaced people in the long-term perspective. They are not given any guarantees about the duration of the stay, thus accepting the fact that they can be transferred elsewhere either when hosts decide to stop hosting or when location contracts, signed by the municipality, expire.
- Ukrainian displaced people have access to the job market, but in the absence of language courses, their choice is restricted to very low-paid jobs making them fully dependent on municipal housing, especially in big cities.
- Although only 9.3% of displaced people witnessed violence in their location, at least 25% report unwillingness to report incidents in case of mistreatment. Moreover, the fear of speaking up is related to the relationship with the management of the location/the hosts. People believe that if they report or bring a claim forward - they could be expelled from their current place of residence.
- The absence of people of trust, an effective reporting system, and a clear relocation/expel procedure contribute to the fear of sharing their concerns. This absence of procedure, could lead to location managers and municipal workers abusing their power.

FOOD & HYGIENE*

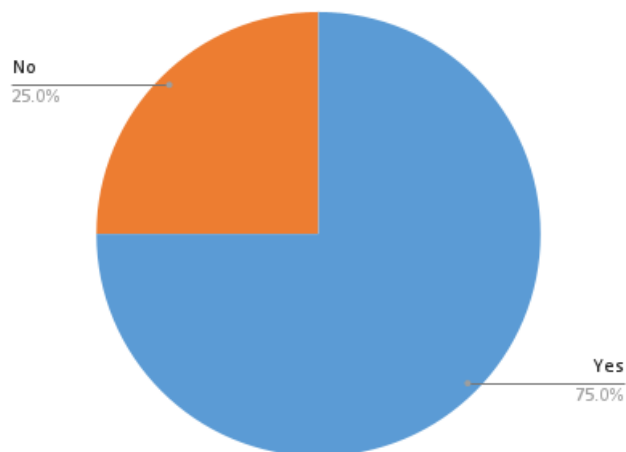
Although from a relatively small sample, we could conclude that there is a certain trend that indicates that people are dissatisfied with their food. All respondents who indicated dissatisfaction were located in the following municipalities Hilversum, Den Helder, Deventer, Ede, Dronten, s-Hertogenbosch, Amsterdam, Eijsden-Margraten, Amersfoort, Noordoostpolder, Almere.

In the complaints received by OPORA in November-December, the inhabitants of the municipal locations where cooking was allowed, reported problems with refrigerators (e.g., Drachten, where there are a couple of refrigerators for 60 inhabitants) and thefts (reported in Brucolo and Drachten). In the location where the food is prepared by the catering company, people were complaining about the rules surrounding the distribution of the food (e.g., Lelystad, Zaandam) and pointed out that there are days where the food is not distributed.

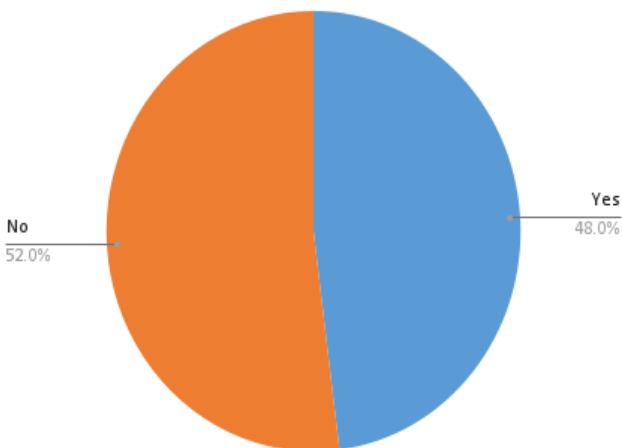
Is there enough food available? N: 49



Are you content with the food that is available? N: 42



Have any allergies or dietary requirements been considered in the meals you receive? N: 22

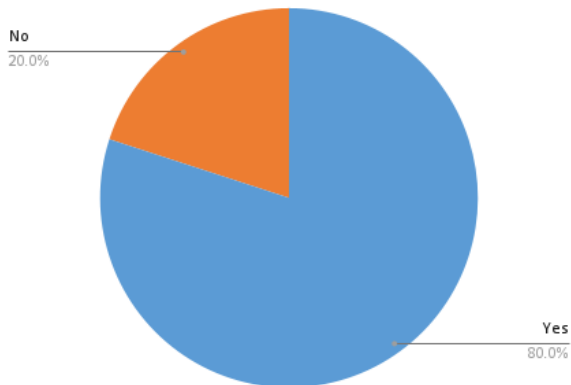


Food allergies were especially relevant for the locations where people could not cook themselves. The differences in cooking styles could also make people less receptive. For example, Ukrainians are not used to Indonesian or Surinamese food, and their daily meals closely resemble traditional Dutch meals (meat, vegetables, and potatoes).

* Due to the errors in the questionnaire this section was not filled fully, people skipped it. The sample is indicative, but might not be representatives

FOOD & HYGIENE

Do you have sufficient products for daily personal hygiene? N: 44

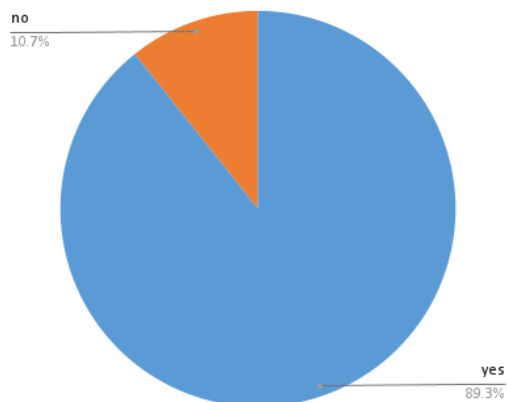


The sufficiency of the products depends on the financial situation of displaced people or on the management of the hotel. For example, in locations where the inhabitants are responsible for cooking and maintenance, they have to use their social allowances' to cover the expenses of daily hygiene products.

In the location where people receive 56.1 euro of allowance per month, the hygiene products are often supplied by location management (cleaning products, toilet paper).[6]

For employed people there are rarely problems concerning lack of hygiene products.

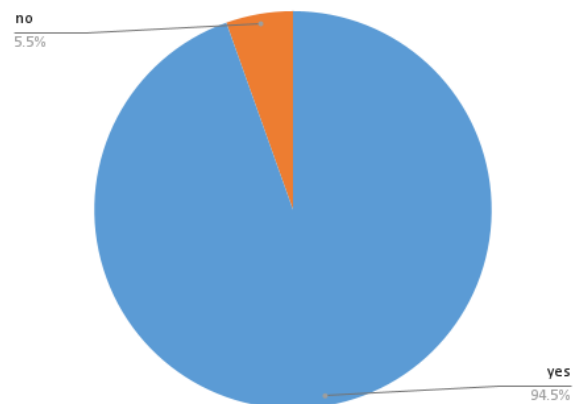
Are there enough showers and toilets? N: 50



Although the majority of the respondents indicated their satisfaction, in the qualitative answers, there were two instances in which people had showers outside the building. This was especially uncomfortable for mothers with children who had to carry them outside in the cold weather.

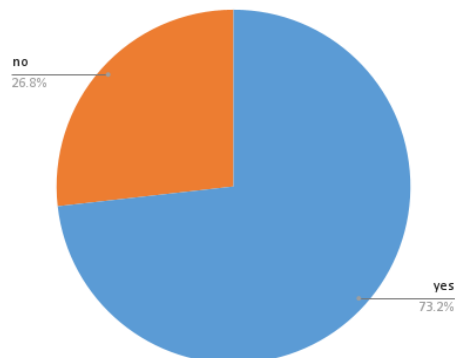
Most of the complaints, OPORA has received about showers and toilets, are from mothers with younger children. For instance, in Drachten, a mother was carrying her newborn child to the other side of the building to bathe the baby. Meanwhile, no heating or electrical appliances are allowed in the room due to safety regulations. So, the mother cannot heat the water to quickly bathe the baby inside the room.

Are the showers and toilets clean? N: 55



The general hygiene situation within shelters is also heavily dependent on the management.

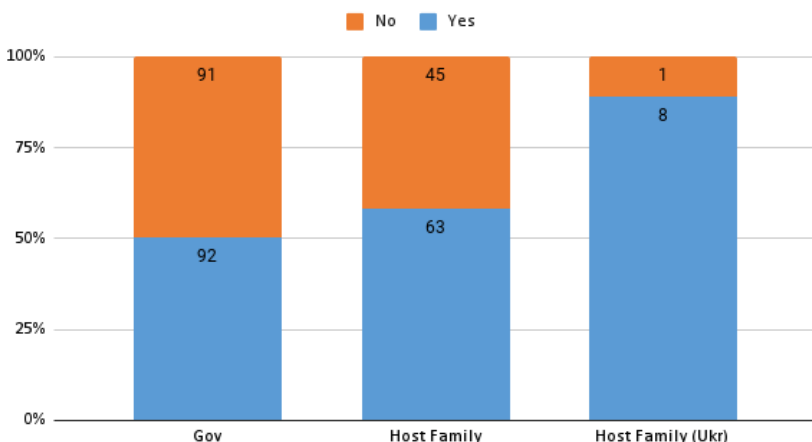
Are there enough washing machines? N: 56



HEALTHCARE

FOOD NEEDS

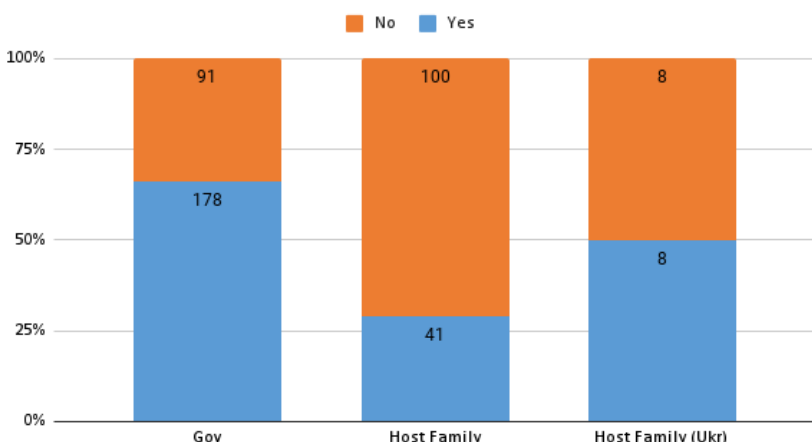
Did you manage to get treatment?



Up to 50% of displaced people in the sample face significant barriers to getting required specialised medical care. Similar concerns were highlighted in the recent report of Pharos. [8] The issue is more prominent among those living in shelters, rather than those in host families.

Upon deeper analysis of qualitative answers, we observed that this primarily concerns specialised care, which affects the most vulnerable populations: people with chronic illnesses and disabilities. The difficulty lies not only in the absence of interpreters and the general pressure on the Dutch Healthcare System but also in the absence of personal funds to reach hospitals for specialised care when required.

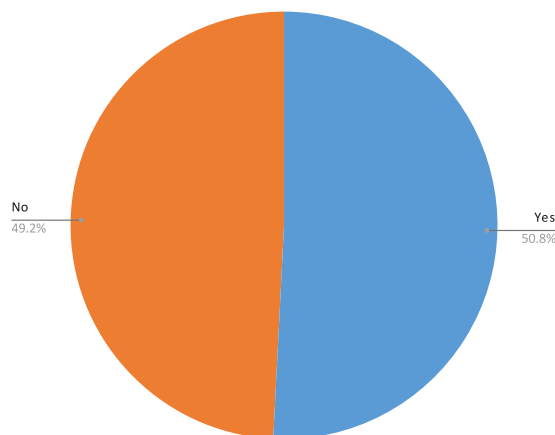
Do you have access to an interpreter?



Displacement, ongoing war, disruption to routines and unreliable access to healthcare put physical and mental health of displaced people in a vulnerable position. Regardless of whether displaced Ukrainians manage to get a GP, they are still facing many predicaments when it comes to access to medical care.

Overall, less than 50% (N:349) reported that they had issues with accessing treatments. However, access to healthcare differs depending on the housing type. Almost half of the respondents living in shelters did not get access to treatment, while the situation in host families is slightly better. Almost 50% did not have access to an interpreter (N:492), which is very concerning considering the fact that in June 2022, the Government guaranteed that displaced people have access to interpreters [7].

Do you have access to an interpreter? N: 492



HEALTHCARE

Special medical care needs

The graph below demonstrates that problems with specialised care are too dispersed too dispersed to draw general conclusions that inform policy, instead requiring closer case-by-case analysis.

According to the study by Terenda and colleagues (2018)[9], cardiovascular problems ranks first in Ukraine and in this research. The study predicted that prevalence would be even higher in 2025, specifically outlining Southern and Southeastern regions.

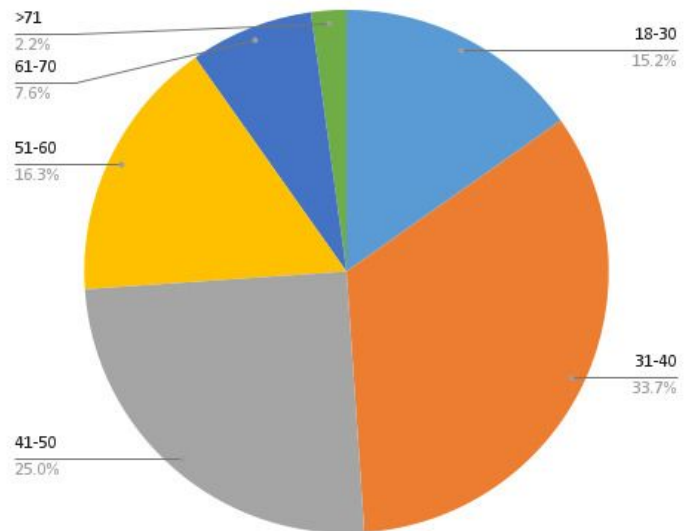
Analysis of 148 qualitative answers of this report demonstrated that:

- Those who require a regular medical check-up due to their condition struggle to have access to it.

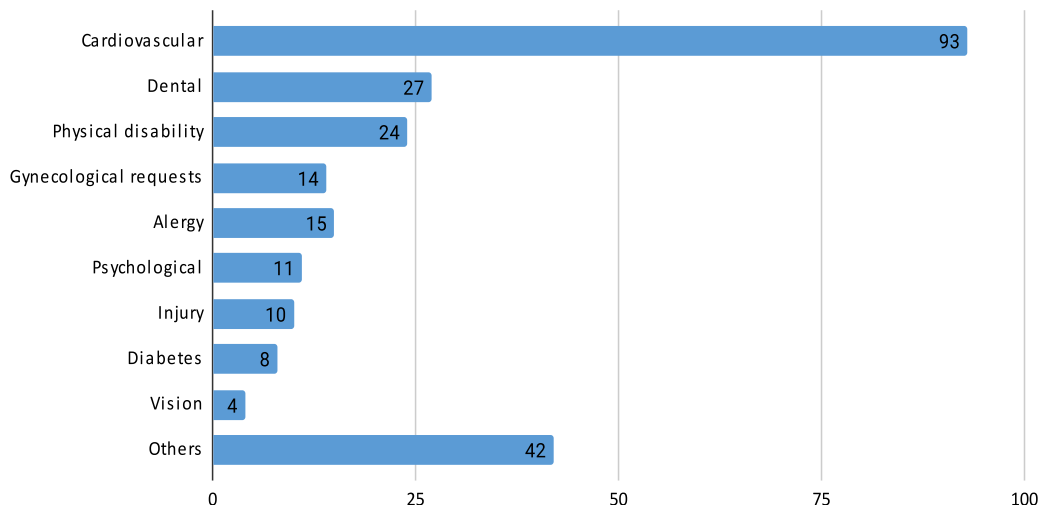
- There is no direct access to gynaecologists (pregnancies and postpartum care, follow-up on gynaecological illnesses). Here we mark a cultural difference. In Ukraine it is commonly acknowledged that every woman has to be checked by a gynaecologist at least one a year, whereas in the Netherlands this is suggested only once every three years.

- There is a need for dental care: dentists are not working with RMO insurance in every municipality, and people are rejected for help or have to travel to a different municipality to get help.

Reported cardiovascular problems by age. N: 93



Please list all problems with physical health which applies to you. N: 248



HEALTHCARE

How is somatic distress connected to physical and mental issues?

After undergoing significant stress, people might experience physical suffering that is difficult to diagnose properly in medical terms. From August - December 2022 there has been an increasing number of requests concerned with access to pain relief on the helpline 'Ukrainians in the Netherlands'. Interestingly, people chose to contact the helpline instead of healthcare institutions.

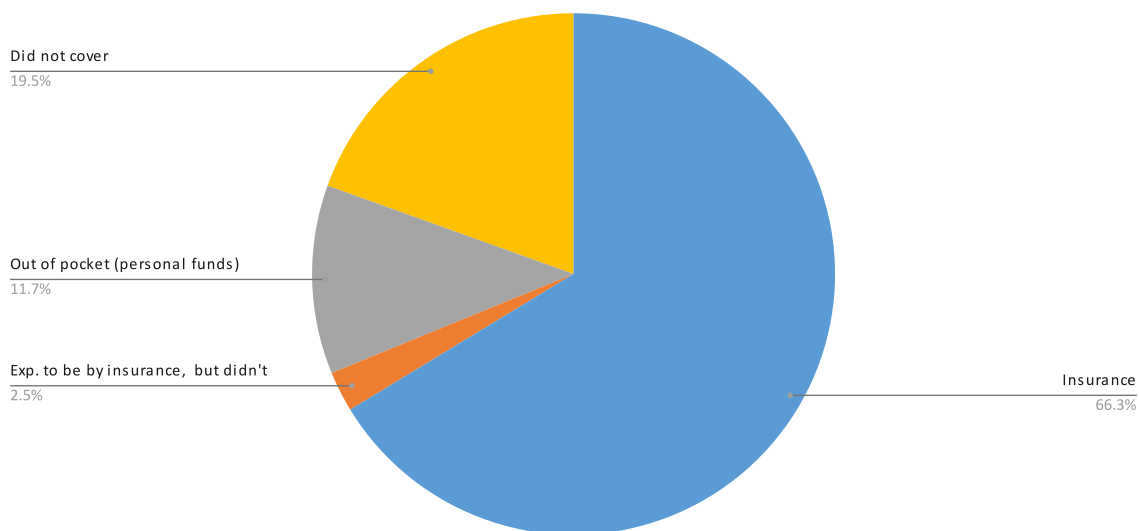
The complaints are often - but are not limited to - extreme back and joint pain. These pains often correlate with other psychological symptoms such as anxiety and PTSD, but we cannot prove the mutual causation. Some scholars refer to this phenomenon as "somatic distress".

Previous studies on Ukrainian IDPs (Cheung et al., 2019) [10] demonstrated that one of the consequences of trauma caused by war and displacement could be the development of persistent somatic symptoms (PSS). PSS is an under-recognized disorder that hinders daily functioning. [Patients with PSS experience somatic symptoms that cannot be accounted for by a medical diagnosis which could be extreme physical pains and suffering.](#) According to the results, more than half of respondents (n = 1142, 55%) were identified as being at risk of PSS, and around 13% (n = 275) were identified with high severity risk.

Within the EU healthcare systems (including the Netherlands), SD rarely falls under specialised care and often becomes a burden for other health care providers or alternative medicine (Kohlmann et al., 2018). [11]

Could people pay for their bills?

How did you cover your (members of the family) medical bills? N: 354



We expect bills that were not covered by the insurance to be mostly for dental care, where RMO is covering only 250 euros, and the problems people have might be more costly.[12]

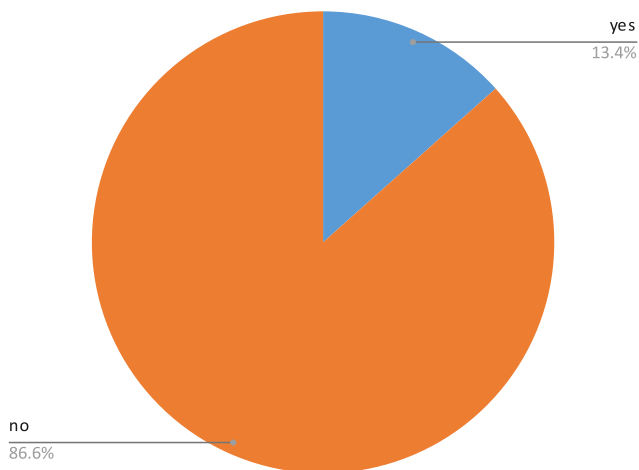
What are the needs when it comes to access to mental healthcare for displaced Ukrainians living in the Netherlands?

In 2019, the WHO reported that 30% of the population in Ukraine is affected by disability-causing mental disorders. [13] Previous research on Ukrainian IDPs after 2014 (Bogdanov et al., 2017) demonstrated that around 32% of respondents showed symptoms of PTSD, and more than 20% showed symptoms of depression. [14]

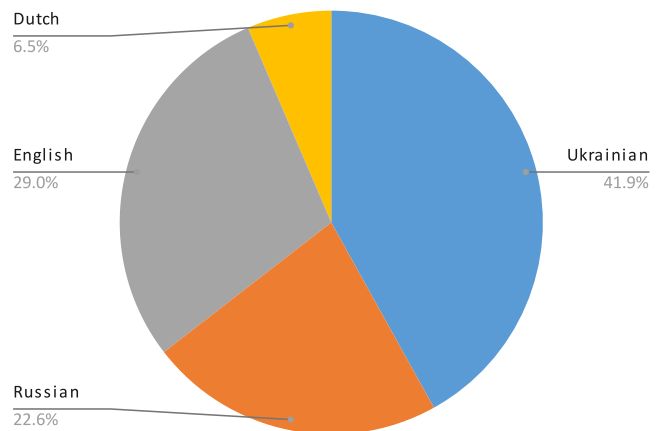
According to the research conducted by OPORA in June - July 2022, up to 68% of Ukrainian displaced people (N: 548) experienced anxiety. [15] The results also correspond to the earlier studies among Ukrainian displaced people reported by Bogdanov and colleagues.

Psychological health remains a critical unresolved issue for displaced Ukrainians in the Netherlands. Only around 13% (N:516) of all respondents reported that they asked for psychological help. As reported in the previous studies of Opora's, only up to 14 % of respondents asked for psychological help through their GP [16].

Did you seek psychologists' help? N: 516



If you got a psychologist's help, in which language was the session? N: 100



However, the common tendency among Ukrainians, is to distrust mental health workers. Thus, one should not evaluate the amount of psychological care required for Ukrainians based on the number of requests for help, but rather on symptoms they are reporting/displaying.

The main preferred language of psychological help for Ukrainians (N:100) is Ukrainian (up to 42%, followed by English almost 29% and Russian (around 22%). However, it is unclear whether sessions in English were chosen because of the language preference or the lack of a specialist who speaks the displaced person's native language.

MAIN POINTS:

Healthcare needs prioritisation

- 1 **Access to healthcare and medications in shelters**
- 2 **Regular screening for those previously diagnosed with chronic illnesses**
- 3 **Psychological care** | for those previously diagnosed and who suffer from addictions
- 4 **Effective communication about medical complaints and complications with interpreters**

- Although many have access to a GP, they face significant barriers to communication with their doctor. This prevents displaced people from clearly reporting their symptoms, and to get appropriate treatment. This also hinders their understanding of the Dutch healthcare system.
- The most prevalent health problem is cardiovascular, which is ranked as one of the most popular problems among the Ukrainian population in Ukraine.
- Many displaced people struggle with access to specialised care. This especially affects people with chronic illnesses and disabilities (both children and adults).

What are the needs when it comes to family reunification for displaced Ukrainians living in the Netherlands?

Overall, around 30% require help with unifying with their family in the Netherlands.

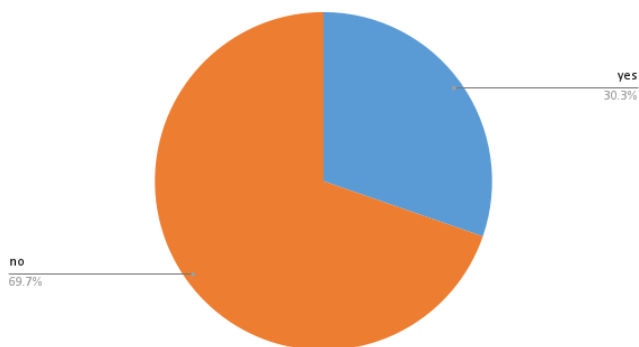
How do we imagine the reunification needs of Ukrainians?

In Ukraine, after the start of the armed conflict, the martial law was adopted. During the period of martial law, the Decree of the President of Ukraine of 24.02.2022 № 64/2022 "On the imposition of martial law in Ukraine" prohibits male Ukrainian citizens aged 18 to 60 from travelling abroad. Therefore, although the majority of Ukrainian Displaced people are women, their families cannot be formally reunited. Nonetheless, there are some exceptions to the law. [15]

In some cases, men chose to cross the borders illegally. We have noticed that the number of men is slowly increasing in some municipalities. Moreover, some municipalities took a clear stance on this and did not allow them to settle in the municipal locations (e.g., Oudekerk aan Amstel).

Other needs could arise after the successful counterattack and de-occupation of Ukrainian territories, as it made it possible for Ukrainian displaced people to evacuate their families (in Kharkiv and Kherson regions). [16]

Do you need help with uniting family in the Netherlands? N: 369



CONCLUSIONS

1. Sharing the household with non-familial residents increases frustration. The need for privacy, is essential but not guaranteed. Thus, a smooth transition from crisis to semi-permanent housing solutions is required in the long-term perspective. If the transition is not possible, municipalities should come up with creative solutions to make sure people have a basic level of privacy or to include them in the decision-making process regarding the rules of the location (concerning the allocation of their roommates, what they are allowed to take in their rooms, and how to guarantee the safeguard of their belongings).
2. Although only 25% reported violence and safety violations in the locations, qualitative data suggests people are avoiding reporting mistreatment due to gratitude or fear that their conditions will change.
3. There is little knowledge of Dutch labour rights among displaced Ukrainians, which might lead to issues with labour exploitation. Both proactive (i.e. information campaigns) and reactive (i.e. helpline) measures should be considered to improve the awareness of displaced people.
4. Ukrainian displaced people have access to the job market. However, in the absence of language courses, their choice is restricted to very low-paid jobs making them fully dependent on municipal housing, especially in big cities.

CONCLUSIONS (2)

5. Displaced people need better access to specialised healthcare, especially to interpretation services, and more practically means to reach hospitals.

6. The sufficiency concerning hygiene products and food is dependent on the financial situation of displaced people and on the management of municipal locations. Thus, displaced people need help to find a job, or should receive allowances for hygiene products, especially mothers who have young children.

7. Although 65% of respondents reported knowing English, most of the people still prefer psychological aid in their own language. Consequently, there is a demand for Ukrainian psychologists or psychosocial support staff in the Netherlands.

8. The actual access to transportation remains a top priority when addressing healthcare needs of Ukrainians. It is especially relevant for elderly and disabled Ukrainians.

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