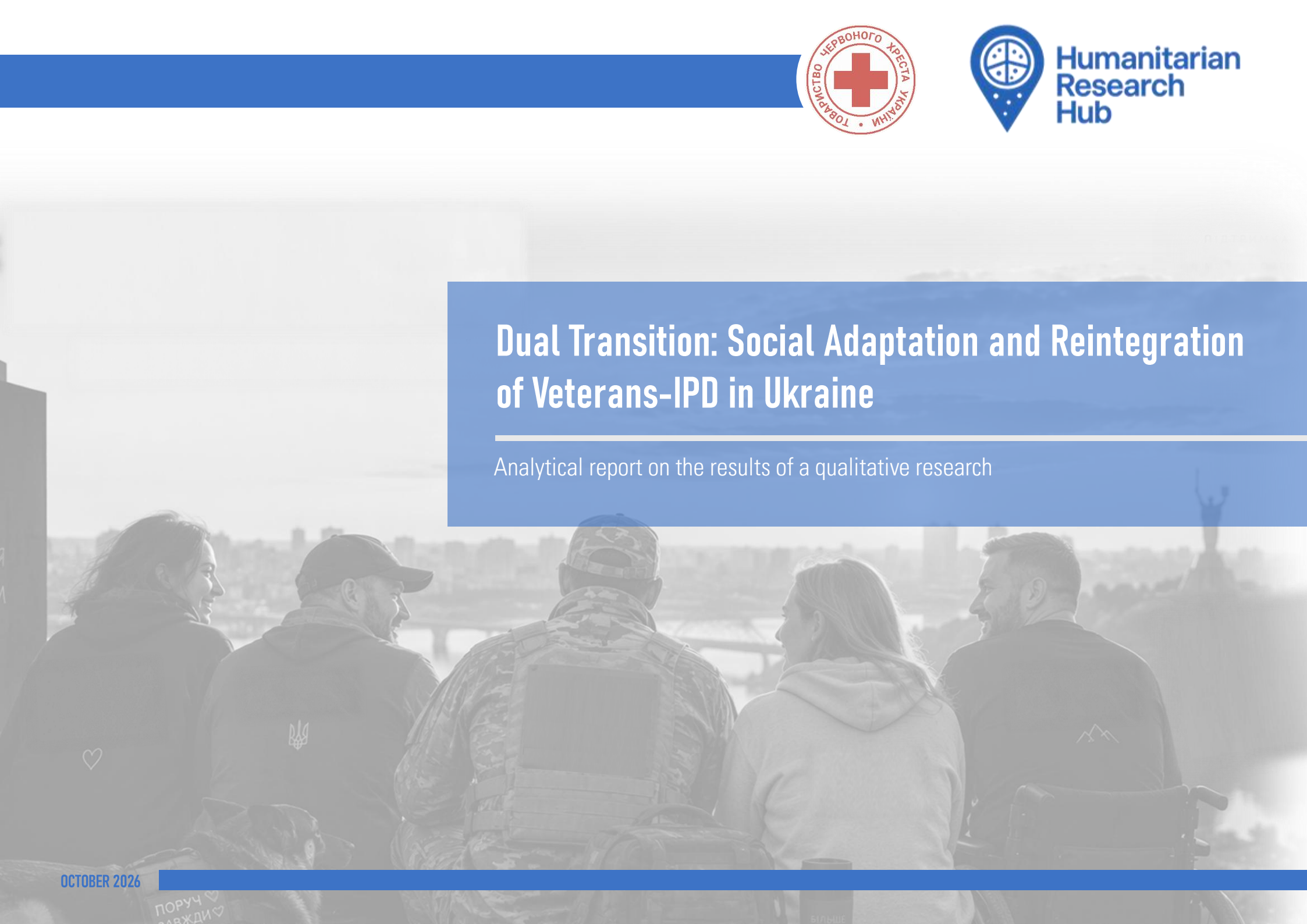
Dual Transition: Social Adaptation and Reintegration of Veterans-IPD in Ukraine

Analytical report on the results of a qualitative research



OCTOBER 2026

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1.EXECUTIVE SUMMARY

1.1.Context:

The veteran community in Ukraine is increasing quickly. According to figures cited in the Ministry of Veterans' Affairs report, as of May 2026 it numbers around 2 million people, with approximately 160,000 having been injured in combat; after the war ends, the number of veterans and their family members could reach 5–8 million. According to interviews with experts, the peak in demand for veterans' services is still to be seen: a significant part of the military personnel who lost the ability to return to their previous living places are still on active duty.

For a veteran-IDP, two transitional stages occur simultaneously: from military service to civilian life, and from a lost home to a new place. Existing research tends to focus on these processes separately, whilst their interaction has been explored much less.

Aim of research - to understand what adaptation strategies veterans use when reintegrating into civilian life in a wartime context, how internal displacement affects them, and what factors determine the success of their adaptation.

1.2.Methodology

We used a qualitative design based on comparative logic: semi-structured narrative interviews with 20 veterans with IDP status (the main group), 10 veterans without this status who had returned to their previous place of residence (the comparison group), and 7 experts – support specialists, coordinators and heads of veterans' centres and organisations.

The fieldwork phase ran from 28 August to 24 September 2026.The sample was purposefully selected, incorporating elements of the snowball sampling method and ensuring representation of respondents from Ukraine's five macro-regions.The data were cross-referenced between the main and comparison groups and expert interviews to triangulate the trends observed in the veterans' own accounts; a finding was considered robust if it was independently confirmed by at least six respondents and two experts.

1.3.Key results:

A compressed transition period.The main challenges faced by veterans in both groups are largely the same, but IDP veterans are forced to resolve them all at the same time. A veteran returning to their own or a family home has a certain 'safety margin' in terms of resources and time for treatment, job search and recovery. A veteran who is an IDP has to pay rent from day one, so they move almost immediately from a recovery phase to a phase of covering basic needs.

Housing - the cornerstone of all other decisions. It determines their employment prospects, family reconciliation, mental health, and the decision to stay in the community. Existing housing programmes work for some veterans, but access is restricted by long waiting lists, territorial criteria, documentation requirements and funding constraints. The biggest gap is in temporary accommodation for the transitional period.

The first 3-6 months are the most vulnerable and important in adaptation process.The documents and payments are still being processed; possible delays with the final settlement upon leaving a job may occur, whilst rent must be paid immediately. As a result, veterans-IDP accept the first job that allows them to cover their basic expenses, even if it does not necessarily match their skills and

interests. The most accessible options are short training programmes, particularly those linked to a specific job vacancy.

Rights and health have to be defended. Duplicate documents, inconsistent registers, errors and referrals between institutions force veterans to coordinate the system themselves. In the health sector, to this are added medical assessments (MHC/EKOPFO), appeals against decisions and personal expenses for medication and rehabilitation, which, for a veteran-IDP, compete with paying rent.

The information vacuum begins with discharge. Veterans and experts described situations where, after completing the TCC and SS, a person does not receive a clear plan for next steps or contact details for a support specialist. A regulatory mechanism for providing information already exists, so the problem mainly relates to implementation. Where a specialist proactively makes contact and sees the case through to a successful outcome, the adaptation process is noticeably easier and more effective.

The strongest resources – people. Family, comrades, friends from military service and a specific specialist often have a greater impact than the mere existence of a programme. Psychological support for veterans-IDP is often put on the back burner "*after housing, income and documents*", while the positive experiences of other veterans and 'equal-to-equal' support models make it easier to request help.

Identity and status. Identity and status. Veterans from both groups describe themselves after service as "*a different person*", but IDP veterans are additionally faced with the question "*where is my home*?". Veteran status provides rights and benefits, but not automatic acceptance, and displacement perpetuates a sense of transience even after living in a new community for a long time.

Four trajectories. Among the 20 IDP veterans, there are four main adaptation trajectories (see Table: Trajectories of Adaptation): 'Settling in' – 5, 'Mobilising networks' – 3, 'Surviving in renting' – 10, 'Life on hold' – 2. They differ primarily in the presence of an 'anchor': housing, a stable income, a support network or some other safeguard that gives a person time to recover and make plans.

Conclusions:

The key differences for veterans-IDP not in their IDP status itself, but in the lack of time, resources and a place to return to after their service. The results show that successful adaptation is largely determined by the presence of at least one stabilising 'anchor' at the outset. It is precisely the absence of these anchors that shortens the transition period and forces them to tackle issues of housing, income, medical care, documentation and employment all at once. Active and educated respondents without housing or a stable income might remain on a survival trajectory, whilst the emergence of housing, employment or a strong support network would alter that trajectory.

Most of the necessary support mechanisms already exist. The main problem is the gap between a formal decision and its actual implementation – finding housing, receiving payments, accessing healthcare, securing employment or obtaining support services. It is therefore important for policymakers to focus not on the presence of an IDP certificate, but on the actual answer to the question: **does the veteran have somewhere to return to after discharge?**

Recommendations:

The recommendations are formulated as areas for change and categorised by priority:

- Financial bridge in the first few months: correction of rent compensation to reflect the actual cost of housing, timely payment upon termination of tenancy, and short-term humanitarian assistance towards rent until state payments begin (more details in **pages 32–33**).

- Access to the system and rights without proof: automatic referral to a support specialist following discharge, personalised contact and a roadmap, the 'single request' principle for documents, synchronisation of registers across different government agencies, reduction of paperwork, and evaluation of specialists' work based on actual outcomes for veterans (see pages 34–36 for further details).
- Housing: centralised register and priority access to temporary housing for recently discharged veterans who have nowhere to return to, housing guidance, and the removal of 'queue traps' and territorial restrictions in permanent housing programmes (see pages 36–37 for more details).
- Health and psychosocial support: support during medical examinations (MHC) and when appealing against decisions; continuity of treatment when moving house; 'warm referrals' to psychological support; and further scaling up of "equal-to-equal" support models (see pages 38 for further details).
- Education and employment: combining short, voucher-funded vocational training tailored to specific job vacancies with further support; developing career guidance, work placements and mentoring for veterans; adapting workplaces and remote working arrangements for veterans with disabilities (see pages 39 for further details).

Limits:

The sample is targeted and is not representative. A large number of respondents are involved through veterans' services, so the most isolated veterans are under-represented. The comparison group is smaller than the main group, so differences between the groups should be viewed as trends. Around 70% of respondents have a disability or severe injuries, so the experiences of veterans without significant health limitations are less well represented.

Part of the changes in veterans' policy took place during or after the field phase; consequently, some of the barriers identified relate not to the lack of a mechanism, but to the gap between an existing policy and its implementation in practice.



2. INTRODUCTION

According to the experts surveyed, the peak in requests for veterans' services is still in future: a significant part of the military personnel, who are actually displaced persons, are still on active duty.

According to the Ministry of Veterans' Affairs, in May 2026 the veteran community counted 2 million people:

INDICATOR:	NUMBERS:
Have veteran status, as at June 2026	≈ 2 millions.
Have participating in combat operations status, as at June 2026	≈ 1,5 millions.
Have a war-related disability status	≈ 160 thousands.
Projected number of veterans and their family members following the end of the war (estimate by the Ministry of Veterans' Affairs)	5–8 millions

Source: data from the Ministry of Veterans' Affairs regarding the number of veterans by region in Ukraine; Number of veterans in Ukraine: an analysis of regional distribution, NISR, data as at 1 May 2026; The forecast of 5–8 million is an estimate by the Ministry of Veterans' Affairs, cited in the IOM report 'Veterans Reintegration in Ukraine: Compounding Vulnerabilities and Access to Support Among Veterans', 2026

Research into veterans typically focuses on the transition from a military role to civilian life. Research into IDPs focuses on the transition from a lost place of residence to a new, stable environment. For veterans who are also IDPs, these two transitions overlap. The working hypothesis was that they may occur simultaneously or sequentially and are capable of reinforcing one another.

What needs remain unsatisfied in the households of veterans-IDP:

NEEDS:	%
Financial support	56%
Health promotion	52%
Buying a home	29%
Support for business activities	27%
Improving housing conditions	27%
Education	26%
Employment	24%
Psychological support	22%

Source: "Current Needs and Perceptions of Opportunities for Career and Professional Development among Veterans", Ukrainian Veterans' Fund of the Ministry of Veterans' Affairs, October–November 2024. N=345 veterans;

To overcome the difficulties, the households of veterans-IDP made use of:

STRATEGY	%
Used their savings	72%
Cut back on essential medical services	61%
Reduced their consumption of utilities	44%
Took on less skilled or lower-paid work	42%
Sold household possessions	26%
Relyed on humanitarian aid to cover basic needs	24%
Used illegal or degrading sources of income	23%
Asked strangers for money	18%
Missed rent payments	17%

Source: 'Veterans Reintegration in Ukraine: Compounding Vulnerabilities and Access to Support Among Veterans,' International Organisation for Migration (IOM), 2026; n = 52 households of veterans with IDP status.

3. RESEARCH QUESTION, OBJECT, SUBJECT:

The existing data provide an insight into the scale and general needs of veterans and IDPs separately, but do not explain exactly how these two experiences interact in individual lives. The key research question is therefore formulated as follows:

What coping strategies do veterans use when reintegrating into civilian life in a wartime context, how do these strategies change as a result of internal displacement, and what factors determine their success?

3.1. Object of research is the process of adaptation and reintegration of veterans with IDP status into civilian life.

3.2. Subbject of research – is their adaptation strategies and barriers. The analysis is structured around five dimensions: what the veteran does to return to civilian life (strategies), how displacement affects this (intersection of experiences), what hinders adaptation (barriers), what facilitates it (resources) and what outcome this leads to (trajectory).

4. RESEARCH METHODOLOGY:

4.1. Research design

A qualitative design with a comparative approach was employed. The main group consisted of veterans with IDP status. The comparison group comprised veterans without IDP status who returned to their previous place of residence after completing their service. This comparison allows us to distinguish between characteristics common to veterans in general and those specifically linked to displacement. Expert interviews with specialists from veterans' services were used for triangulation: as an external perspective that confirms, clarifies or refutes trends observed in the veterans' own accounts.

4.2. Consistency of conclusions

To assess the consistency of conclusions, the criteria of repeatability and triangulation were used. A conclusion is considered consistent if a pattern with a similar meaning was reproduced in at least six interviews with respondents and confirmed by at least two experts. Where a finding was confirmed by 10 or more respondents and 3 or more experts, it was deemed to be widely supported within the sample. For conclusions relating to specific categories of respondents, repeatability was assessed in relation to the relevant subgroup of respondents with relevant experience.

4.3. Sample

Purposive sampling was used, incorporating elements of the snowball sampling method based on the principle of maximum variation, with a focus on veterans with IDP status and a split across five macro-regions.

Category	Interview	Note
Veterans with IDP status	20	Main research group
Veterans without IDP status	10	Comparison group
Experts (Key Informant Interviews))	7	Support specialists, coordinators and heads of veterans' centres and organisations

Among the veterans-IDP, all of Ukraine's macro-regions are represented by their current place of residence: the Western, Central, Northern, Eastern and Southern regions.

Category	Macro-region of residence:				
	West:	Central:	North:	East:	South:
Veterans (total)	10	5	7	4	4
Veterans with IDP status	5	4	4	4	3
Veterans without IDP status	5	1	3	0	1
Experts (Key Informant Interviews))	3	1	2	1	0

DEMOGRAPHIC PROFILE:

30 Respondents:

Womans - 4 | 13%

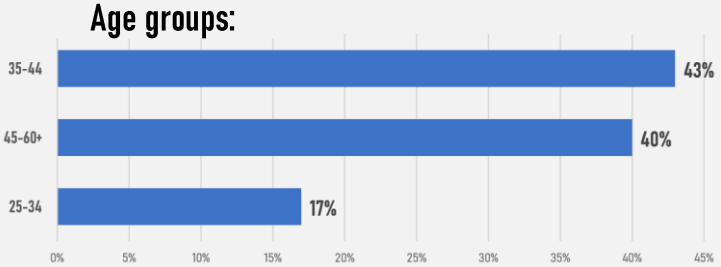
Mens – 26 | 87%

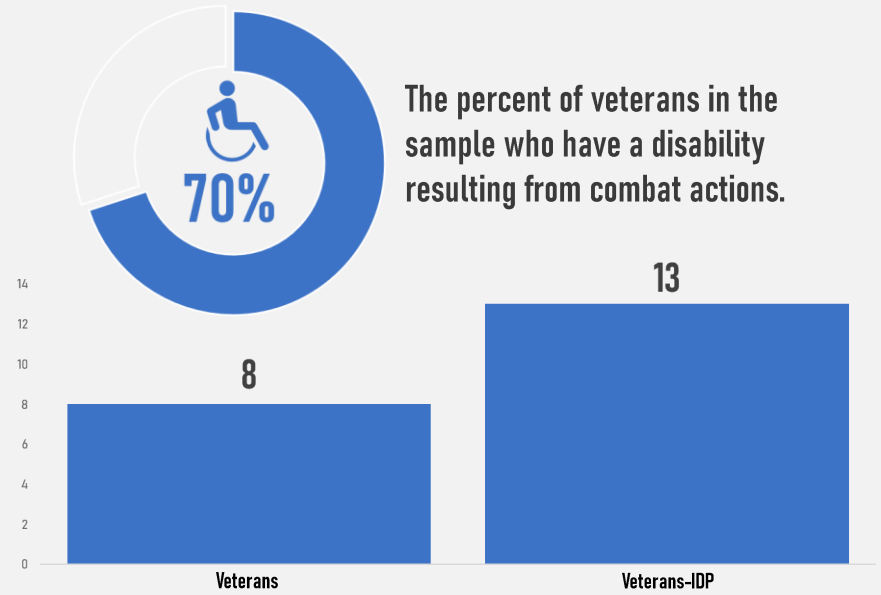
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Expert interviews with experts who work with veterans

2 years:

Average time after leaving the service





Among veterans-IDP, 7 were internally displaced before they began their service, 10 during their service (their homes were occupied or destroyed), and 3 after their discharge from the Armed Forces. The average time elapsed since internal displacement among the respondents surveyed was approximately 4 years (13 people were displaced after the start of the full-scale war in 2022; 7 people were displaced during the ATO after 2014 – of these, 4 were displaced twice – after 2014 and 2022).

Expert interviews were conducted with representatives of: "Veteran PRO" (Bukovyna), the "Center of Assistance to Survivors" - social and psychological support center (Chernivtsi), the "Place of Strength" - veterans' support center (Chernivtsi), the "Titans" - municipal enterprise attached to the regional council (Dnipro), the "Center for Combatants" - municipal institution (Sumy), the veterans' centre attached to the city council in a regional center near the front line (Kharkiv), and the charitable organisation "Veteran Hub".

The experts represent civil society and charitable organisations, municipal services and bodies attached to city and regional councils, and centres for social and psychological support; there are no representatives from the Territorial Centres of Complectation and Social Support, the Pension Fund, the Administrative Service Centres, the Employment Service or the Ministry of Veterans' Affairs amongst them. Therefore, the account of the work of these institutions is presented from the perspective of service users and the organisations supporting them.

The sample is not representative and does not claim to provide statistical generalisations. Further details on this are provided in the 'Limitations' chapter.

4.4. Data collection

The tool for surveying veterans is a semi-structured narrative interview guide comprising ten thematic sections: housing; economic stability and professional fulfilment; family; psychological adaptation; social connections; community; post-service reintegration experiences; government, veterans' and IDP services; the decision to stay or move; what 'getting one's life sorted' means to an individual. Each section covered five dimensions: adaptation strategy, intersecting experiences, barriers, resources, and outcomes.

A separate guide was used for expert interviews, focusing on the specific needs of IDP veterans, barriers to support, and the systemic level of programmes. The format consisted of telephone and online interviews.The fieldwork period ran from 28 August to 24 September 2026.

Respondents are identified by codes; personal data, the names of small settlements and military units have been anonymised in the materials.

4.5.Data analysis

The data was compiled into a case matrix: one row per respondent, with columns corresponding to thematic blocks and the dimensions of the research instrument; the cells contain the respondents' direct quotes. Analytical descriptions of the respondents' answers were prepared separately.

The results for the two groups of veterans were compared with one another and with expert interviews for each thematic block. A conclusion is considered robust if it was confirmed by six or more respondents and at least two experts.

In the text, respondents' quotations are signed by group and the macro-region of their current residence; experts' quotations are signed by organisation and position.

Quantitative statements describe only this sample and do not claim to be statistically representative of the groups under research.



5. WHAT DID THE INTERVIEWS SHOW?:

5.1. Why do veteran IDPs not have a "break" after their service?

The most frequently repeated observation in the study does not concern a specific problem, but rather time. A veteran returning home has a few months to 'catch their breath': to recover, get used to civilian life, and learn to look for work without rushing. A veteran-IDP does not have this time: from the very first month, they must find housing, pay rent and earn a living. Experts from various regions unanimously described this phenomenon; the head of "Veteran PRO" (Bukovyna) termed it "the compression of the transition period": a person formally lives within the community but remains 'on the edge' for a long time – only marginally integrated into social life, psychologically unadapted and unable to process their experiences. Representatives from Veteran Hub summed up the difference in a single phrase: "the difference lies in whether you have somewhere to return to, or nowhere to return to".

> *"If veterans are not IDP, they usually either have their own home or some form of family accommodation... they know exactly where they will return to... Some veterans returning to their communities have a bit of time to settle in and look for work, but when you return to rented accommodation, you have to do so straight away."*

(expert, Veterans Support Center "Place of Strength", coordinator)

This compression changes the priority of needs: veterans without IDP status, upon discharge, request rehabilitation, training and grants, whilst veterans who are IDPs prioritise housing, money and any kind of work. According to an expert at the municipal institution of the Center for Veterans' Affairs (Sumy), this combination of statuses "*doubles the need for resources, so to speak*," and the traditional format of support for veterans "*does not work without first meeting the basic needs of IDPs*." Accounts from veterans without IDP status confirm this picture from the opposite perspective: they may seek work not because of a critical lack of funds, but to remain active and needed, whilst financial support at the start gives them "*a chance to catch their breath*" and time to study.

> *"When a person arrives in comfortable surroundings, with their family, in their own home... with acquaintances and friends, well, it's a bit different... But here, you wake up every morning and realise that in a week's time you'll have to pay those 12,000 so that... you don't end up at the train station."*

(veteran-IDP, Central region)

This difference can be described as the contrast between choice and compulsion. Internally displaced civilians begin to rebuild their lives immediately after moving, whereas a soldier cannot, "*because you have less time to rebuild the world and your own well-being, as you are in the army*" (Veteran Hub).

Until their discharge, a veteran-IDP often finds themselves at a stage that civilians have already passed, but with injuries and without the resources they have built up. Consequently, a veteran-IDP makes decisions by pushing themselves beyond their limits, and such choices more often than not lead to unpleasant work and low income, and subsequently to exhaustion, resentment and a sense of lost perspective.

Key conclusion: the specificity of an IDP veteran does not consist in a different set of problems, but in their significantly greater intensity, simultaneity and urgency. The same needs shared by all veterans (medical treatment, employment, documentation, social integration) become more acute for IDP veterans, and their material needs require immediate resolution, without any period of recovery. Consequently, programmes designed for a gradual approach (rehabilitation, retraining, psychological support), whilst formally available, are in practice postponed until the issues of housing and basic income have been resolved.

5.2. Housing: why does everything begin and end here?

For IDP veterans, housing has proved not merely to be one of the barriers, but the central pillar around which all other decisions revolve: work, family reunification, and the desire to remain in the community. When asked what it means to 'get their lives organized', the majority of IDP veterans first mentioned having their own home: "*Having a home of one's own. And that's it… everything else can be achieved*."

Renting as permanent instability:

Renting – not just an expense, but a source of instability: a significant portion of one's income goes to the landlord, and the risk that they might ask you to move out makes any plans uncertain. Owning your own home, on the other hand, is seen as a prerequisite for progress:

> *"If you rent housing and constantly give the landlord a substantial part of your income, it limits your ability to develop in life, to try something new... When you live in your own flat and don't pay, you have a little more opportunity even for that same training... to accept a lower-paid job at the start."*

(veteran-IDP, Western region)

The rental market itself is a barrier: refusals to rent to displaced persons and to families with children and pets, rising prices after 2022, which landlords sometimes justify by saying that displaced people *"speak Russian"*, and payment for the first and last month upfront. Cost determines geography – from UAH 5–10 thousand in the Kharkiv region to UAH 20–25 thousand and more in the large cities of western Ukraine – and for a veteran living on a pension this difference decides whether they will have somewhere to live. The most common strategy is finding housing through personal connections, but it depends on social capital that is lacking in a new place; without it, conditions can be extremely modest, from a four-square-metre dormitory room to a summer cottage without water. For a veteran who does not work and lives on a pension, renting often has no solution, and it is veterans with war-related disabilities who find it hardest to get a job, and *"there are many of them"* (specialist, municipal Centre for Combatants, Sumy).

State programmes: more "first come, first served" than a system

There are more housing programmes for IDP veterans than for other veterans, and the study includes successful cases, but behind each of them lies a long road and many cases that got stuck: the programmes are *"raw"* and operate on a *"first come, first served"* basis (Chernivtsi): limited resources, a limited legal list of territories and additional conditions mean that *"someone got it, and someone with exactly the same status didn't"*.

Access is restricted by three mechanisms: lists of territories that do not include settlements where fighting is actually taking place; the requirement to provide evidence that cannot be obtained from occupied territories, which means the right is often recognised only after refusals, commissions and court cases for which most veterans lack the resources; and waiting with no horizon – *"The certificate is valid until '30. If I live that long, maybe I'll be lucky"* – when queues number tens of thousands of people.

Partial rent compensation is almost inaccessible because it requires an official lease, which landlords refuse to sign: in one expert's practice, only one family out of 169 used it. Even when received, this compensation covers about a quarter of the average rent in the region and remains supplementary. Those who spent years on the housing waiting list in communities that are now occupied fall through the cracks separately: according to an expert at the Center for Combatants, it is the waiting list

and housing vouchers that account for the largest share of housing requests, because such people *"cannot remain on the housing waiting list"*.

The queue trap and temporary housing

The queue can tie a person to a place where life is difficult, because moving resets their place on the waiting list:

> *"Even if someone gives me those 20 thousand so I can move somewhere, I'll have to get on the housing waiting list all over again... If I leave, I'll be without housing for at least another year or two."*
>
> (veteran-IDP, Eastern region)

A similar logic applies after receiving housing: the legal ban on selling housing purchased with an eVidnovlennia (eRecovery) certificate for five years becomes, for a person considering moving further from the front, yet another argument against buying it where they live now. The choice between the city where family and friends are and a safer region remains open, so the decision is postponed.

An even more acute gap is temporary housing: representatives of Veteran Hub described requests for it as the ones *"where there is the most helplessness and very few answers"*. Healthcare facilities keep people on because "there's nowhere to discharge them to", *"rehabilitation tourism"* emerges, and there are no state programmes for temporary rental during the waiting period, which *"can be a year or more"*. For example, according to an expert from a regional veteran organisation, in the Chernivtsi region a space for 150 people was created over three years for 100,000 displaced persons, and existing solutions do not always take the family into account: a wife without IDP status cannot be accommodated in an IDP dormitory. The alternatives have strict limits – in day centres *"you can only spend the night, and during the day you have to leave"* – so experts see the solution not in one-off payments but in longer-term forms: *"long-term or social rent, or providing permanent housing" at a lower price until the veteran "gets back on their feet"* and finds a stable income.

What changes when housing appears

The strongest evidence of the central role of housing was the case of a twice-displaced veteran who was refused housing by the state and was given a flat by a charitable organisation. After that, his family returned from abroad:

> *"After I was given the flat and had already been discharged from military service, my family came to me and everything fell into place... My child started school, because the housing issue was settled."*
>
> (veteran-IDP, Western region)

Housing without a rental burden allows a couple to support a family together even on a minimal income; in the comparison group, housing hardly comes up as a problem: when it is mentioned, it is about repairs, benefits or accessibility, not about having a roof over one's head. Closest to the experience of IDP veterans are those who have effectively lost their home without formal IDP status.

Key finding: for an IDP veteran, housing is not one of the needs but a precondition for all the others. Until it is in place, work is chosen by the criterion of *"covering the rent"*, treatment is postponed, the family may remain separated, and decisions about the future are *"on pause"*. Permanent housing programmes work, but slowly and selectively. There is practically no short-term temporary housing for the transition period, and it is this gap that most closely coincides with the most vulnerable moment. Expanding options for temporary housing, social rent and dormitories, and converting buildings that stand idle on the state register, can be

expected to deliver tangible results in the near term and create a basic transitional resource of stability for many veterans.

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5.3.Work: restarting a career or "any job"?

Veterans in both groups face similar barriers on the labour market: disability, health, age, and a mismatch between military experience and civilian requirements. But the logic of the job search is different: for a veteran without IDP status, work is a matter of self-fulfilment; for an IDP veteran, it is a matter of survival. According to a NISS research, in 2024 the unemployment rate among surveyed veterans was about 35%.

> ***"Veterans usually return to their usual workplaces, because by law their previous jobs are kept for them... Veterans who are IDPs need a complete career restart, because they're definitely not going back to the plants they worked at in the occupied territories."***
>
> (expert, "Place of Strength" veteran support center, coordinator)

In the comparison group there are examples of returning to a previous employer, even after complete loss of sight, and work becomes *"a way of regaining control over life"*. Among veterans-IDP there are virtually no such stories: the enterprises are under occupation, and their health often closes off access to their previous profession. A record of a concussion in medical documents can also close off a new profession, even when all other stages of selection have been passed. Remote work requires equipment and employers who are ready for a remote format, while in employment centres *"remote work practically doesn't exist "*, and the state programme compensating employers for equipment for an employee is known to veterans but has not turned into real job offers in their accounts.

Economic pressure lowers the quality of the career trajectory

An IDP veteran accepts the first offer that covers the rent *"here and now"*, and formally quick employment *"may look like a successful reintegration outcome"*, although it increases the risk of burnout and job loss ("Place of Strength" veteran support center). In requests to Veteran Hub this sounds like *"Give me any job, just because I need money"*, and some veterans look for jobs that come with housing when they are still *"not at all ready to work, neither physically nor mentally"*. A female veteran who had served her entire adult life was told in a small community that they *"have nothing to offer"* her, and for two years she felt like *"the odd one out"*. **The conditions offered to IDP veterans often do not cover even basic expenses:** the first civilian salary may be lower than the rent, and the pay promised at the interview may be cut by more than half along with a switch to informal employment. In a big city, such income does not allow a person to pay for housing and eat properly at the same time, so work by itself does not take them out of survival mode.

Veterans often perceived the offers from employment centres as unsuited to their education, age and health (*"they didn't look at my skills at all"*), so they more often found work on their own or through acquaintances, although a significant share of those who completed training under programmes of employment centres, veteran and charitable organisations found jobs. Some respondents encountered dishonest employers, and female veterans were asked about their marital status and children at interviews: according to one of them, such discrimination "isn't talked about, but it exists".

Place of birth as a barrier

There are isolated mentions of a barrier that does not appear in the accounts of veterans without IDP status:

> *«"Programming, EW work, SIGINT, drones – I tried about four times to get through interviews in the defence industry, but they don't like my place of birth and my registered address... People from the occupied territories aren't a priority, so it's better not to hire them."*

(veteran-IDP, Nordern region)

He distinguishes between "two kinds of IDPs" – from frontline areas and from occupied territories – and believes that hiring is done from a subjective rather than an objective standpoint, which means that a trained specialist and the corresponding specialised skills remain unused by the state. Whether this is about security protocols or prejudice cannot be established from the interviews: respondents do not always distinguish between the two, and the data contain no direct evidence of bias. These are isolated testimonies, but they point to a risk worth examining: the combination of origin and the absence of *"one's own circle"* may leave unused precisely the military experience and potential that are most in demand.

What works:

The best results come from short applied training with guaranteed employment. Employment Service vouchers and Ministry of Veterans Affairs programmes pay for training in full, and according to the experts there are more opportunities than applications. For IDP veterans only short training is realistic, and confidence of getting a job after the course is *"an important guarantee for IDP veterans"* (specialist, Center for Combatants, Sumy): new driving licence categories for working on trucks and buses, technical specialities in line with employers' demand, their own businesses – cafés, a sports complex, a family business. Grants work best when combined with support, thanks to which none of one specialist's clients *"has closed down yet"*, by contrast, the conditions of some state grants are unrealistic for a displaced person (seven years of land lease in a new community, year-round hiring in a seasonal business), while grants from international organisations *"that don't impose conditions"* received very positive assessments. Career advisers at employment centres remain underused; for a veteran, it is about *"finding a calling"*, not just a job

The biggest gap: veterans with disabilities

Experts unanimously named employment of veterans with disabilities as the biggest gap. **The limitations here are more often related not to skills but to conditions:** there is no equipment, no *"light work"* part-time, no way to get to work, and the head of "Veteran PRO" (Bukovyna) called inclusion *"the first issue people face"*. The problem is common to both groups but more acute for IDP veterans, because they are *"more dependent on the workplace"* and have no reserves. The comparison group shows the same problem without the housing pressure: dozens of vacancies reviewed and interviews attended with no result. Examples of workplace adaptation are found mainly in large companies, but *"obviously not everyone has the resources for it"* (Veteran Hub).

Key finding: IDP veterans look for work from worse starting conditions (no retained job, professional connections or financial reserves) and under the pressure of rent and having to support themselves. They therefore more often accept unsuitable work, and training that could change their trajectory is available to them mainly in a short format. What works best is the combination of *"short training + guaranteed employment"*, as well as personalised assistance that takes the person's health and experience into account.

5.4. The first months: why is that when people "drop out"?

Experts and veterans named the same critical period: **roughly three to six months after discharge or after completing the first course of treatment**, when a

person leaves their unit or hospital and their payments and documents have not yet been processed.

> *"After discharge from service a person literally, in the literal sense, drops out. They drop out into the civilian world, especially if they're an IDP, without any means of subsistence... I need a job here and now, simply because I have nowhere to live and nothing to buy food with."*
>
> (expert, Veteran Hub, director of services)

The gap have procedural nature. A pension takes several months to process, one-off payments at least three, the regulatory five-day deadline for issuing documents is not met in practice, and collecting certificates alone sometimes takes three months. The gap is the same for both groups – in the comparison group, veterans describe borrowing from friends and months without pay during treatment, because *"there are no payments for veterans at least for this period of time until the pension starts coming"* – but for IDP veterans it overlaps with rent and often with arrears owed by their military unit, which both veterans and experts describe as *"a widespread problem"*. The result is economy on the basics:

> *"I save on food, I mean I'm at the stage where I save a lot on groceries. In general I can go without eating for a day or so to more or less save, put some money aside, and for me that's normal."*
>
> (veteran-IDP, Central region)

A typical situation is one where an IDP veteran either cannot pay the rent, or the rent takes everything that is left and *"in the first period IDP veterans don't even have money for food"*. Without any reserves, a person is vulnerable to every subsequent blow – *"I can't afford to buy five sacks of flour and stack them on the balcony… I don't know what tomorrow will bring"* – and calls to hotlines asking for financial assistance often go nowhere.

According to a study by the Ukrainian Veterans Fund (UVF) conducted in autumn 2024, only 13.3% of veterans discharged from service believe that the state fully or largely fulfils its social obligations. At the same time, almost half (46.9%) of survey participants reported problems obtaining medical services; 43.2% – with financial assistance; 23.2% faced problems obtaining utility subsidies; 21.7% – problems with access to psychological assistance; and 19.1% had problems with pension calculation.

This gap is filled not by state programmes but by international and charitable organisations – IOM, "Zakhyst Derzhavy", Rise of Ukraine, We Rise, "Right to Protection", "People in Need", the Red Cross – because *"there's less paperwork and things get resolved faster"*. Experts explain the logic of such assistance by the order of needs: until basic needs are met, a person *"won't be thinking about getting an operation or treatment"*, but about *"where to live and how to feed themselves and their family"* ("Tytany" municipal enterprise, Dnipro). That is why, according to the head of "Veteran PRO" (Bukovyna), it is the short projects of civil society organisations that *"can put out the fire"*: food kits or temporary housing for a few days. Two or three months of paid rent and financial assistance, according to a specialist from Dnipro, are *"enough to get the documents done during that time, start receiving payments and find some income"*.

According to the UVF, as of autumn 2024

At the same time:

47%	Reported problems with medical services
43%	Problems with financial assistance
23%	Difficulties obtaining subsidies
22%	Problems with access to MHPSS
19%	Difficulties with pension calculation.

Most international donors do not fund assistance to military personnel, even though "they weren't born military"; humanitarian programmes are tied to territories (in a new city a person may be refused assistance they previously received because the city *"is not a combat zone"*), and the first one-off assistance after discharge is available only to veterans with disabilities or the seriously wounded.

Key finding: the period between discharge and the first regular payments is a systemic gap for all veterans. But for IDP veterans it is the most dangerous, because it overlaps with rent, the absence of family "back-up" and, often, arrears owed by their military unit. There is no state mechanism guaranteeing basic support during this time: it is partly and unevenly covered by charitable and international organisations.

5.5. Why do veterans have to "prove their rights"?

Interaction with state institutions turned out to be the most emotionally charged topic in both groups. Almost no one complained about a lack of rights: the complaints concerned how much effort it takes to exercise those rights. Veterans describe an asymmetry: the state mobilises automatically, but benefits, recalculations and compensation have to be proven every time. Veterans describe the contrast very bluntly: *"for the state to call a person up to defend Ukraine, everything is done in one minute"*, while exercising one's rights after returning turns into "circles of hell".

> *«"It just doesn't make sense: if I break the traffic rules, I automatically get a fine. Why, when I've already proven my status and it's already permanent, don't the benefits come automatically?"*
>
> (veteran-IDP, Central region)

The interviews make it possible to break "bureaucracy" down into specific mechanisms:

- Duplicate documents: the same package has to be taken to every institution, and some certificates are issued in a single original, *"even though it's all in the databases"*.
- Inconsistent registries: the Administrative Service Centre cannot correct an error in the Register of Veterans, a discrepancy in dates becomes grounds for refusal, and a correction can push a person from tenth place in the queue to 610th.
- Being referred between institutions and lost documents, because of which a pension is not assigned for months or is calculated incorrectly, as well as **refusals that are later overturned** only after a complaint or a court case, which, as veterans note, not everyone will pursue.
- Non-obvious rules: a service member with a disability, while still serving, is considered *"a civilian pensioner" and receives half the pension"*; some benefits can only be obtained through personal connections; military units do not issue certificates for the housing waiting list, and the procedure takes place *"in a kind of makeshift way"*.

The common core of these mechanisms lies in the fragmentation of government databases, which means that veterans themselves have to act as 'couriers' between institutions, whilst the move towards digitalisation, given this fragmentation, leads to duplication rather than simplification. **The price of this path is exhaustion:** a person comes to a specialist already feeling *"that's it, I don't want anything anymore, I don't need anything anymore"*, and some simply give up their rights. Respondents' generalisations are harsh – *"All the state institutions got in the way… obstacles everywhere"* – and at the same time simple: *"Just give us what we're entitled to"*.

What IDP status adds:

For an IDP veteran, three specific barriers are added to the general ones: the need to confirm IDP status itself, which requires a registered address that a person often does not have after hospital; two parallel support systems with no one to explain *"where veteran status works, where IDP status works, and where they can be combined"*, and overlapping statuses, when a war-related disability pension is counted as income and cancels out IDP payments *("it's not income, it's not earnings… Well, give the person back their health and take these payments away")*. Because of this, some veterans do not even apply for injury compensation, while the community of residence and the community of origin refer the veteran to each other, so the person formally belongs to two communities but in fact receives support in neither. Veterans explain giving up compensation by a combination of reasons: the pension will again be counted as income, a new package of the same documents has to be collected, and decisions will be made by people *"most of whom have nothing to do with this"*.

Inequality of communities

Support depends on the capacity of a particular community: a regional centre may offer annual payments, while a small community *"gives 1,000 UAH for firewood"*, and veterans, comparing payments from different cities, are outraged by differences of several times. Representatives of Veteran Hub link this to decentralisation: social services are funded from local budgets, so after moving a person may lose access to home care, day centres or supported living that they previously had, and according to the experts there is *"no systemic solution"* yet.

For an IDP veteran, the inequality is twofold, because they choose where to live based on the affordability of rent and work rather than the level of support, and assistance is generally provided *"more on an ad hoc basis… than systematically"*. Communities where *"social protection, everything works clearly"* show that the difference is determined not only by the budget but also by how the work is organised. However, even where a veteran is accompanied and payments arrive, after that *"everything is held up by papers, meetings and commissions… the system itself hasn't got any faster"*.

Key finding: the main problem is not a lack of rights but the fact that exercising them is left to the person themselves, who has just returned from war, often injured and exhausted. For an IDP veteran the procedure is more complicated, because they have to prove two statuses at once, navigate two uncoordinated systems and restore documents from occupied territories. The recurring feeling that "the state demands automatically but provides only through struggle" undermines trust and, according to the experts, leads some veterans to simply give up their rights.

5.6. Who helps veterans find their way, and why does information not reach them?

The vacuum begins at the moment of discharge:

The assessments of veterans and experts converge on a single breaking point: a demobilised person goes through the TCC but receives no information there about what to do next.

> *"A total vacuum... Not on a single billboard or city light, not once anywhere did they advertise that there's a support specialist. Not in a single TCC in the city. Not a single brochure, not a single roadmap of how to proceed, what a veteran should do once discharged, where to go."*
>
> (veteran-IDP, Central region)

According to a sociological survey (NGO "PRYNTSYP", 2024), about 52% of demobilised veterans obtained the information they needed online, 47% from brothers-in-arms, and 45% while in hospital.

Despite the law on interaction, TCCs do not give discharged personnel even a specialist's phone number, and where the mechanism has started working, this happened thanks to personal arrangements, *"despite the limitations of the existing system rules"*.

> *"The fewer social connections you have, the less information you'll have in your community about benefits, about all these measures – that's one hundred percent. The more time you spend in service, the fewer social connections you have in your community."*
>
> (female veteran-IPD, Western region)

As a result, IDP veterans learn about programmes later, by chance, or not at all – to the point of missing the deadline to apply for one-off assistance of about UAH 60,000. When there is no acquaintance to help, a person, according to a support specialist (Sumy), *"instead of their opportunities, gets the painful consequences of not having them, and there are many such cases"*. The problem is not a lack of information but its fragmentation: it is duplicated on state resources, social media and civil society organisations, but does not reach the person. The consequences can be paradoxical: social protection and health departments say that veterans *"simply don't come to them"*, while veterans meanwhile raise money for treatment that is free.

Support specialists: when this format works and when it doesn't

The institution of support specialists received polarised assessments. Where a specialist works proactively – calls, informs about programmes, sees the case through to a result – they become the most important resource, and the participation of some veterans in programmes directly *"depends on whether someone tells them about them"*. Critical assessments relate to consultations without real authority, and a former specialist explains the reasons from the inside: workload (*"we either do the work or imitate doing the work"*), reporting and low pay. **The size of the network does not match the need:** a specialist handles an average of 30–50 cases, and in one region the network does not cover even 10% of those who need a quality service: *"We don't even see these people, they just don't reach us"*. At the same time, specialists and coordinators of civil society organisations have an informal resource: staff of institutions see them as equals, so informal dialogue, an official request, and sometimes an appeal to the ministry or the city council get a stalled case moving. Veterans formulate the minimum standard simply: *"when you're discharged, you're given a specialist in your city who will help you when you're ready"*.

Key finding: At the same time, many of those interviewed did not turn to specialists: because of distrust of their effectiveness, negative experience with state services, not knowing their functions, or simply because they did not know they existed. A twice-displaced respondent from the Western region said that state specialists were unable to give him the information he needed, and it was a civil society organisation under the Mariupol City Council – his home city – operating in exile that helped him sort things out. The head of a regional veteran organisation gave the scale of the network: about 3,000 support specialists nationwide, and in his region about 100 specialists for 32,000 combatants.

5.7. Equal-to-equal support and a digital platform for veterans

The most trusted source is another veteran who has already gone through the same path, in particular former prisoners of war who explain to the newly discharged *"where to submit documents, how to register a disability"*. Veterans stress that programmes should also be developed by people with relevant experience: *"A person who hasn't lost their home can't… develop… programmes for a person who… has lost everything"*. The principle of such help is *"not advice, but simply giving examples"*, so that the person can see an alternative and choose for themselves.

The greatest agreement between veterans and experts concerns the need to put into practice the idea of a single digital space, which was already under way at the time of the study – *"a single window and a single account"*, where all issues can be resolved "without leaving home", with entitlements by status, community programmes and automatic retrieval of certificates. The current "single window" is still a formality *("formally you can register all your statuses in one click. Unfortunately, that's not the case")*, and since many people, *"not only of retirement age"*, do not use state apps, a printed information sheet upon discharge is also needed: a signed-for list of entitlements with the procedure for exercising them, documents, deadlines, phone numbers and an appeals mechanism.

Key finding: the information gap for IDP veterans is structural. Information spreads through personal networks, and it is precisely these networks that displacement destroys. As a result, IDP veterans systematically learn about opportunities later. Proactive personal support and the experience of other veterans proved most effective. **The biggest "unused entry point" into the system is the moment of discharge at the TCC.**

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5.8. Psychological well-being: where are the limits of self-reliant adaptation?

Recovery is postponed

The vast majority of veterans in both groups cope with the psychological consequences on their own or with the help of loved ones: in the practice of a specialist from Chernivtsi, only five of 266 clients asked for a psychologist themselves, and among the 30 veterans interviewed in the study, only six sought professional help. The reasons are stigma, distrust and an unwillingness to "dig around":

> *"Going to a psychologist means you're a psycho, they'll take away your driving licence, take away your permit, and that's the end of your career. These are stereotypes that need to be broken."*
>
> (veteran-IDP, Central region)

For IDP veterans, the order of priorities adds to this: when the main issue is rent and food, psychological rehabilitation drops to last place, *"and, as a rule, it never gets that far"*, until their condition requires inpatient treatment, as with a respondent who had recently been discharged from a psychiatric hospital due to sleep and memory disorders. Having *"reduced internal resources as a result of service at the start"*, an IDP veteran without a recovery mechanism depletes them *"to the limit"* ("Veteran PRO", Bukovyna). Those who did decide to seek help assess it positively and become *"ambassadors"* in their circle, although they often buy medication at their own expense. The small number of requests does not mean there is no need – "*We are all traumatised people*" – so some centres engage veterans *"non-verbally"*: through sessions with horses, fishing, tennis and creative activities. Veterans clearly state their requirements for the format: help should not end with *"the psychologist's safe office"*, group breathing exercises are *"not at all what our*

guys need", and the approach *"sleeping badly – PTSD, here's a pill"* is off-putting. They trust those who have similar experience, and pushing a person is pointless: *"If it doesn't come by itself, better not to interfere"*.

The resources veterans name themselves are mostly practical and physical: sport (from kettlebells as *"the best antidepressant"* to the Invictus Games), working with one's hands, nature, helping others, and consistent goals, because *"if there's no goal, a person is lost"*. They link overcoming PTSD to the conditions after returning: *"I wasn't in comfortable conditions after the war"*. Age changes access to these resources: younger veterans more often help themselves through sport and activities at veteran spaces, older veterans, over 50, find it harder to engage, and after relocating the social circle of older IDP veterans often narrows to their wife or relatives. Respondents also describe career military experience as a resource: it is easier for a professional to return to civilian life than for someone mobilised without training.

Returning to service as a way out

The most alarming cross-cutting observation is that for some veterans returning to service turns out to be easier than civilian life: some of those who have grounds to be discharged do not do so, and some of those discharged return in less than a year – even with prostheses.

> *"If the work isn't connected to your own business or to the military community, my personal social survey says 95% of the guys go back to serve within a year... You don't find yourself here."*
>
> (veteran-IDP, Central region)

The number of 95% is the respondent's own estimate based on his circle, not a statistical indicator, but the observation itself recurred in interviews with other veterans and 2 experts. **For a veteran, the army is an environment with clear rules, where they** *"rate their chances of supporting themselves higher"*. When civilian life does not provide housing, income, a social circle and prospects, service becomes the only *"clear and stable"* scenario, and among IDP veterans this tendency is more pronounced. For some, returning is not a choice of the army but the lack of any other way to provide for their children and housing, despite burnout (*"Let someone else carry the load"*). Motives differ, however: in the experience of a specialist from Kharkiv, *"most would have liked to continue, but they were pressured and they left"*.

Risk signals

Some of the interviews contain signs of deep despair that should be seen as a signal for the support system: regret about the money invested in service (*"the biggest mistake… nobody needs it"*), a feeling that *"all that's left is to either hang yourself or beg for alms by the church"*, the look of institution staff in which the veteran reads *"Haven't you croaked yet?"*, and the conclusion that *"there's no way out without radical and drastic measures"*. IDP veterans notice bitterness and withdrawal in one another, and certain statements made in despair (the thought of *"putting a gang together"*, immediately balanced by the words *"at least I'll stay human for myself"*) should be read not as an intention but as an indicator of the depth of devaluation, when a person feels no respect either as a veteran or as a person with a disability. Alcohol is mentioned in the accounts of both groups mainly as a risk for loved ones or a stage that has been overcome, and some respondents point to overcrowded addiction treatment centres and psychiatric hospitals and numerous cases of suicide and domestic violence. Another signal is refusing to seek help in order to preserve one's dignity:

> *"Why would you go and humiliate yourself. And in the end you'll come back with what you had. It's just going to show that you're somehow abnormal, that you can't provide for yourself, for your family."*

(veteran-IDP, Eastern region)

Key finding: the psychological recovery of IDP veterans is most often postponed not because of a lack of services but because of the order of priorities: housing and money come first. Self-reliant adaptation has its limits, and alarming signals (despair, isolation, returning to service as an escape, alcohol in the immediate circle) appear precisely where basic issues have not been resolved. Help from people with similar experience, practical activities and treatment that the person chooses themselves proved the most effective.

5.9. Health and rehabilitation: what lies behind "postponed treatment"?

Accounts of health turned out to be not only stories of treatment but also stories of procedures: commissions, disability groups, queues, compensation. For an IDP veteran, every step has a cost in time and money that has to be weighed against rent.

> *«"In '25 the MHC declared me fully fit, even though I have a disability certificate in my hands. And I have 10 years of service! And I have a chronic disease, an autoimmune one, it's not going anywhere."*

(veteran-IDP, Central region)

Three respondents describe commission decisions that, in their view, are at odds with their condition; this refers to the respondents' experience, not to an assessment of the commissions' work. Since 1 January 2025, the MSEK (medical and social expert commissions) have been replaced by EKOPFO, so some of the experience described relates to the previous procedure, and not all respondents have gone through the new one. **The wording of the cause of disability has direct financial consequences:** a disability group *"not related to defending the homeland"* means that the veteran is *"not entitled to anything"*, and EKOPFO often records the disability as non-service-related, so veterans need help and trips to another regional centre to appeal. Additional refusals result from staff discretion: the diagnosis of a veteran with impaired vision was assessed by social protection as one *"that half the population lives with"*, and such cases lead to *"a great many guys just completely withdrawing into themselves"*.The disability group has to be confirmed regularly, while access to planned hospitalisation, according to veterans, has been restricted by Ministry of Health Order No. 1040, creating a *"vicious circle"* in which a person without a confirmed group *"has to go on serving"*. Veterans themselves perceive this as a policy aimed at *"reducing the number of people with disabilities to reduce the burden on the state budget"*.

Even free treatment does not eliminate costs for medicines, examinations and prosthetics (monthly spending on medication alone can reach about five thousand hryvnias), and experts and veterans name rehabilitation as the biggest shortage – it is lacking *"both psychologically and physically"*: there are not enough places in sanatoriums and hospitals or access to physiotherapy, social protection programmes often refuse due to lack of funding, and veterans with disabilities are allocated only 10 days of treatment in a military hospital. Veterans propose a separate pathway – centres that combatants can attend *"separately from the general queues with everyone else"*.

Key finding: for veterans in both groups, health is not only a medical but also a procedural problem. Status and payments depend on commission decisions that often diverge from the person's actual condition, and access to planned treatment and rehabilitation is limited. IDP veterans feel this more acutely, because

every trip to a commission, every pack of medicine and every appeal competes with rent, and treatment is what they postpone the longest.

5.10. Family: a source of support, separation or a second adaptation?

For most veterans in both groups, family is the main resource for adaptation: it is often the partner who helps them get out of a difficult state, adapt to a new city and seek help. But displacement changes the family differently from service. The families of IDP veterans are more often separated between countries, cities or the front line; divorces are more frequent, and loneliness during treatment *("wives came to visit my brothers-in-arms… but no one came to me"*) becomes one of the hardest experiences; the family "back-up", without which it is hard to study or work, disappears; the family itself is traumatised by occupation and displacement and needs support of its own. Veterans in both groups describe similar changes within the family – *"nobody comes back from there the way they were"* – but for veterans without IDP status the family stays in place and has its own "back-up", whereas for IDP veterans the family itself goes through displacement, and its reunification often depends on housing. Veterans in the comparison group more often describe the changes as a passing stage: after decades of service, a person learns to be there for children whose needs they did not previously know.

Community: when do you become "one of us"?

The experience of inclusion in a new community is polarised and depends both on the community and on the person's own strategy. At one end – respect for military personnel at school and in hospital, children who are the first to make friends, specialists and Administrative Service Centres that help one feel part of the community. At the other – years without a single invitation to visit from locals, job refusals because of an accent, and a feeling of being *"an outsider"* despite every effort:

> *"I'll never become one of them... You sell at the market or somewhere else – they immediately say: you're not from around here. Your speech isn't right. Even though I speak Ukrainian..."*

(veteran-IDP, Central region)

Respect for a veteran and acceptance of a displaced person do not always coincide, even in the west of the country, where, in the subjective opinion of many of the veterans interviewed, there is *"a far better attitude towards veterans"*, and social services and commissions to a greater extent work *"in accordance with the law, the way it should be"*. Veterans in both groups keenly feel the indifference of part of society *("I didn't send you there"*) and everyday conflicts in which a person living with the consequences of combat finds themselves in a no-win position: *"let it slide – oh, veterans are weaklings; give someone a beating – oh, veterans are sadists"*. Some veterans turn the very logic of the term "reintegration" upside down: since it was mainly civilians who went to fight, in their view it is society that needs to reintegrate. The most effective strategy for entering a community is useful activity: *"if a person is useful to the community, the community accepts that person, regardless of any status"* – through civil society organisations, sport, volunteering, activities with children and diaspora communities from home regions in exile. Isolation, on the contrary, blocks integration: *"if I had come to the community and hidden away at home somewhere, there'd be no integration at all, and there are a great many like that"*. For families, joint events for children work best.

Key finding: for an IDP veteran, respect for military status and acceptance as "one of us" are different things. The former gives certain privileges (skipping queues, courtesy); the latter depends on the length of residence, language, work and useful activity. Those who become part of a common cause (through children, a civil society organisation, work) integrate fastest; those whom displacement and their experiences push into isolation integrate slowest.

5.11. Who am I after service, and where is my home?

For veterans in both groups, the question of identity is the question of "who am I now". They talk about a rupture between themselves before and after the war, and some continue to feel like military personnel despite their pension and disability:

> ***"It's no longer possible to return to the life I had before the war. My health has changed, my perception of time, my attitude to people and to my own capabilities."***
>
> (veteran, Central region)

The civilian environment after returning is often perceived as alien, and veterans' lives alongside civilians as a separate world: *"We lead our own, separate life, a lonely one"*. New roles are formed where a person finds an occupation connected with their service experience – sport, a civil society organisation, helping brothers-in-arms: *"the sooner we convert civilians to our veteran religion, the easier it'll be for us from then on"*. For IDP veterans, the question "who am I" is joined by "where is my home": some are waiting to return, believing that *"those who returned home have it a little easier"*, others have consciously closed this chapter, and for those who have lost their property, parents and family, the loss is so complete that *"I don't worry about it that much anymore"*. **The sense of temporariness is more pronounced among IDP veterans than any other identity trait:** it is sustained by renting, queues with no deadlines and the approaching front line, the future seems "*put on pause*", and even those who have settled say: *"I'm a stranger here"*. Veterans in the comparison group also draw a line between "us" and "them": people *"are divided into those who have someone who fought, died or is still serving, and those whom the war hasn't personally touched"*. Even owning a home is perceived ambivalently: it *"would give stability, but at the same time would tie me more strongly to the place"*. In the comparison group, this state is almost absent.

Key finding: the identity of an IDP veteran consists of two unfinished transitions: from a military to a civilian "self" and from a lost home to a new place. Until housing and work are settled, the second transition effectively does not begin, and the person lives in a state of temporariness. Where an occupation connected with service experience appears (sport, a civil society organisation, helping brothers-in-arms), a new role takes shape faster than the feeling of having a place of one's "own".

5.12. Veteran status: does it help or exist separately?

Status works as access to benefits, but much less well as a social role.

It helps with queues, payments or dental prosthetics and *"gives a certain pull in many situations"*, but just as many respondents deliberately do not show it – *"I don't go around telling people I'm a veteran and an IDP… why would I"*, *"These are my merits, I don't show off about them"*, – in order to avoid conflicts:

> ***"We don't do that thing where we tell everyone: 'We're veterans, respect us.' No. We don't declare it anywhere... Well, we try to sort of slip by so there's less conflict with civilians."***
>
> (veteran-IPD, Central region)

Behind this there is often an experience of humiliation and a desire to be *"just a person"*, moreover, the status *"doesn't compensate for the health, the time and the limitations a person came back with"*. Most describe IDP status as neutral: it provides neither benefits nor socialisation, and prejudice against displaced persons was more common in 2014–2020. The exceptions are cases where origin itself became a reason for a landlord's refusal or prejudice based on language.

> ***"...PCA status doesn't work the way it used to. There's no respect for veterans at all.***
>
> ***And I don't need it anyway."***
>
> (veteran-IDP, Eastern region)

Key finding: veteran status works as a set of benefits, but not as a mechanism of acceptance. The veterans who most need support are often the least willing to show it, because applying for a benefit is associated with humiliation and conflict. For policy, this means that entitlements should be delivered without the need to present one's status each time: automatically, through registries and without public proof.

5.13. Stay, return or move on?

Uncertainty about where to live distinguishes IDP veterans most clearly. Veterans in the comparison group almost unanimously do not plan to move, even if it is dangerous at home, whereas IDP veterans keep several scenarios open. Decisions are shaped by several factors:

Own housing:	Головний «якір»: ті, хто купив житло за компенсацію, «вже не планують переїжджати», а без нього наступний переїзд вважається «імовірним».
Safety:	Купівлю стримує «можливе наближення фронту».
Work and rent:	За приблизними суб'єктивними оцінками опитаних експертів, частка ветеранів-ВПО серед звернень зростає із заходу на схід –від близько 15% (Львів, Чернівці) до 30% у центрі і на півночі і 50% у прифронтовому Харкові, що пояснюється нижчою орендою, вакансіями і бажанням бути ближче до дому
Family:	Переселяються до міст, де живуть рідні чи побратими, а успішні переселенці запрошують інших за собою; частина зберігає надію повернутися, інші вже «змирилися».

Older veterans with disabilities more often stay close to home, even in frontline regions, while the plans of younger veterans depend primarily on their financial capacity.

Where this leads: four trajectories

The combination of strategies, resources and barriers makes it possible to identify four typical trajectories in the accounts of IDP veterans. They are not rigid categories: one person may move from one to another.

The trajectories are distinguished by two criteria – the presence of an "anchor" (yes / no) and spatial orientation (settled / postponed), so each of them corresponds to a cell of this matrix:

«Settling In» – there is an anchor, orientation is settled;

«Mobilising of Networks» – there is no anchor, orientation is settled;

«Surviving in Renting» – there is no anchor, the decision about place is forcibly postponed;

«Life on Hold» – there is an anchor, but the decision about place is postponed.

Кількість респондентів у таблиці показує розподіл 20 ветеранів-ВПО за переважаючою траєкторією на момент інтерв'ю.

Table of adaptation trajectories:

Trajectory	What defines it	Looks in the interviews	Number of respondents
Settling In	Own housing (through a state programme, charity or family), stable income or own business, family nearby	A veteran from the east with a family farm in the Central region; a veteran whose family returned to him after he received a flat; a veteran who received housing under a programme for persons with disabilities; a veteran in his wife's house who is "settling in here"	5
Mobilising Networks	Active self-reliant strategy, former comrades from the service, flexibility, experience of previous moves	A female IDP veteran who found housing and a job through a friend from the service and is "ready to start over"; a former prisoner of war who went from a bus stop to a rented flat and helps others	3
Surviving in Rented Housing	Rent takes most of the income, no job or an unstable one, queues with no deadlines, health limits capacity	Veterans living on a pension in rented housing, saving on food, waiting in queues for years or suing for compensation	10
Life on Hold	Uncertainty, hope of returning home or returning to service, decisions "on pause"	A female veteran planning to return to service because of the social guarantees; veterans waiting for the end of the war to return home	2

The decisive role is played not so much by a person's education or activity as by having at least one "anchor" at the start: housing, a family with housing, or a job with guarantees. Educated and active respondents without such an anchor ended up in the survival trajectory, while the appearance of housing (including through a successful support programme, reduced rent or charity) quickly changed the trajectory.

IDP veterans and veterans without IDP status: what they share and what sets them apart

The comparison of the two groups sums up the answer to the central research question. The table is based on interviews with veterans in both groups and on expert assessments; it describes trends in this sample, not frequencies.

Area	Veterans without IDP status	Veterans with IDP status
Housing after service	Return to own or family housing; the housing issue is mostly resolved or not urgent	Rent, a dormitory, housing of acquaintances; housing is the first and most acute need
Transition period	More time to adapt: time for treatment, rest, a dignified search for and choice of employment as a role	*"Compressed" transition: action is needed immediately, from the first month, often by forcing oneself*
Work	More often a return to a previous employer or business; retraining, training and the search for new prospects; the motive is to be active and needed	Restarting a career from scratch; the motive is to cover the rent; greater willingness to accept unsuitable work
The first 3–6 months	There is an income gap in this group too, but it is cushioned by own housing and family	The income gap overlaps with rent; some respondents borrow money or save on food
Documents and services	Duplication, queues, refusals, court cases	The same plus confirming IDP status, two parallel systems, lost documents from occupied territories, loss of payments because of having a pension
Information	Less often through platforms and networks: the Ministry of Veterans Affairs' e-Veteran, Veteran PRO Through old networks: relatives, neighbours, acquaintances in institutions, information tips on social media	Old networks are destroyed; information arrives later or by chance; the veteran platforms Veteran PRO or the Ministry of Veterans Affairs are rarely used
Psychological well-being	Similar consequences of service: tension, insomnia, "nobody comes back the way they were"	The same consequences, but recovery is postponed; higher risk of exhaustion
Family	Most often "everything as before", with gradual adjustment	Separated families, relatives under occupation or abroad, loss of family "back-up"
Community	Neighbours' attitude "hasn't changed"; society's indifference is keenly felt	From full acceptance to a feeling of being "an outsider"; isolated cases of prejudice based on language and origin
Stay or move	Stay at home even despite the security situation	Temporariness, several scenarios, dependence on housing and safety
Identity	*"A completely different person"*, but home and social circle are in place; the question "who am I" without the question "where is my home"	Two unfinished transitions: "who am I" and "where is my home"; a sense of temporariness and of being "an outsider"
Health and medical procedures	The same barriers: VLK, EKOPFO, medicines, shortage of rehabilitation; costs are partly covered by family or work	The same barriers, but trips, appeals and medicines compete with rent; treatment is postponed the longest
Attitude to status	Status more often *"exists separately"*: it provides benefits but does not change relations with the community	The same, and IDP status is neutral; respect for a service member does not mean acceptance of a forcibly displaced person
Sources of support	Family, neighbours, old acquaintances, retained employer	Brothers-in-arms, comrades from the service, support specialists, organisations, Telegram groups

What both groups share: The comparison group helps avoid overestimating what is specific to IDPs. Veterans in both groups speak equally of bureaucratic exhaustion, the need for a person who will *"take them by the hand"*, the income gap between discharge and pension, the difficulty of finding employment with a disability, misunderstandings with civilians and the value of brothers-in-arms. These problems are systemic for veteran policy as a whole. A veteran from the comparison group who had served since 2004 described the difference himself very precisely:

> *"If this service member, even if he's broken, maimed, comes back home... [IDP veterans] find themselves in a difficult situation, because they have to start their whole life from scratch, and look for housing for themselves, and look for a place where they would like to live."*
>
> (veteran, Central region)

The boundary between the groups is blurred: Several respondents in the comparison group show signs of displacement without formal status: a severely wounded veteran's house was set on fire while he was fighting; another veteran in the comparison group bought housing in another region after his family home was destroyed; yet another knows a wounded brother-in-arms who left his home under shelling but does not have IDP status. A specialist at the municipal veteran support centre (Chernivtsi) stressed that there are *"many more" "de facto displaced"* veterans without the status (because their housing has been destroyed or they decided not to return to their old community), and they face the same needs. For policy, therefore, what matters more is not whether a person has a certificate, but the answer to the question: does the person have somewhere to return to?

6. CROSS-CUTTING THEMES:

The findings below were not built into the thematic structure of the guide, but recurred in several interviews, so they should be considered as independent patterns.

6.1. Can previous displacement be a resource?

Displacement is most often described as a loss. However, in three interviews repeated experience of displacement turned out to be a resource. An IDP veteran who became a civilian after serving in the ATO and then, after serving in the full-scale war and an amputation, moved a second time, explained that he already had *"established contacts, an understanding, a strategy for how I'd integrate. I was already doing this in hospital"*. A twice-displaced person from the Luhansk region

6.2.Why do those who help others adapt better?

Among veterans who assess their adaptation as successful, one detail recurs: they help other veterans. A former prisoner of war describes every time he managed to help a brother-in-arms obtain a benefit or find a flat as *"a small victory and confirmation that I'm needed"*. A veteran with an amputation who organised veteran sport and theatre calls the outcome of helping *"a real resource"*. A respondent who for years led his brothers-in-arms *"by the hand from office to office"* says that *"it took my mind off things and helped"*. A veteran who has completely lost his sight teaches blind brothers-in-arms to use a cane and a phone. Several experts are veterans themselves, and veterans quite often become support specialists.

This pattern resembles the mechanism described in many humanitarian studies whereby former aid recipients become volunteers and stop feeling like "victims". For IDP veterans it has additional value: according to respondents, useful activity is the main way to become "one of us" in a new community.

6.3.Former prisoners of war: a distinct subgroup

Four IDP veterans in the sample had been in captivity, and their stories share features worth highlighting separately: loss of ties (their phones were taken, contacts of brothers-in-arms lost), a long struggle for documents *("for a year I couldn't get my PCA status")*, panic attacks, the need for longer rehabilitation *("after three and a half years of captivity you can't"* return a person to a normal rhythm in a few weeks) and double isolation. At the same time, it is former prisoners of war who support each other most actively: they travel to exchanges and pass on information. A former prisoner of war proposed proactive personal support for this group: *"call, ask about needs, explain rights… accompany from start to finish"*.

6.4.Accessibility: even those who are supposed to help are inaccessible

Most study participants have a war-related disability, and several interviews mention the physical inaccessibility of the environment. For example, the buildings of a veteran assistance centre have no ramps: *"a person with a disability can't even get to the centre where they're supposed to be helped"*. A case manager at a civil society organisation described how it took five months to install handrails for a

veteran with an amputation because of the budget cycle, and a person in a wheelchair can only get to the ground floor of the city council. One respondent metaphorically compared this to accessible toilets being designed by people who do not use them. For IDP veterans who rent, the obstacles are greater: rented housing is rarely adapted, and a dormitory with narrow corridors becomes a daily risk for a person with impaired vision.

6.5.Programmes without people: "hundreds of programmes for IDPs. What for?"

Veterans in both groups repeated the same idea: programmes are developed by people without relevant personal experience, and the conditions for participation do not take into account the reality "on the ground". An IDP veteran: *"as of now there are hundreds of programmes for IDPs. Hundreds! What for? Where do they operate? Where are their results?"*. A displaced farmer suggests that unrealistic conditions are either built in deliberately, *"so that 5–10% could take part"*, or show that the developers do not understand the people they work for.This feeling, reinforced by specific examples, undermines trust even in those programmes that really work.

Respondents were unanimous about what the involvement of veterans in programme development should look like: *"To make a programme for IDPs or for veterans, you need a veteran who shapes it. And not a nominal veteran, but specifically by category, with different nosologies"*.



7. LIMITATIONS

7.1.Sample

The sample was formed purposively, with elements of snowball sampling. A significant share of respondents was recruited through veteran services and support specialists, so the study better reflects the experience of those who already have some contact with the support system. The most isolated veterans who do not turn to services (according to the experts, there are many of them) are represented, but to a lesser extent, and their experience is even more difficult.

The distribution by macro-region is uneven: the Southern region is represented by fewer IDP veterans than the other macro-regions. The comparison group is smaller than the main group, so conclusions about differences between the groups should be treated as trends. 70% of participants in both groups have disabilities and severe injuries, because it is mainly people in these categories who have grounds for discharge from service while the full-scale war continues; the experience of veterans without health limitations is therefore less well represented.

7.2.Time Frame

The research captures the situation at the time of fieldwork. Housing programmes, payment rules and the procedures for interaction between institutions change quickly: some of the barriers described may have been partly removed, and new ones may have emerged. Some changes came into force before the fieldwork (28 August – 24 September 2026) or shortly before it: rent compensation for IDP veterans (from October 2025; limits of UAH 6,656, 4,992 and 3,328, for 6 months with a possible extension for another 6), Resolution No. 704 on the automated information system for support specialists (from 9 June 2026), Order No. 701/205 on the transfer of data on discharged personnel from the Ministry of Defence (from 30 June 2026), and veterans' access to the yeOselia programme (from 17 July 2026). After the fieldwork, the concept of the State Support Service with the "Oskar" CRM was published (9 October 2026), and on 22 October 2026 Law No. 4924-IX on IDPs came into force.

7.3.Ethical Principles

All participants gave consent to take part in the interviews and for their answers to be used in the report, and respondents' anonymity was ensured by anonymising personal data and labelling quotes only by group and macro-region. Experts are identified by organisation and position – consent to this format was obtained from each expert.

8. RECOMMENDATIONS

Most of the key mechanisms for supporting veterans and IDPs in Ukraine already exist. The study shows not so much a lack of tools as specific points where they fail for an IDP veteran going through two transitions at once. Each recommendation is therefore built on the same structure: what the study showed – what already exists – what is proposed.

The recommendations are framed as directions for change rather than as assignments to specific bodies: the study does not assess the mandates and capacity of institutions, but only shows where existing mechanisms break down.

A. The first months after discharge:

1. Rent compensation as a "financial bridge"

What the research showed: The most critical period lasts about 3–6 months after discharge: payments and documents have not yet been processed, and IDP veterans describe an income gap that overlaps with monthly rent. There is no state mechanism that is guaranteed to cover this gap. A pension takes months to process, one-off payments at least three months, and the regulatory five-day deadline for issuing documents is not met in practice. The existing rent compensation barely closes this gap: in one expert's practice, only one family out of 169 used it, and even when received it covers about a quarter of the average rent in the region. The main barrier is the requirement of an official lease, which landlords refuse to sign. At the same time, rents range from UAH 5–10 thousand (Kharkiv region) to UAH 20–25 thousand and more (large cities in the west of the country), so the same limit works differently in different communities.

What already exists: Compensation amounts to up to UAH 6,656 (Kyiv, Dnipro, Lviv, Odesa), UAH 4,992 (regional centres) and UAH 3,328 (other settlements), initially for six months, and if the person has no housing of their own it can be extended for another half a year. Since October 2025, IDP veterans who do not own housing or did not live in their own home can also receive it. The required documents include a lease agreement and an extract from the Register of Property Rights.

What is proposed:

- It is advisable to build on the existing mechanism rather than create a new package: consider linking the compensation limit to the median rent in the region and reviewing it annually, so that the payment matches the actual cost of housing in the community.
- Consider prioritising the review of applications and payment of the first month for newly discharged veterans who have no housing to return to – for them, compensation should become part of a "transition package" until regular payments begin.
- Consider alternative ways of confirming a tenancy when the lease is informal, with safeguards against abuse: confirmation by the veteran policy unit or a support specialist, an electronic lease.
- It is advisable to inform veterans about the compensation at their first contact with a specialist, so that they do not learn about it by chance or too late.

2. Settlement and one-off payments upon discharge

What the research showed: Both veterans and experts unanimously named arrears owed by military units on discharge payments as a widespread problem. For IDP veterans it is especially painful because it overlaps with rent. Some veterans reported that they had missed the deadline to apply for one-off assistance or did not know about it at all.

What already exists: Service members discharged from military service are entitled to a one-off cash payment upon discharge (Article 15 of the Law on Social and Legal Protection of Service Members): its amount depends on the grounds for discharge, length of service and monthly pay on the day of discharge, and for mobilised personnel it is 4% of pay for each full month of service, but not less than 25% (CMU Resolution No. 460). A separate one-off cash payment is provided in the event of disability being established (CMU Resolution No. 975): documents are submitted to the military unit, and by those already discharged to the districtTCC and SS; applications can be made no later than three years after receiving an MSEK certificate or an extract from an EKOPFO decision; the decision is made by a commission of the Ministry of Defence's Department of Social Security within 30 days.

What is proposed:

- Assess the possibility of making full settlement and payment of all amounts due a mandatory component of the discharge procedure, so that a person does not enter civilian life with the state owing them money.
- Consider a single route for resolving disputes over arrears, with a named contact person responsible, instead of referrals back and forth between the unit, theTCC and SP and social institutions.
- It is advisable to inform every discharged person about the available one-off payments and application deadlines: a written information sheet upon discharge and a notification from a support specialist.
- Aggregated data on cases of late settlement should be collected and, where possible, published, so that the scale of the problem is visible.

3. A humanitarian bridge to state support

What the research showed: Where state mechanisms have not yet started working, the gap is partly filled by humanitarian organisations. However, most donors do not fund direct assistance to military personnel, programmes are tied to territories, and the first one-off assistance after discharge is available only to veterans with disabilities or the seriously wounded. According to an expert from Dnipro, two or three months of paid rent are *"enough"* to process documents, start receiving payments and find an income.

What already exists: Assistance from humanitarian organisations is short-term and targeted: food kits or temporary housing for a few days. It is tied to territories: in a new city a person may be refused assistance they previously received because the city *"is not a combat zone"*.

What is proposed:

- Consider rental assistance for 2–3 months as a bridge that ends when state compensation begins, under a referral protocol from a support specialist.
- It is advisable to agree on a single referral protocol between non-governmental organisations, support specialists and Administrative Service

Centers, and to exchange aggregated coverage data to avoid duplication and gaps.

- The dual status "veteran + IDP" should be flagged in case databases (with consent): this will provide statistics that are currently lacking (see also pilot 3).
- Physical accessibility of organisations' own premises (ramps, handrails) and outreach or remote formats should be ensured.
- Consider including those discharged from military service in the target groups of programmes where restrictions apply only to active service members, as well as applying territorial criteria more flexibly, so that moving does not deprive a person of support they were already receiving.

B. Entry into the system and rights without "proving"

4. "Automatic entry" into the support system

What the research showed: The breaking point is the moment of discharge: a demobilised person goes through the TCC and SS but receives no information there about next steps. This gap was described independently by support specialists and by veterans in both groups. Despite a joint order of the Ministry of Veterans Affairs and the Ministry of Defence on interaction between support specialists and service member support services, TCCs and SS do not pass on the specialist's number, and where the mechanism has started working, this happened thanks to personal arrangements. The network does not match the need: as an example, an expert from Chernivtsi described the situation in the region as about 100 specialists for 32,000 combatants, with a specialist handling 30–50 cases, and in one region coverage is below 10%. The best trajectories are associated with a proactive specialist, although this is a correlation: more active people may both seek help more often and adapt better.

What already exists: Order No. 701/205 (in force since 30 June 2026) obliges TCCs and SPs, when discharged personnel arrive to register, to inform them about the work of support specialists and their functions and, if necessary, to refer them to the relevant specialist. It also provides for the Ministry of Defence's support services to pass on information about service members being discharged, with their consent. Draft procedures of the same kind have been published for the Ministry of Internal Affairs and other structures. Under the concept of the State Service (October 2026), data on demobilisation or a MHC conclusion will automatically be entered into the "Oskar" CRM, a specialist is to make contact within 24–48 hours and will assess housing needs at the first contact; no launch dates have been announced. The study's fieldwork (28.08–24.09.2026) took place after the order came into force, so the gap identified is an implementation gap, not the absence of a rule.

What is proposed:

- It is advisable to close the gaps in how TCCs and SS inform veterans about the work of support specialists and their functions: information should be accompanied by the named contact of the assigned specialist in the community and a *"roadmap"* listing entitlements, documents and programmes – in printed and digital form, so as not to rely on digital channels alone.
- Consider replacing the wording *"refer if necessary"* with referral by default, with the veteran's consent, so that the decision about need does not depend on a TCC and SS staff member.
- It is advisable for an automatic notification of discharge or a MHC conclusion to trigger a full support cycle: the specialist contacts the veteran

themselves, identifies their needs, draws up an individual action plan and accompanies the person until they actually receive services.

- It is advisable to include the marker "no housing to return to" in the first-contact standard as a trigger for a priority pathway.
- Consider one-time outreach to those discharged over the past 12–24 months who entered civilian life before the new mechanisms were launched.
- Statistics on contacts and referrals should be published in order to assess how the order is being implemented in practice.

5. Rights without "proving"

What the research showed: An IDP veteran has to prove two statuses whose support systems are not coordinated with each other. The same package of documents has to be taken to every institution, even though most of the data are already in state databases. The Administrative Service Centre cannot correct an error in the Register of Veterans, and a discrepancy in dates becomes grounds for refusal; a correction can push a person from tenth place in the queue to 610th. Statuses "cancel each other out": a war-related disability pension is counted as income and reduces IDP payments. Separately, the local registration requirement knocks IDP veterans out of support. Because of this, some veterans give up their rights, and some deliberately do not show their status in order to avoid conflict and humiliation.

What already exists: "Single veteran windows" operate in Administrative Service Centres across the country, offer more than 20 services, including applications for rent compensation, and provide extracts from the Unified State Register of War Veterans (USRWV). Law No. 4924-IX on IDPs of 22.10.2026 replaces paper certificates with extracts from the Unified Information Database on IDPs and introduces mandatory needs assessment. Certificates issued earlier remain valid. As of 21.10.2026, the procedure for issuing the extract and a number of other by-laws to be adopted by the Cabinet of Ministers (in particular on the living allowance) had not yet been published. Digital services for veterans already exist: the "VeteranPro" section in Diia, e-Veteran from the Ministry of Veterans Affairs, and the After Front Navigator.

What is proposed:

- It is advisable for the by-laws to the new law to provide for automatic data exchange between the Unified IDP Database and the USRWV, and subsequently synchronisation with the databases of the Pension Fund, social protection bodies, TCCs and SS and the Ministry of Internal Affairs.
- Assess the impact of, and consider, excluding war-related disability pensions from total income when assigning the living allowance (Resolution No. 332); within the same list, the local registration requirement should be reviewed.
- Consider giving Administrative Service Centres the right to correct registry errors on the day of the request.
- It is advisable to move towards the principle that *"nobody requests a certificate it can obtain itself"*, for example through automatic generation of a USRWV extract in Diia.
- Consider the possibility of automatically delivering entitlements and benefits through registries, without public presentation of status; in parallel, staff of institutions and transport operators should be informed about veterans' rights and trained to read the main military documents.
- It is advisable to significantly scale up awareness of existing digital services – this is the most widely shared need voiced by both experts and veterans – and to keep a non-digital channel for those who do not use apps.

6. Support: workload and outcome indicators

What the research showed: The institution of support specialists received polarised assessments: where a specialist is proactive, calls regularly, informs and sees the case through to a result, they become the veteran's main resource; where they work without authority and are overloaded, *"imitation of work"* emerges. The specialists themselves name the reasons: workload, paper reporting and low pay. Experts from different regions also describe situations where the budget covers only salaries, while field visits, events and emergency assistance depend on donors and personal arrangements.

What already exists: Almost 3,000 specialists work in communities. The concept of the State Service provides for a points-based workload system (currently up to 100 people per specialist) and performance assessment based on outcomes.

What is proposed:

- The research data should be used as an argument for a weighting coefficient for complex IDP cases (housing, documents from occupied territories); workload thresholds should be determined on the basis of administrative data. In parallel, paper reporting should be reduced.
- Consider changing the indicator from the number of cases to the number of issues resolved (housing, stable income, payment, treatment) and the veteran's own assessment.
- A separate budget line should be provided for logistics and field visits, including transport for the seriously wounded, as well as longer partnership cycles with businesses and donors, so that assistance becomes systematic rather than ad hoc.
- It is advisable to provide for a specialist to accompany veterans through MHC/EKOPFO and when appealing decisions.
- It is advisable to develop and further scale up the format that received equally high effectiveness ratings both from experts and in veterans' impressions: involving veterans themselves as specialists and placing specialists where veterans are physically present – at TCCs and SS, hospitals, Administrative Service Centres and employment centres.

C. Housing

7. Temporary housing: register, quota, exit rules

What the research showed: Experts described requests for temporary housing as those *"where there is the most helplessness and very few answers"*. The scale of the gap is telling: in one of the western regions of the country, a space for 150 people was created over three years for 100,000 IDPs. Healthcare facilities sometimes do not discharge people because they have *"nowhere"* to go at all, a wife without IDP status cannot be accommodated in an IDP dormitory, and day centres offer the opportunity to *"only spend the night"* for one day. Existing solutions – modular towns, community dormitories, church initiatives – show that the mechanism is possible, but coverage is patchy. Experts see the solution not in one-off payments but in creating a mechanism for longer-term social rent.

What already exists: Solutions are patchy, and for many, modular housing has turned from temporary into permanent. There is an approach whereby a community buys a suitable house and an IDP family lives in it free of charge for up to three years with the possibility of extension. The new law specifies the status of temporary accommodation sites in more detail.

What is proposed:

- Consider a single register of communities' available temporary housing stock on a services map, so that a specialist can find a place for a veteran with a single request.
- Consider a priority quota for newly discharged veterans without housing in the needs assessment under the new law.
- It is advisable to allow families to live together regardless of the status of individual members, so that temporary housing does not split families.
- Consider combining a limited length of stay with an exit plan (permanent housing or rent with compensation), so that temporary does not become permanent, provided that eviction is possible only once the next solution is secured and the exit plan does not turn into an exit to nowhere.
- Consider converting buildings, guesthouses and sanatoriums into temporary housing for veterans and their families, accessible to people with disabilities – as a pilot project in 2–3 regions with a calculation of the cost per place.

8. Permanent housing: navigation and "queue traps"

What the research showed: Housing is not one of the needs but the axis around which work, family reunification and decisions about where to live are built. Programmes operate on a *"first come, first served"* basis. Access is restricted by three mechanisms: lists of territories that do not reflect the actual front line; evidence that cannot be obtained from occupied territories; queues of tens of thousands of people (*"the certificate is valid until '30"*). After moving, a person loses their place in the queue, and the ban on selling housing purchased with an eVidnovlennia housing certificate for five years becomes yet another argument against buying it where the person lives now. yeOselia is not mentioned in the interviews collected: this is a separate issue for further study.

What already exists: Since 17 July 2026, yeOselia has been available to veterans: 3% per annum for the first 10 years, 6% for the next 10, with a 20% down payment. IDP veterans from the temporarily occupied territories (TOT) with PCA status or a war-related disability can use a housing voucher from the "Housing for IDPs from TOT" component of eVidnovlennia as a down payment. Vouchers are funded in stages.

What is proposed:

- Consider "housing navigation" – calculating the combination of a voucher, compensation and a loan for a specific family – as a standard service; take it into account in specialists' workload coefficients (from rec. 6) or assign it to dedicated specialists.
- Data should be collected on the share of IDP veterans among participants in yeOselia and voucher programmes, in order to see whether the programmes reach this group.
- Consider making a place on the housing waiting list portable when moving.
- Consider an exception to the ban on selling purchased housing in the event of a forced move due to a change in the security situation.
- It is advisable to review again the lists of territories and the procedure for confirming loss of housing, taking into account the actual front line and the impossibility of obtaining official records from occupied territories.

D. Health and psychosocial support

9. Health: MHC/EKOPFO and continuity of treatment

What the research showed: The greatest difficulties arise where a veteran navigates the route between the MHC, the establishment of disability and further treatment on their own. Status and payments depend on commission decisions that often diverge from the person's condition: veterans describe their disability group being lowered without any improvement in their condition, and the group has to be confirmed regularly while access to planned hospitalisation is limited. Even free treatment does not eliminate costs for medicines, examinations and prosthetics (medication can cost about five thousand hryvnias a month). Rehabilitation is the biggest shortage: there are not enough places, and in hospital veterans with disabilities are limited to 10 days. Veterans propose a completely separate pathway, *"separately from the general queues"*, rather than *"priority, bypassing the queue"*.

What already exists: Since 1 January 2025, EKOPFO have been operating instead of MSEK.

What is proposed:

- It is advisable to provide for a specialist to accompany veterans during assessment and appeals (see rec. 6), as well as transparent criteria for decisions on fitness for service, the causal link of an injury and the establishment of disability.
- The share of disability group reductions at re-examination and the share of successful appeals should be monitored.
- Consider establishing a disability group indefinitely for irreversible conditions and guaranteeing access to the planned treatment needed to confirm it; assess the possibility of involving doctors with frontline medicine experience in the commissions.
- Consider broader coverage of the costs of medicines, surgery, prosthetics and full rehabilitation, including psychological support medication.
- Consider a separate pathway for veterans in healthcare facilities: separate offices or time slots, not just priority outside the general queue.
- Consider transferring medical information when a veteran moves to a new community and referring them to the relevant specialists, so that moving does not interrupt treatment and force the veteran to rebuild it from scratch on their own.

10. Психосоціальна підтримка: з'єднати наявне, а не додавати скринінг

What the study showed: In the practice of a specialist from Chernivtsi, only five of 266 beneficiary used psychological assistance services. The reasons are stigma, distrust and the order of needs: rent and food come first, and psychological help is pushed into second or third place. Veterans trust people with similar experience, practical activities and treatment they choose themselves, and reject imposed formats. Some of the interviews contain signs of deep despair that should be seen as a signal for the system. Veterans who decided to seek psychological or psychiatric help assess its results positively and themselves bring their brothers-in-arms to specialists. For the veteran community, their experience is more convincing than any information campaign, because it effectively overcomes stigma.

What already exists: A three-tier model is in place; second- and third-tier services are free for veterans thanks to reimbursement by the Ministry of Veterans

Affairs, and they can be accessed through USRWV or Diia. There is the MARTA diagnostic system and a register of providers.

What is proposed:

- It is advisable to offer a "warm referral" (mutual support groups, practical activities) instead of screening by a specialist.
- The diagnostic tool should be used only with the person's consent and under a protocol with a pathway to a clinician.
- Specialists should be trained in psychological first aid and in recognising risks.
- It is advisable to have a protocol for responding to crisis signals.
- Consider access to psychiatric care when indicated, through a doctor.

It is advisable to involve veterans who have undergone treatment as *"ambassadors"* in a equal-to-equal format: at meetings in veteran spaces, in mutual support groups, at exchanges and in hospitals – on a voluntary basis, with basic training

E. Work

11. Training and a vacancy built from existing elements

What the research showed: For IDP veterans, mainly short courses are realistic: because they need to earn money for rent immediately, there is no time for long-term training. The best results come from short applied training linked to a specific employer, because it gives confidence of getting a job. Grants work when combined with support, but according to respondents, the conditions of some state grants are unrealistic for IDPs (seven years of land lease in a new community, year-round hiring in a seasonal business). The first civilian salary may be lower than the rent. The biggest gap concerns veterans with disabilities: availability of equipment for remote work, options to work part-time, and limited ability to physically *"get to the workplace"*.

What already exists: Employers are compensated for up to 100% of wage costs for 6 months if a veteran is hired for at least a year on referral from an employment centre, with individual support. There is a training voucher worth UAH 28,000 at employment centres. The state programme "Veteran.Robota" for 2026–2027 has been approved.

What is proposed:

- Consider a single pathway: a voucher to pay for training → a short training/retraining course for a specific vacancy → referral to a job → compensation to the employer → continued support during the first stages of employment.
- Check whether the conditions of state grants (in particular the land lease period and the year-round hiring requirement) match the real capacities of IDPs and, if necessary, develop adjustments or revisions.
- For IDP veterans, consider combining training for a specific vacancy with the possibility of temporary housing in a single comprehensive offer (for details, see rec. 7, p. 36).
- Workplace adaptation and remote work for veterans with disabilities should be developed, along with outreach to employers to overcome prejudices and concerns about the consequences of service.
- Further development and scaling up of awareness of the career counselling service is advisable, complemented by internship and mentoring programmes for veterans.

Proposals for further piloting and testing:

The pilots are aimed at testing hypotheses that emerge from the study and can be implemented by communities, non-governmental and international organisations and donors.

1. A transition package for discharged veterans who have nowhere to return to.

Combining 2–3 months of rental assistance (rec. 3), an assigned specialist from day one (rec. 4) and access to temporary housing (rec. 7) will shorten the period until the first stable income. The eligibility criterion is therefore the lack of housing rather than an IDP certificate, with a single offer instead of three separate ones.

2. Proactive support for former prisoners of war.

Four IDP veterans in the sample had been in captivity and describe a loss of ties, a long struggle for documents and the need for longer rehabilitation. The format they proposed is a personal support worker who reaches out on their own initiative and handles the case from start to finish.

3. Identifying "de facto displaced" veterans without a certificate.

Some veterans who need support are not registered as IDPs. Veteran centres and services should add to the initial assessment (with consent) a question about whether there is housing to return to, and compare coverage with certificate-based data.

4. A comprehensive "training + vacancy + temporary housing" offer.

When an IDP veteran is guaranteed temporary housing at the same time, there is no longer a need to take the first offer that covers the rent, and there is time to train and look for work that matches their skills and interests. Training for a specific vacancy and temporary housing are therefore offered as a single package rather than as separate services from different sources (recs. 7 and 11); career counselling helps choose a direction before training begins.

5. IDP veterans as mentors.

A mentor with similar experience of the dual transition shortens the mentee's path to first contact with a specialist and to securing their entitlements, while the role of helping strengthens the mentor's own adaptation (the study shows that helping others is associated with more successful adaptation, but this is a correlation, so testing is needed). The model differs from existing formats in selection based on experience of displacement, intervention at the moment of discharge, a navigation function, and mandatory training and supervision.