

Improving Access to Care and Education for Displaced Persons. A Ukrainian-Displaced-Mother in The Netherlands with a Child in Need

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Since 24th of February 2022, Ukrainian women and children have fled their country en masse because of the Russian invasion of their country. Husbands, fathers, brothers and male friends mostly stayed behind to defend the country. It is hard to imagine what it means having to flee your country and not knowing where you will end up.

This happened to Vladka (45 years), a single mother from Kiev. In March 2022, she left her father behind and boarded a train towards Poland with her eight-year-old son, Kolka. A smartphone was the only means of contact with her father. A train trip to Poland normally takes 24 hours, now it took 10 days. Sometimes there was no food or water. Little Kolka has autism and A.D.H.D. He did not understand what was happening. In his head there was just chaos. Fellow passengers found his behaviour very disturbing. Arriving in Poland, mother and son slept with 8 unknown people in a shelter. The first seat on a bus that became available drove to the Netherlands. Vladka and Kolka boarded that bus.

In this commentary you will read what happened in the Netherlands, in the new world for Vladka and Kolka. As an interpreter, the author had the opportunity to learn directly from mother and son, and to see what happened in the surrounding environment. The mother's search for help for her infant son is the focus. The reactions of the professionals are also in focus.

Mother is happy that her story is told and shared with a broader public, especially with professionals, policymakers and volunteers. Although this story covers only one single case, it might help to understand possible mismatches in expectations (also followed by behaviours) between displaced

persons who are not familiar with practices in care, services and special education in an host country.

In the Netherlands, care for displaced persons, including Ukrainian displaced persons, is regulated by the government. Care providers aim to ensure that newly arrived individuals are able to access care and services they need. This can be a complicated process due to language barriers and unfamiliarity with the Dutch care system. The system is demand-driven, based on strengthening autonomy of the individual 'client', promoting positive health and dependent on an evidence-based approach.

In practice, this can result in displaced persons and refugees with care needs relying on social workers or volunteers to help them navigate the system. Here, a youth care councillor of the municipality of Maastricht and a social worker from the MEE foundation¹ in Valkenburg, a municipality in Limburg, the very south of the Netherlands, coordinated the help for the Ukrainian mother Vladka and her son Kolka. In this writing, parties are all cooperating, have been given consent and have been given opportunity to amend the text.

First, we will focus on how care has been arranged for incoming Ukrainian displaced persons in the Netherlands. Given the unexpected enormous influx of Ukrainians in the spring of 2022, the government's first concern was to arrange "bread, bed and bath." Later, after the first initial reception, education and care needs came into the picture.

How is care regulated in the Netherlands - and for Ukrainian displaced person in particular?

Despite the efforts of the youth care councillor and the social worker, the case shows the limitations of care providers if clients do not fit within the organizational structure. They are making it difficult for professionals providing help, services and education. Additionally, parenting can make individuals vulnerable (Van der Pas, 2013, 2016, 2017). Vladka and Kolka face a care and educational system which is unfamiliar to them.

Dominant groups in societies hold a significant amount of power and influence, which allows them to shape policies, services, education and social norms in ways that reflect their values and interest. This can often lead to the marginalization and exclusion of certain groups, such as displaced persons and refugees, who may not have the same access to resources or decision-making power.

¹ <https://meezuidlimburg.nl/mee-in-uw-gemeente/gemeente-valkenburg/> consulted 23rd of September 2022.

The Netherlands has a healthcare system with neoliberal characteristics, where citizens are required to pay for private healthcare insurance, and the government subsidies are provided to those with lower incomes. Healthcare and care providers can work as independent entrepreneurs, employees of health care organizations, and are funded through various sources, including private health insurance, government contributions and private contributions.

Non-insured individuals, such as Ukrainian displaced persons, are entitled to emergency care, and, in theory, are funded through CAK² or RMO³. However, it is important to note that emergency care may not be enough to provide for the long-term healthcare needs of displaced persons, who may require ongoing care for physical and mental health issues resulting from displacement, earlier experienced trauma and acculturation process in the new environment. Refunding also constitutes an administrative load for providers, which most of them try to avoid.

The organization of care in the Dutch healthcare system is developed to offer care that is affordable and sustainable, and the costs of care is a significant consideration. No-shows to visits are seen as costs, as they result in unused time for healthcare providers that could have been used to treat other patients. While cost-effectiveness is important in the Netherlands, it is also important to prioritize access to professional help and needs of individuals, particularly those who are marginalized or vulnerable, such as displaced persons.

Each municipality receives funds from the central government with the task of providing care and assistance to needy citizens and displaced persons within established legal frameworks. However, the actual focus of the municipal budget and the way in which it is implemented can differ from one municipality to another, as it is influenced by various factors, including political agendas, demographic differences and regional needs. This means that the supply of care and the organization of assistance can vary from one municipality to another.

The Netherlands has a decentralization policy which aims to transfer decision-making powers and responsibilities from the central government to local governments and communities. This includes areas such as healthcare, social welfare, education and spatial planning. Since 2015 municipalities introduced the so called “participation society” which is a concept that promotes active participation of citizens in their own welfare and the welfare of their community. It is based on the principle that individuals and local communities

² <https://www.hetcak.nl/over/nieuws/2022/zorg-aan-onverzekerde-oukraiense-vluchtelingen>. Consulted 23th of Sept. 2022.

³ <https://www.hetcak.nl/over/nieuws/2022/zorg-aan-onverzekerde-oukraiense-vluchtelingen>. Consulted 23th of Sept. 2022.

should take more responsibility for their own well-being, rather than relying on the government.

Such policy promotes efficiency and cost savings in the delivery of public services and increases civic engagements. However, it can lead to unequal distribution of responsibilities and resources, as some are better equipped to take responsibilities and resources than others. Also, it leads to a reduction in the level of government support and social safety nets, which can especially negatively impact vulnerable people. These organizational structures are mostly unknown to new arriving migrants such as displaced persons or refugees in the country.

What is the special situation of Ukrainian displaced persons in NL?

A Ukrainian displaced person is received within a municipality. An initial registration in a reception centre follows. The government facilitates municipalities to organise assistance; it reimburses the municipality per Ukrainian displaced person. Municipalities provide further reception and facilitate housing, education and care. In the spring 2022 there was a high level of support for reception, with many private individuals offering temporary or permanent shelter to the Ukrainian people.

Finding adequate housing in the Netherlands is a significant problem, not only for immigrants but also for regular inhabitants. The government has recognized this issue and is taking steps to address the housing shortages by allocating € 2 billion⁴ to build more homes in the coming years. Finding affordable rental housing is thus not only a problem for the homeless, but also for students, people with lower and middle incomes, and of course displaced persons, refugees and asylum seekers. Forced by the large influx of displaced persons, refugees and asylum seekers, emergency shelter locations were set up. Available spaces were refurnished and reconstructed to house incoming people.

In the South Limburg Safety Region (VRZL)⁵, in which the municipality of Maastricht participates, the reception of a total of 2000 displaced Ukrainians on behalf of the national government was organized. In the city of Maastricht⁶, Overmaze a former prison, has been designated as a semi-permanent location for refugees from Ukraine and other refugees. A supervisor/manager runs the day-to-day business.

⁴ Maatregelen tegen woningnood | Huurwoning zoeken | Rijksoverheid.nl. Consulted 23th of Sept. 2022.

⁵ <https://www.vrzl.nl/vluchtelingen-oekra%C3%AFne>. Consulted 23th of Sept. 2022.

⁶ Gemeente Maastricht in cijfers en grafieken (update 2022!) | AlleCijfers.nl). <https://www.gemeentemaastricht.nl/oekraine>. Consulted 23th of Sept. 2022.

It is interesting to note that Ukrainian displaced persons receive a work permit immediately and are not required to follow integration courses. They are supervised by the South Limburg Safety Region, while asylum seekers and refugees are supervised and protected by the Ministry of Justice, COA⁷. The latter are obliged to follow integration courses before being allowed to work. This difference in treatment is likely due to the fact that Ukrainian displaced persons are not officially recognized as refugees or asylum seekers, but are instead considered as a separate category of migrants. As a result, they may not be subject to the same requirements and regulations as refugees and asylum seekers. It is important to note, however, that providing support and assistance to displaced persons, regardless of their official status, is essential for promoting well-being and integration into society.

In the province of Limburg, schools were designated by the region for the initial reception of Ukrainian children and youth. In practice, this meant that some families were moved from one temporary shelter to another, in a different municipality. A different municipality may imply different regulations and set-up of aid-care in the Netherlands.

Case study mum Vladka and little son Kolka.

Vladka and Kolka were finally given a room in an old hostel in Valkenburg, a small touristic municipality near Maastricht. It is important to recognize the challenges that displaced families have to face when adjusting to a new environment, especially when they have children with special needs. Mother Vladka ended up in three different municipalities before she got a more permanent temporary stay in a small hostel. Sometimes she was only in the same location for 24 hours. Moving from place to place, as experienced by Vladka and Kolka is incredibly stressful. It disrupted their routine and sense of stability. For Kolka, a child with autism, who needs a structured and predictable environment and a clear rhythm, the changes affected his emotional stability.

Special education school.

Finding a special education school is in general not an easy process in the Netherlands. Procedurally, after screening and using expert research, the regular school refers the child to special education. When a child with special needs is also displaced and adjusting to a new country and language, the process becomes even more complex. The new school environment can be overwhelming for any child, and even more so for a child with autism spectrum disorder and A.D.H.D., who may struggle with sensory overload. A

⁷ <https://www.coa.nl/en> Consulted 23th of Sept. 2022.

displaced child may also have difficulty communicating needs and understanding the new school's rules and expectations. It is important for educators and support staff to recognize the unique needs of displaced children with special needs and to provide appropriate resources and support to help them adapt to their new school environment. This may include providing individualized support, such as a personalized education plan, social skills training and extra language support, to help the child feel comfortable and thrive in their new school.

In this case, for Kolka, the new reception school where all Ukrainian children congregated meant continuous overstimulation. This manifested itself directly in behaviour. He could not attend regular school. Mother was additionally challenged 24/24 with the care for her overexcited child.

The impossibility of finding immediately full-time special education meant a permanent overload at home for mother. Vladka and her infant son had been assigned a small room in a hostel. There is a lot of noise in the corridor, as mothers are cooking in the communal kitchen for their own families. Kolka, who has to follow a strict diet, found himself in an over pressured and overstimulated environment. Both in sounds and smells, which directly manifested itself in amplified hyperactivity, eating disorders and insomnia.

Kolka feels an urge to physically touch every person he meets, this he does in a gentle friendly way, but most people, who do not know Kolka, find this unwanted physical contact disturbing. At a certain moment mother felt the surrounding environment in the hostel as becoming hostile. The volunteer who acted as a mediator to the municipality and the other Ukrainian families could not answer to the needs of mother and child.

Initiation and help deployed.

In the case of mother Vladka and son Kolka, professionals from various municipalities (Maastricht and Valkenburg) came together to coordinate and initiate an interdisciplinary care offer. Aware of the mother's aggravated burden and the child's worsening behaviour, they explored paths to seek solutions.

It was clear that the communication and information channels used in the Netherlands (digitised system) were not always accessible to mother Vladka. In her reception location, mother had a faltering smartphone and sporadic access to internet. By necessity, she learned to use the "Date Picker/datumprikker" with Google translate to arrange appointments with various parties. Information documents, forms to be filled in "pdf files", proved problematic. Calling to confirm appointments was difficult. Municipalities and health authorities usually use automatic answering machines that offer several

choices. For newcomers who do not speak the language, the choices were impossible to follow. Efforts should be made to provide clear and simple instructions in multiple languages and to ensure that there are alternative methods of communication available for those who do not have easy access to internet or who may not be able to navigate automated phone systems.

No health insurance means no care?

Through the intervention of the social worker of MEE, Kolka quickly accessed specialist dental *child care*. This had to take place in a clinic under anaesthesia. All information material first had to be converted to a language accessible to the mother. At the surgery itself, it turned out that the hospital had engaged a Russian-speaking dentist to help Kolka and his mother! It shows understanding of the mother's situation. Finding private physical therapists who could provide senso-motor therapy was more difficult. The latter had to do a lot of administrative work to get a refund.

First outcomes

Within five months, 3 days in special education was arranged, a hospital visit planned, 5 treatments with a physiotherapist and a start of Kung Fu lessons were arranged. All seemed well organized, but after five schooldays in the special education school, the mother got an urgent call that her son had slapped a teacher (speech therapist), he didn't fit in the school programme. In the Netherlands 12 to maximum 15 pupils are working together in groups in special education schools.

Kolka could not maintain himself in a group. He constantly asked for individual attention, and although his level of mathematics and English was relatively good, he could not take care of himself (eating without help, putting on shoes, a coat). He was used to going where he liked to be. So that listening to a teacher and working with other children in a group was difficult for him. It ended up in conflict - and the teaching staff expelled him from the school. According to them, he needed more individual care.

The situation highlighted the challenges of accommodating a child with complex needs in a new and unfamiliar educational setting. It is not uncommon for children with autism spectrum disorder and A.D.H.D. to struggle with social interaction and communication, which can make it difficult for them to participate in group activities and follow group instructions. The school staff was not able to provide the individual support that he required.

It is understandable that mother Vladka was frustrated and upset with the situation. She distrusted the education system and the help provided. At school, the psychologist explained to the mother that she will be invited for a meeting with specialized professionals to look for alternative solutions. Mother

claimed that her son was not given opportunities to adapt himself to the completely new location, the school environment.

Mother's demands – mismatch of expectations – mistrust.

Mother Vladka is a very proactive and dedicated mother, committed to finding the best care possible for her child. Navigating the healthcare and education system was extremely challenging for her, especially when language and cultural barriers are present. Mother, herself a psychologist by training, had devoted her entire life to her son's care needs. Fearing that professionals will not carry out what they promise, she arranged contacts with higher authorities at very early stages to get a picture in advance of where she can go if the offer would not be sufficient. On the internet, she searched for specialized help for autistic children in private clinics abroad, and she looked for opportunities to obtain the highest standards in help. The question is even whether the regular care and special education offer in the Netherlands can meet at all the quality requirement of upbringing, care and shelter that mother set herself for her child. Mother gets her bearings, relies on what other Ukrainians and volunteers tell her and searches for all kinds of agencies that can help her further. Selecting and validating information for feasibility and reliability is a learning process for her. How to present your question, and how to avoid overloading caregivers as well. The organizational structures, cultural orientations and policies in care, services and special education were not familiar to her. She did not understand the decentralization policy in which the region and especially municipalities are responsible for care, welfare and (special)education.

Meanwhile, after the child was expelled from school, an urgent meeting with 9 professionals was organized (including mother and the interpreter). Three representatives of the school (teacher, psychologist, coordinator), the coordinating social worker of MEE, the responsible of the youth domain of the municipality Maastricht, a child psychologist, and the regional coordinator of special education of the province of Limburg were present.

They asked mother Vladka if she could agree to focus first on individual care needs of her son to enable schooling at a later stage. The professionals also explained that they recognized and appreciated the commitment of the mother, but they also wanted to help the mother herself to support her carrying capacity.

After the meeting it was obvious that there was a communication breakdown between the professionals and mother Vladka. She was overwhelmed. While professionals were suggesting focusing on individual care needs to enable schooling in a later stage, and offering support to the her as mother to improve her carrying capacity, the mother seemed to be interpreting this as a proposal for a closed care residence for her son and a failure of her own parenting

capacities. This could be due to a language barrier, cultural differences or a lack of process capacity of the mother, or lack of clarity in the professional's communication.

It proved that mother Vlada faced a difficult situation and felt herself misunderstood and in a very stressful situation. She was also struggling with her current living situation. The mother became desperate and decided to leave the region. She did not communicate her leaving to anyone. However, leaving her hostel and moving to a temporary shelter outside the region might not have been the best solution to her problems. Her moving to a new region could mean that mother and her son lose access to the support they have already received and could make it more difficult to access new services in the future. It will certainly also be more difficult, even impossible, for the social worker of the MEE foundation to provide help. It is understandable that the mother felt frustrated and mistrustful of the Dutch care and special needs education system. Fact was that mother took these decisions to move without informing anyone.

It is important for professionals to be transparent and open to questions from clients, but it's also important for clients to try to understand and follow the procedures that are in place. It is understandable that the mother was frustrated and even experienced panic. She may have had different expectations and needs than the standard offers in the Netherlands can provide, but it's important for her to communicate these needs in a way that is clear and respectful to the professionals involved. If she does not follow the organizational procedures, it can make it difficult for professionals to provide the best possible solutions. On the other hand, professionals should also invest time in explaining the system, the possibilities they can and/or cannot offer, as well as the cultural orientations and practices used.

It is also important that mother Vladka understands that digitalization is a common practice in the Netherlands, and that her demands and needs will be registered and communicated to all parties involved. This can help to ensure that care and special education needs are met, but it can also be overwhelming if she is not used to this level of transparency. Mother's mistrust of the system was certainly present.

Digitalization in the Dutch society means that if you contact official organisations, they register your needs, demands, and their follow-up means that what you do and say is transparent communicated to all parties involved. For displaced Ukrainian persons this is hard to understand. So in no time the coordinating social worker of the MEE foundation was informed about the displacement of the mother. What to do next, became an open question for all parties involved. But certainly they were willing to help within their own organisational limitations.

Conclusion

In this column we discussed the mismatch in expectations of a displaced Ukrainian mother with a child with special needs in the Netherlands. This invoked enormous stress and distrust in the Dutch care, services and special education system.

The initiatives of a youth counsellor and a social worker in the region were initiated to help and arrange an offer for a displaced mother and her child, though they had to follow the Dutch organisational development structures, procedures and processes in care, services and special education. The regional organisation and digitised transparency in supply, between the parties involved in care, services and education was unfamiliar to the displaced mother and mistrusted.

It became clear and important to note that in theory, care is insured even for non- health- insured displaced persons in the Netherlands, but sometime administrative complexity can make it difficult to access it fully. Private care providers were sometimes avoiding help to reduce administrative overload.

For mother Vladka and her son, communication and accessibility to care and special education was a challenge, especially with the digitalisation of the application procedures and making appointments in care and services. Improving telephone accessibility and setting up a module for non-native speakers can help to improve communication and access. Using automatic translations (like Google translate and Deeple translate) can help, but it is important to implement formats that are easy to use on smartphones (especially for displaced persons and refugees who have no laptops or computers available).

At least but not at last, it is important to provide a logical explanation of care, services and (special) education in the Netherlands to help align expectations in demand and supply. The medical care model in Health Care in the Netherlands is evidence-based and specialised, which may be unfamiliar to those who are not familiar with this system. Support, care and education is regional structured and organised in the Netherlands. By providing clear information about the system, policies and the organisation of care, services and education can help to build trust and ensure that displaced people and refugees get the support they need.

List of abbreviations:

- ASD model (Awareness - Sensitivity - Dialogue model)
- MEE: Stichting Meedoen Mogelijk maken (Foundation Making it Possible to Participate), a welfare organisation
- IPCN :International Parent -Centered - Network
- CAK : Stichting Centraal Administratie Kantoor AWBZ = Foundation Central Administrative Office (General Law on Special Assistance)
- RMO : regulation medical care for Ukrainian displaced persons

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⁸<https://www.amaliakliniek.nl/> Consulted 23th of Sept. 2022.