Social Innovation + Initiative

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EU4UA

A Comprehensive One-Stop Service for Refugees!

EU4UA

D2.4 Research report | May 2026

One-Stop-Shop Support
Strong support for an integrated one-stop service model

System barriers, not low motivation
Refugees are ready to integrate, but services remain fragmented

Critical access gaps
Healthcare, housing and employment

Robust data collection
238 survey responses, 21 service provider interviews and 4 focus groups in Poland and Romania

Project partners

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Executive Summary

This Research Report presents the consolidated findings of Work Package 2 (WP2) of the EU4UA project, aiming to inform the development of an evidence-based, integrated Blueprint for supporting the social and labor market integration of Ukrainian refugees in Poland and Romania.

The report integrates three complementary empirical components:
(1) a quantitative survey with 238 Ukrainian refugees,
(2) a thematic analysis of 21 semi-structured interviews with service providers, and
(3) four focus groups with Ukrainian refugees conducted in both countries.
Together, these methods form a convergent mixed-methods design that allows triangulation between structural patterns, institutional practices, and lived experiences.

Key findings across the three studies show strong convergence.

Refugees demonstrate high motivation to integrate socially and economically, yet face systemic barriers rooted in institutional design rather than individual deficits. Across both countries, integration pathways are shaped by fragmented service provision, limited coordination between sectors, language barriers, information asymmetries, and insufficient recognition of prior qualifications. These constraints produce cumulative disadvantage, particularly for women with caregiving responsibilities, older persons, and refugees with disabilities.

The survey data highlight a clear transition from emergency needs (healthcare, housing, documentation) toward stabilisation and longer-term integration needs (employment, language learning, qualification recognition). However, the same domains with highest demand (healthcare, housing, employment support) are also reported as the most difficult to access. Respondents repeatedly report bureaucratic

fatigue, the need to contact multiple institutions, and inconsistent information, indicating weak case-management and limited interoperability across systems.

The interviews with service providers reveal a parallel picture from the institutional perspective. Organisations in both Poland and Romania rapidly adapted from humanitarian response to more structured service delivery, often stretching beyond their formal mandates. While innovative coordination practices emerged, particularly digital platforms, multi-stakeholder meetings, and NGO-led mentoring programmes, providers consistently report regulatory rigidity, funding constraints, workforce shortages, and the absence of stable coordination infrastructures. Integration is thus experienced as a governance challenge rather than a simple service delivery issue.

Focus group findings deepen this analysis by foregrounding refugees' lived experiences. Participants express gratitude for initial support and safety, yet describe increasing precarity over time, especially in housing, employment, and mental health. Language barriers, discrimination, childcare shortages, and uncertainty about long-term prospects undermine their sense of stability and belonging. Ukrainian informal networks frequently compensate for institutional gaps, functioning as primary sources of information and emotional support.

Across all datasets, there is strong support for an integrated, one-stop service model.

Refugees and providers alike emphasize the need for coordinated, multilingual, and multidisciplinary access points that reduce administrative burden and align services around real-life trajectories: from emergency stabilization to labor market integration.

The findings directly inform WP3 by identifying concrete design principles for the EU4UA Blueprint: integrated governance structures, hybrid physical-digital service delivery, competency frameworks for frontline staff, gender- and vulnerability-sensitive pathways, and formalised inter-agency coordination mechanisms. The Blueprint is thus positioned not merely as a collection of services,

but as a transferable model of integrated refugee support capable of strengthening policy coherence and institutional resilience at local, national, and EU levels.

Overview

This consolidated research report integrates the three major empirical components developed under WP2 of the EU4UA project: (1) the survey with Ukrainian refugees, (2) the thematic analysis of semi-structured interviews with service providers, and (3) the focus groups with refugees in Poland and Romania. Together, these sources provide a multidimensional and sociologically robust evidence base that reflects the structural, institutional, and factual conditions shaping the integration trajectories of displaced Ukrainians.

Grounded in the convergent mixed-methods design defined in the Research Methodology (D2.1), the articulation of quantitative patterns with qualitative narratives enables an in-depth understanding of how the social and labor-market integration ecosystem functions in practice. This overview highlights the complementarity between datasets:

The survey identifies structural regularities and patterns of service use, unmet needs, labor-market barriers, and demographic vulnerabilities.

The interviews with service providers illuminate organizational adaptations, governance arrangements, coordination mechanisms, and systemic constraints across public, private, and civil society actors.

The focus groups bring forth lived experiences, emotional landscapes, perceptions of fairness, and meaning-making processes that position refugees as active interpreters of institutional behavior.

Taken together, the three studies document a consistent evolution from emergency response to systematization and toward long-term integration, a transition accompanied by both innovation and fragmentation. They also show how institutional architectures, bureaucratic demands, language regimes, gendered care

responsibilities, and information asymmetries converge to produce differentiated access to rights and opportunities.

This integrated perspective forms the empirical backbone for WP3. By capturing the multi-level dynamics of refugee support, macro-policy frameworks, meso-level organisational practices, and micro-level experiences, the report provides clear, evidence-based direction for designing the EU4UA Blueprint: a coherent, adaptable, and user-centred model of integrated one-stop services for Ukrainian refugees across Europe.

1. Survey Questionnaire for Ukrainian Refugees

This survey represents the quantitative component of the convergent mixed-methods design. Following a pragmatist epistemology, the survey aims to capture patterns, trends, and structural regularities in service access and labor market integration among Ukrainian refugees in Romania and Poland.

1.1. Research Methodology

Sampling Strategy: Snowball sampling, initiated through trusted service providers and community networks.

Final Sample Size: 238 questionnaires (67 Poland, 171 Romania)

Inclusion and Exclusion Criteria

Inclusion criteria:

- Ukrainian nationals aged 18 or older, with direct experience accessing integration services in Poland or Romania.

Exclusion criteria:

- Refugees who have not engaged with any integration services.

Representativeness

As the survey employed non-probabilistic snowball sampling, the dataset is not representative of the entire Ukrainian refugee population. Instead, it reflects patterns among individuals who actively interacted with institutional support structures.

Ethical issues

The survey follows the ethical guidelines in *D2.1 Research Methodology* and the survey script explicitly communicates: “This survey is anonymous. No personal data will be collected or published.”

No identifying information was collected in this survey. Responses were fully anonymous and treated confidentially. No combination of variables allows re-identification of individuals or families.

1.2. Research Findings

1.2.1. Access to Services

Observed pattern:

- Highest uptake: healthcare, social/financial aid, education for children, legal documentation, and NGO support.
- Lower uptake: mental health, vocational training, childcare.

This distribution signals a classic transition from emergency to stabilization stage:

- Early-stage needs → healthcare, housing, documentation.
- Mid-stage needs → education and income stability.
- Underdeveloped areas → mental health and vocational upskilling remain marginal.

Survey respondents identified the most difficult to access:

- Healthcare
- Housing
- Employment support

Since arriving, which of the following services have you used or tried to access?

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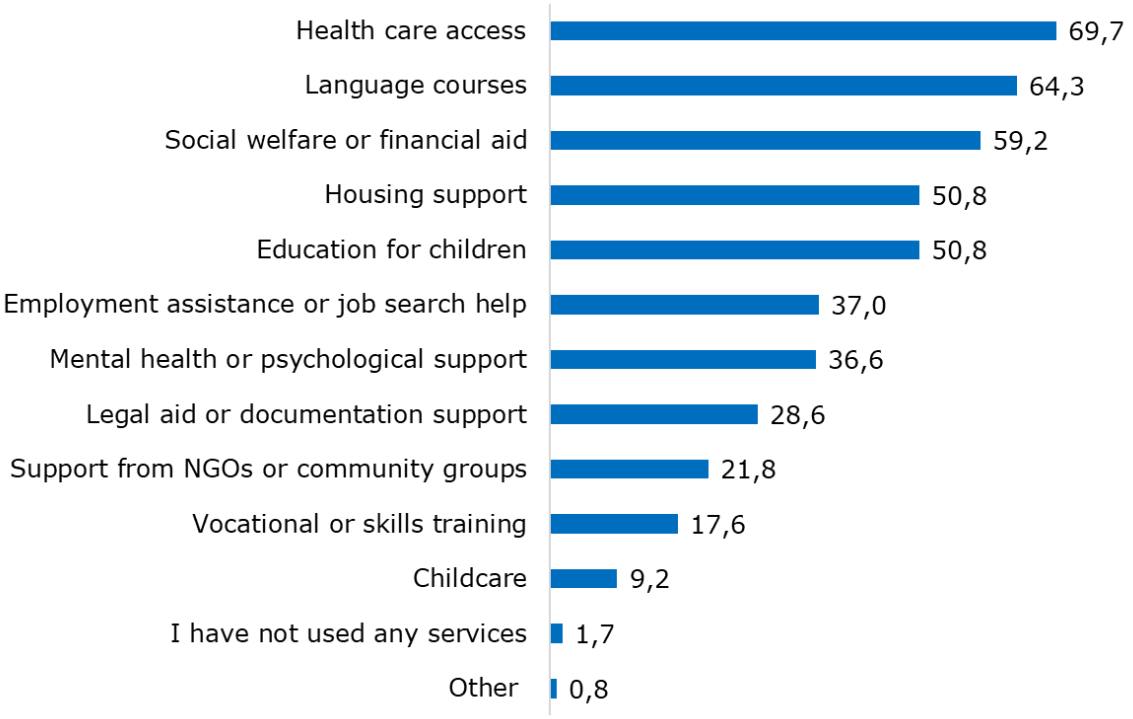
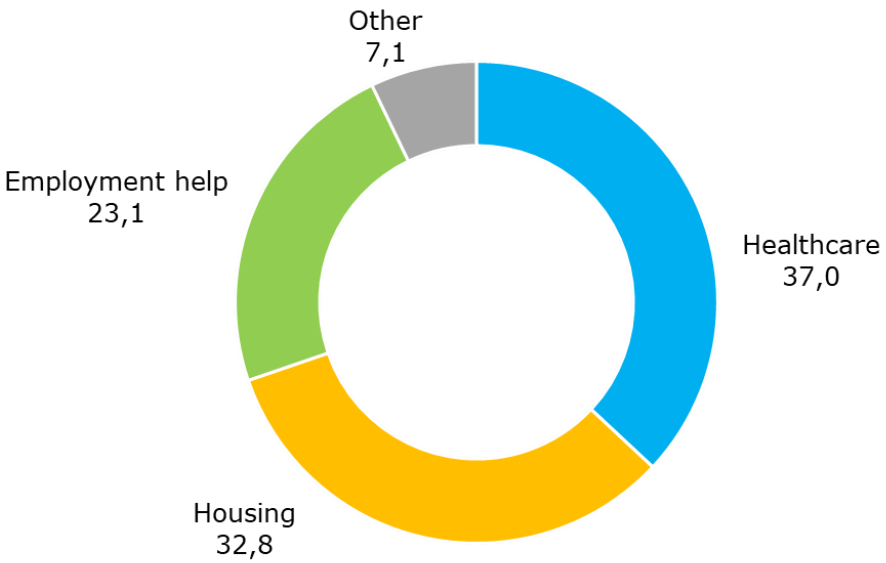
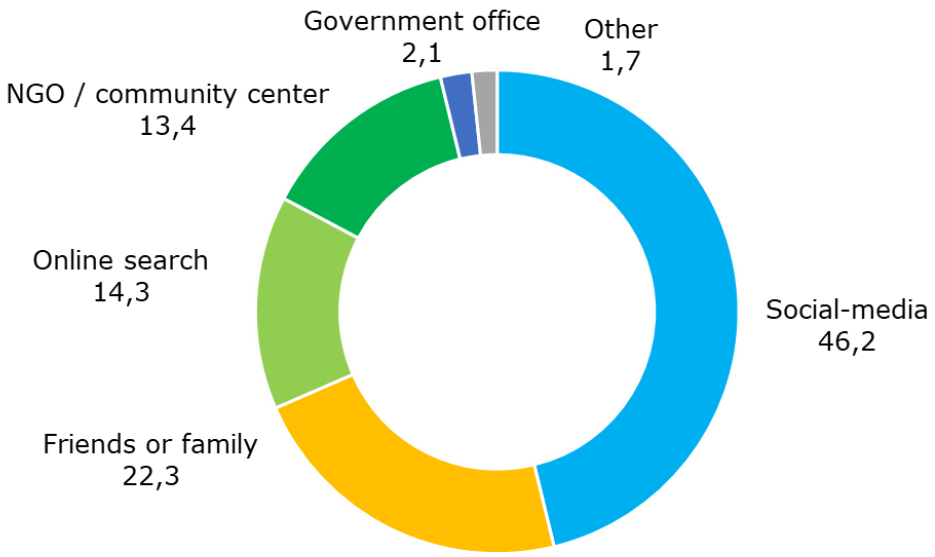


Which of these services were most difficult to access?



How did you find out about the services you used?



1.2.2. Experience with Services

Although a share expresses satisfaction, neutral or dissatisfied responses dominate, indicating:

- Temporary instability of programs
- Uneven quality between institutions
- High emotional and bureaucratic load

Most respondents report that support required multiple locations. Combined with low coordination scores, this suggests:

- Institutional fragmentation
- Limited interoperability of databases
- Weak case-management culture in both countries

Refugees perceive the service system as discontinuous, requiring repeated identifications and retellings of trauma histories, a phenomenon known in migration sociology as institutional fatigue.

Top barriers:

- Language
- Lack of information
- Complex procedures
- Long waiting times

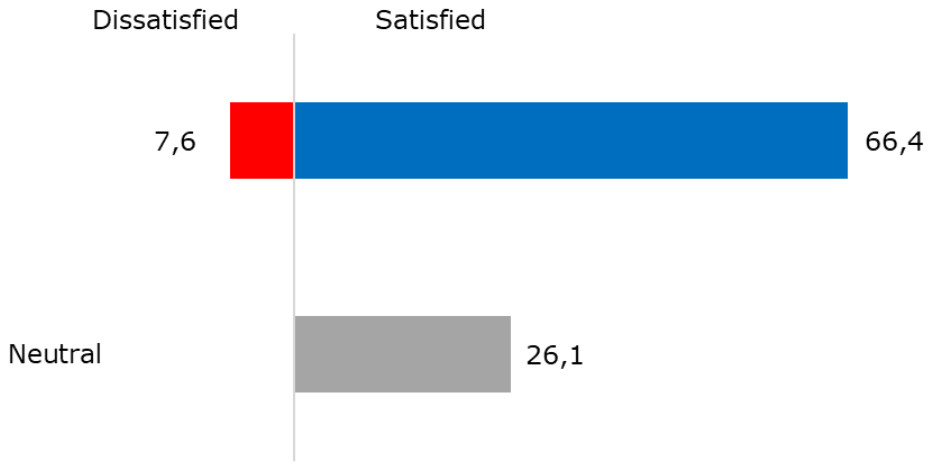
These reflect an integration environment where transaction costs (effort, time, bureaucracy) are high. Language barriers, in particular, function as structural filters determining access to employment, healthcare, and legal aid.

Respondents consistently valued:

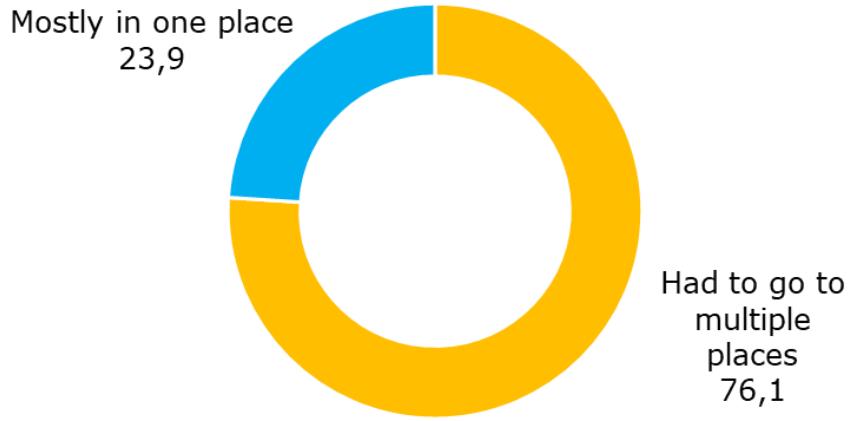
- Legal/documentation support
- NGO community support
- Financial/social aid
- Healthcare (when accessible)

NGOs emerge as trust-based gateways and mediators between refugees and formal institutions. This confirms the Application Form's assumption that civil society is central to initial stabilization.

In general, how satisfied are you with the services you received?



Were your needs addressed in one place or in multiple locations?



What was the biggest difficulty when using services?

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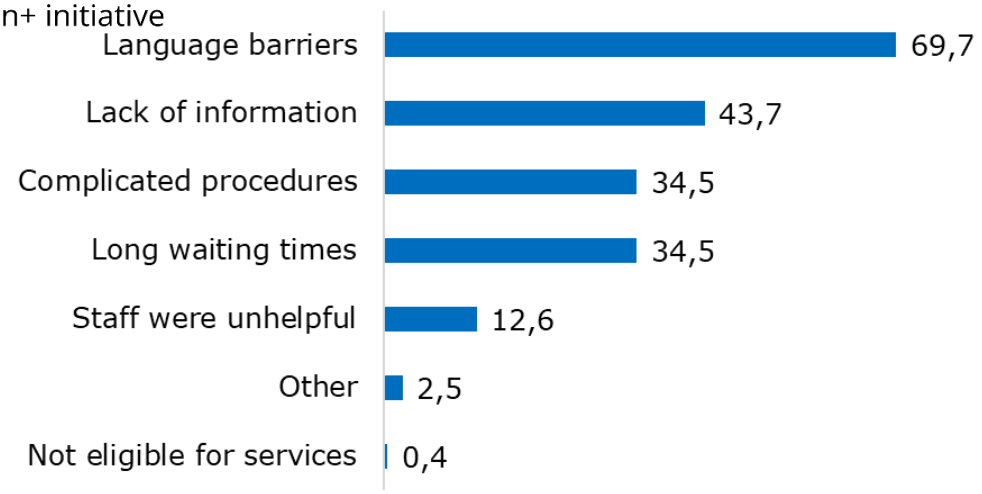
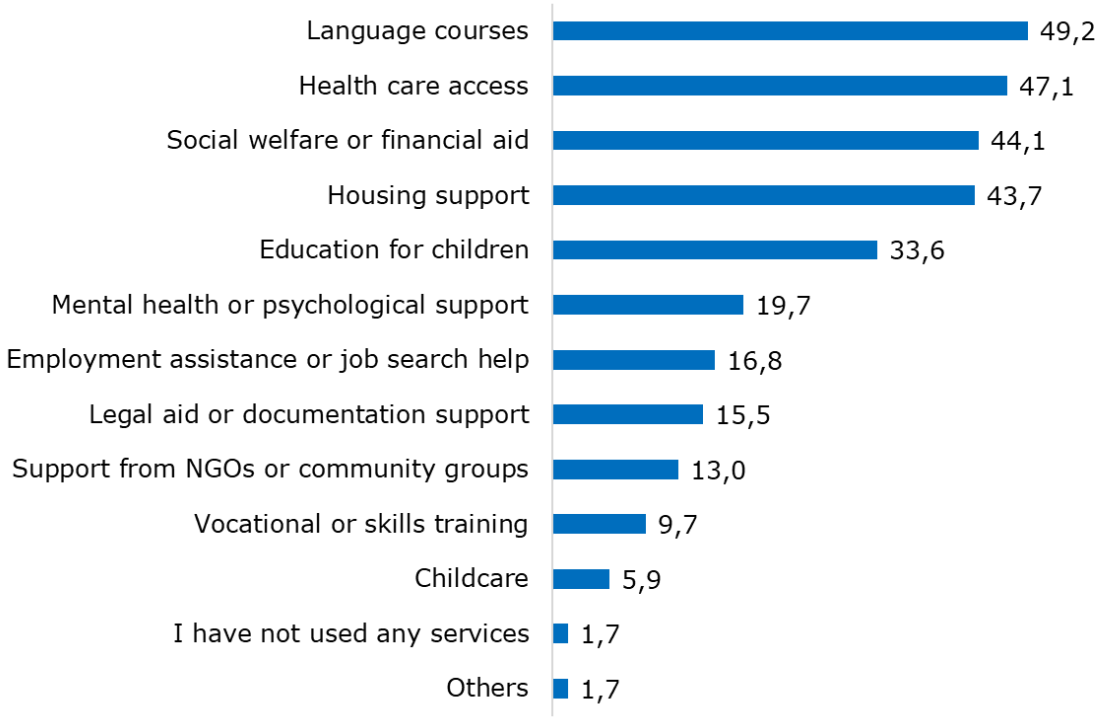
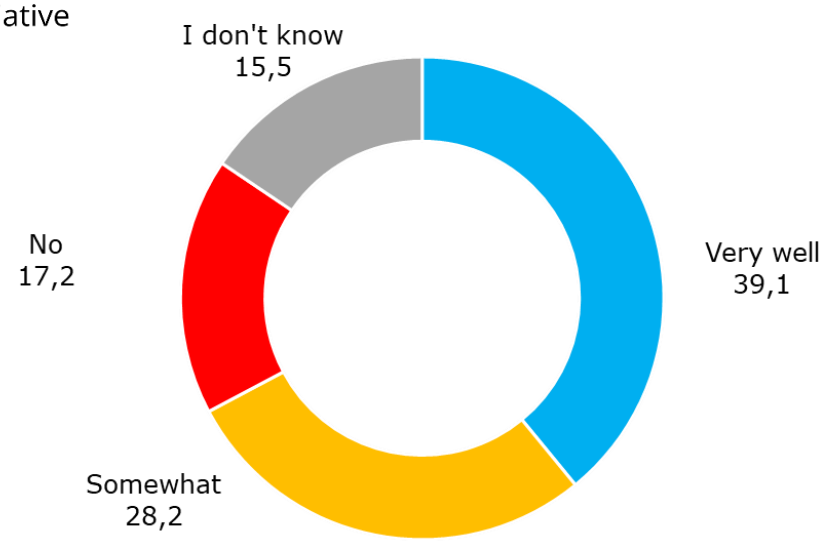


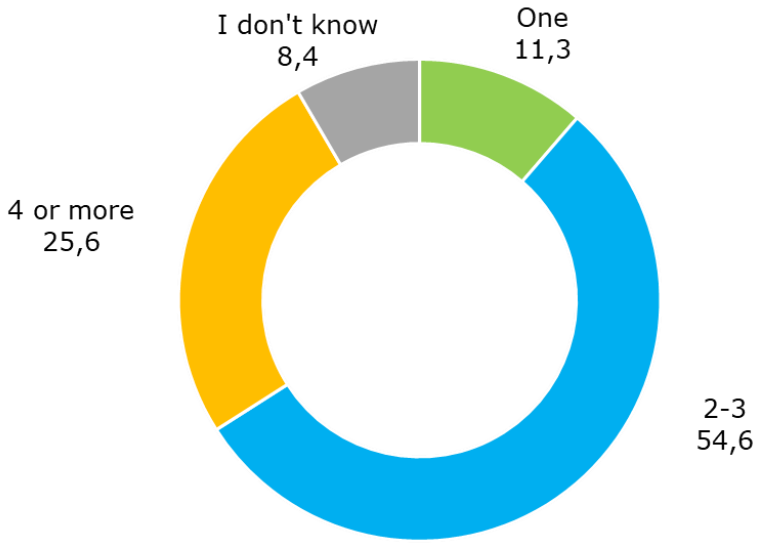
Which of the services you used were most helpful for you?



Did different services coordinate support for you?



How many different organizations did you need to contact to receive the support you needed?



Was there any support you needed but could not find? (open answer)

The open answers reveal a pattern of **persistent structural barriers** that limit respondents' access to core social systems. These barriers are not individual failings but symptoms of institutional constraints within the integration environment.

Healthcare emerges as the most significant site of exclusion. Respondents consistently report difficulty registering with family doctors, navigating administrative procedures, and securing basic medical services. This points to systemic

gatekeeping, insufficient capacity, and informational opacity within the healthcare infrastructure.

Housing insecurity forms the second major axis of vulnerability. Experiences of eviction, limited social housing availability, and the absence of emergency accommodation indicate a broader structural deficit in residential support mechanisms. These patterns produce sustained precarity and constrain respondents' ability to stabilize their living conditions.

Employment barriers are rooted primarily in the non-recognition of professional qualifications and the lack of accessible requalification pathways. This results in occupational downgrading and enforces deskilling, particularly among individuals with significant human capital. The labor market thus becomes a site of status loss and blocked mobility.

Financial instability persists due to inconsistent access to welfare support, unclear eligibility procedures, and sudden withdrawal of assistance. These issues compound existing vulnerabilities and reduce respondents' capacity to meet basic needs.

Language barriers limit access to employment, healthcare, education, and legal assistance. The lack of affordable and accessible language courses restricts participation in institutional life and slows integration.

Respondents also report gaps in **childcare, education support, and legal services**, highlighting deficiencies in the social infrastructure responsible for reproductive labor, children's well-being, and rights protection.

Taken together, the data depicts a system in which **institutional capacity limits, bureaucratic complexity, and fragmented service provision** generate unequal access to essential resources. These constraints disproportionately affect groups at the intersection of multiple vulnerabilities, particularly women with dependents, widows, and the elderly. The overall pattern reflects a stratified integration process in which structural position shapes individuals' ability to secure stability, rights, and opportunities.

1.2.3. Ideas for Improvement

Healthcare:

- Need for simpler procedures and clearer communication
- Strong call for employing Ukrainian medical staff → reduces linguistic/social distance

Employment & Qualification Recognition

- Simplified and affordable diploma recognition
- Fast-track exams
- Reskilling pathways

Professional de-qualification leads to status inconsistency and identity loss, documented in refugee integration literature.

Language Learning. A recurring structural request:

- Free/flexible courses
- Courses adapted to caregiving schedules
- Combined with legal/administrative orientation

Housing & Financial Stability. Respondents highlight:

- Rent increases
- Evictions
- Unpredictable benefit systems

These conditions generate chronic precarity and hinder integration.

The idea of a One-Stop Center is overwhelmingly supported.

Did you feel respected and supported by service providers?

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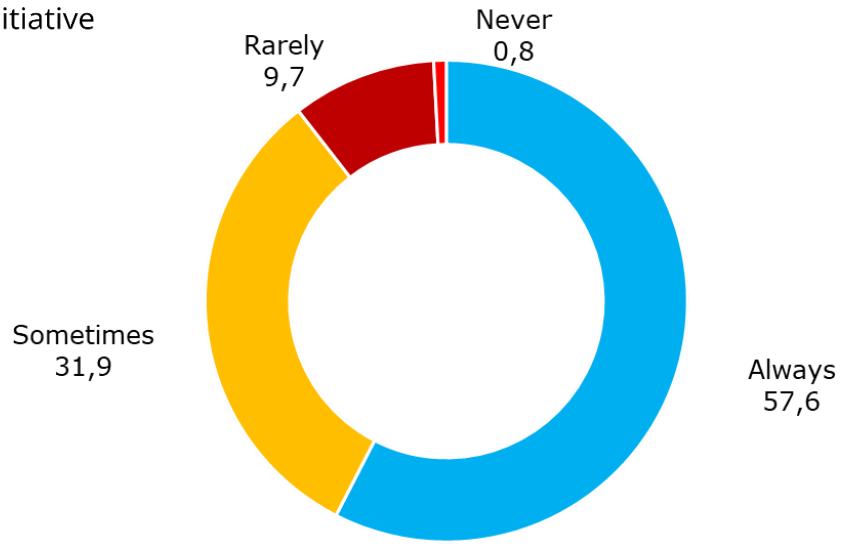
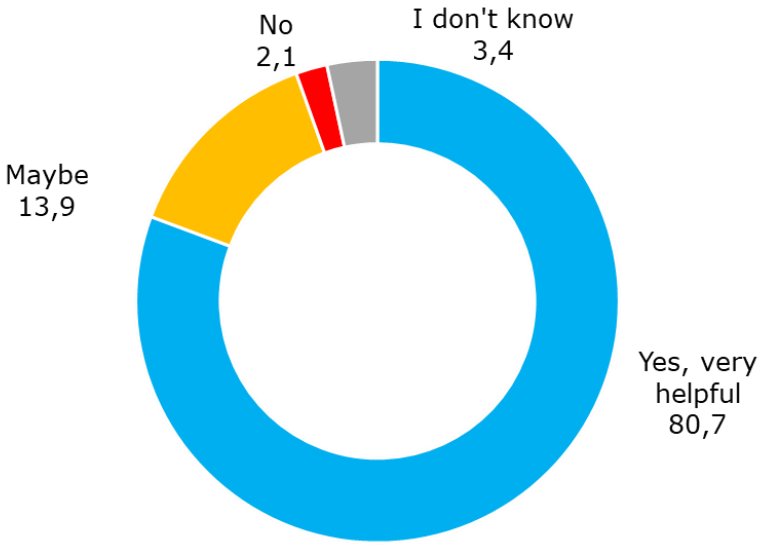


Would it have been helpful to access all services in one location?



If yes or maybe, what services would you like to be available in one location?

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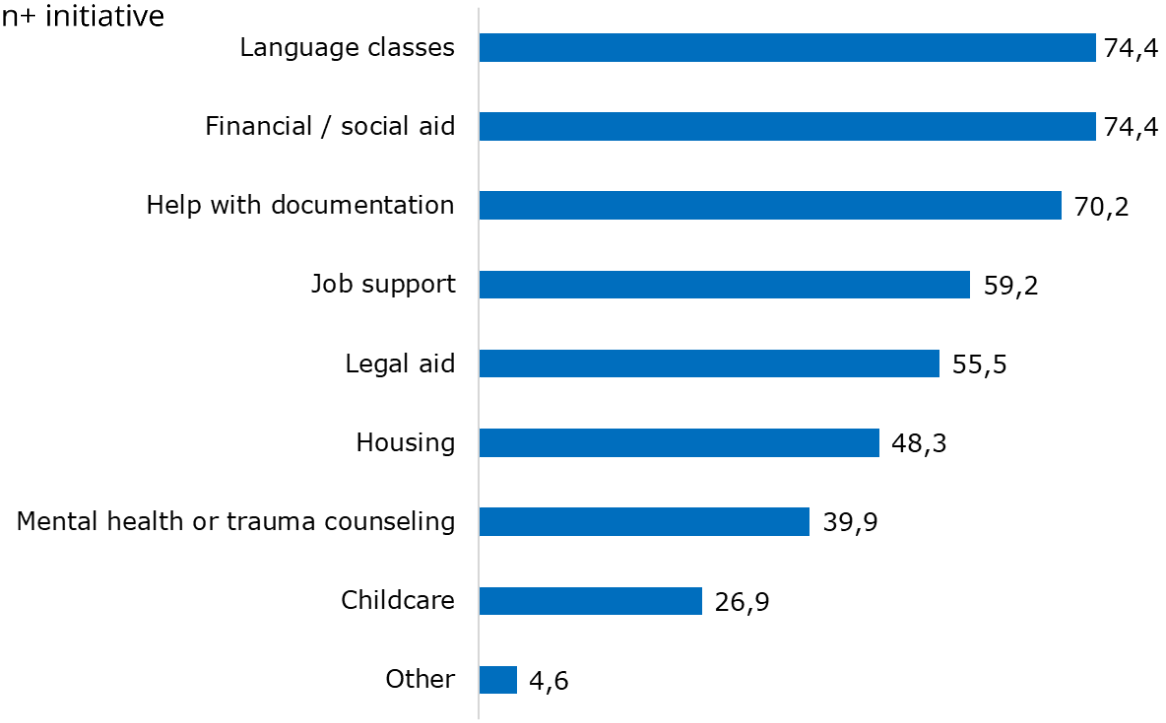
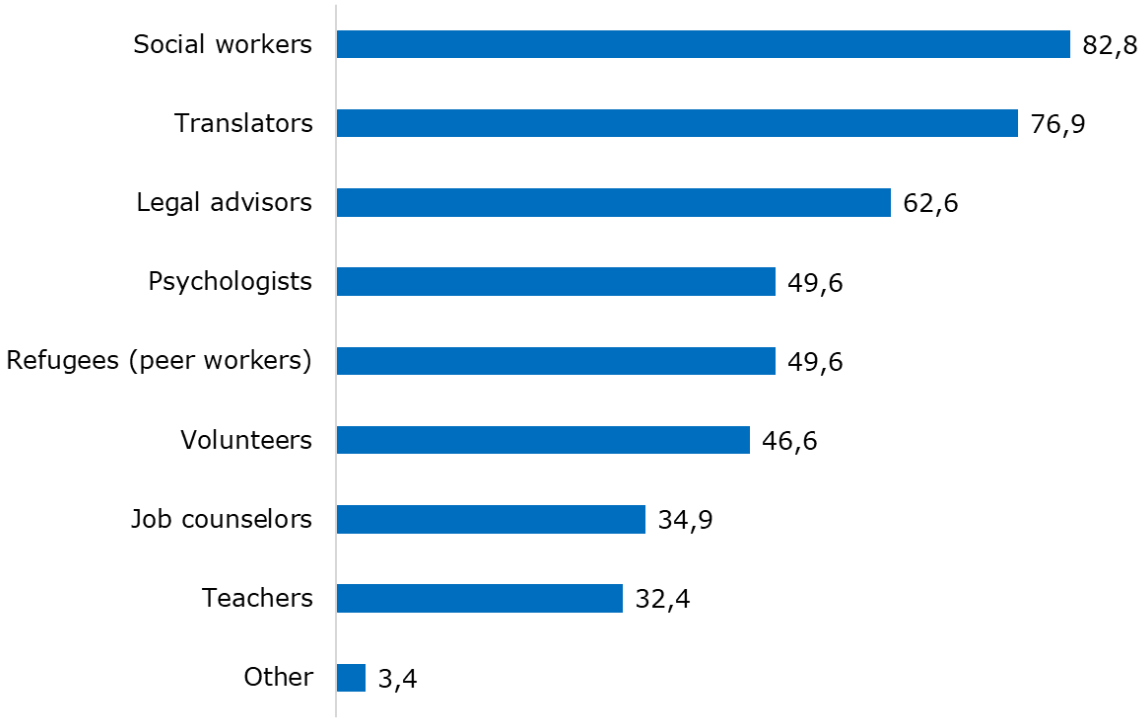


Who should work at this kind of center?



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Do you have any suggestions to make services better for you and others?
(open answer)

The suggestions provided by respondents were grouped into several recurring themes that reveal how people understand the shortcomings of the current support system and what forms of institutional change they consider necessary.

Reforming Healthcare Access. Healthcare appears as the most urgent area where respondents want improvement. Their recommendations emphasize reducing administrative barriers, increasing system capacity, improving service hours, and ensuring communication clarity. A major recurring theme is the desire to integrate skilled Ukrainian medical workers into the system as a practical solution to shortages and communication barriers. This reflects not only dissatisfaction with current limitations but a broader recognition of systemic inefficiencies within the healthcare infrastructure.

Recognition of Qualifications and Access to Skilled Employment. Respondents repeatedly highlight the need for transparent, simplified, and affordable pathways for diploma recognition. Their suggestions describe a system that currently produces occupational downgrading and restricts mobility for those with high levels of human capital. The desire for exam-based or accelerated requalification processes reflects a demand for institutional mechanisms that acknowledge existing skills and support professional reintegration.

Accessible Language Learning. Language learning is framed as foundational to integration. Respondents call for free or affordable language courses, flexible schedules, hybrid formats, and clearer communication about available opportunities. Beyond language classes, they highlight the need for broader integration tools such as individualized support plans and guidance in navigating legal and administrative systems. This reflects a desire for stability, predictability, and structured pathways rather than fragmented or ad hoc services.

Housing Stability and Financial Support. Respondents identify the need for consistent, transparent, and fair housing and financial assistance. Calls for social housing, rent support, and better oversight of benefit distribution reflect concerns

about insecurity, inconsistent program availability, and perceived inequities. These recommendations point toward systemic gaps in welfare provisioning and the need for more durable institutional solutions.

Clear, Centralized, and Reliable Information. The data reveals widespread frustrations with inconsistent or outdated information. Respondents call for centralized communication systems, clear eligibility criteria, and less contradictory guidance. This theme underscores the role of information infrastructure in shaping accessibility: unclear communication functions as an exclusionary mechanism, restricting people's ability to navigate services.

Improving Professionalism and Capacity of Support Centers. Many respondents express gratitude for existing help but also stress the need for more consistent professionalism, empathy, and cultural competence among frontline staff. They suggest hiring personnel with migration experience, providing better training, and ensuring that services are delivered without favoritism or selective treatment. The desire to maintain existing support centers highlights their perceived value as physical anchors of stability in the integration process.

Support for Children, Education, and Care Responsibilities. The data highlights concern about childcare availability, educational continuity, support for children with disabilities, and appropriate mechanisms for addressing school-related issues. These suggestions illuminate gaps in the social infrastructure that supports caregiving, education, and youth development — areas crucial for long-term integration outcomes.

Expansion of Translation and Mediation Services. Respondents consistently identify translation and mediation as essential facilitators for navigating healthcare, administrative institutions, and legal procedures. Their recommendations signal that linguistic mediation is not an accessory need but a structural requirement for equitable service access.

Flexibility and Accessibility of Service Delivery. Recommendations for extended hours, weekend availability, and online access indicate that many services are not

aligned with the realities of respondents' work schedules or caregiving responsibilities. This points to the need for institutional adaptability within support structures.

Respect, Fairness, and Non-Discrimination. A subset of responses emphasizes the emotional and relational dimension of service access. Requests for respectful treatment, non-discrimination, and the elimination of favoritism reflect the social and symbolic boundaries respondents encounter. These sentiments reveal that integration is shaped not only by policy design but by interpersonal interactions and perceived institutional equity.

1.2.4. Labor Market Integration

A majority have looked for jobs, but success varies. Many are:

- Employed below qualification
- Working part-time
- Engaging in feminized, low-pay sectors

Main challenges:

- Language barrier
- Non-recognition of qualifications
- Lack of information
- Childcare limitations

This suggests that labor integration is shaped by institutional design, not lack of motivation.

Respondents request:

- Language training
- Job matching
- Skills training
- Legal assistance
- Recognition pathways
- Childcare support

Have you looked for a job since arriving in this country?

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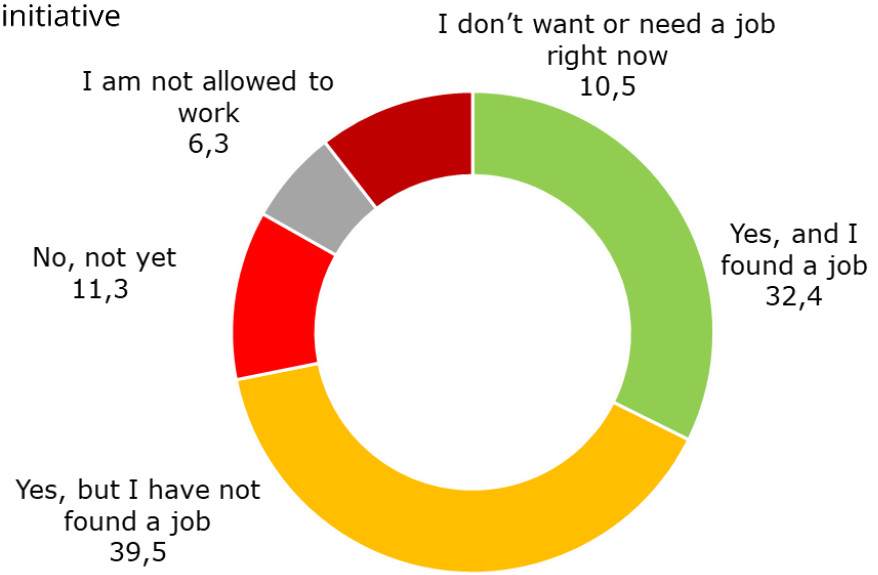
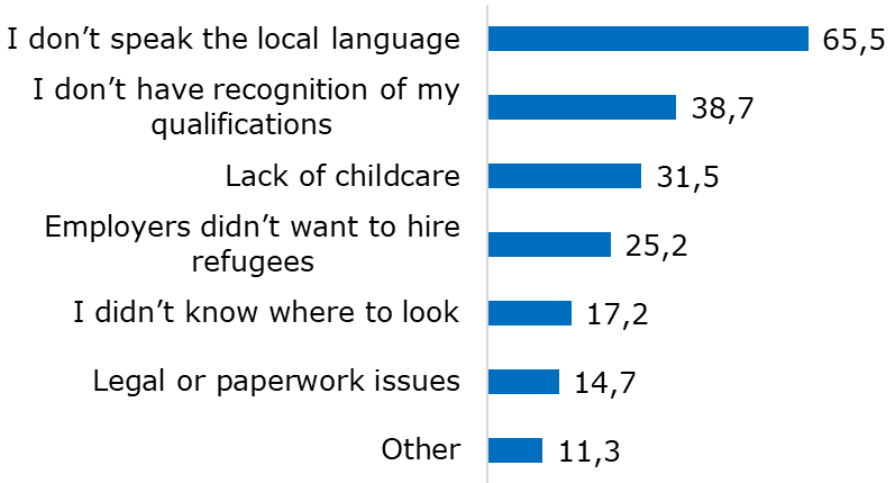
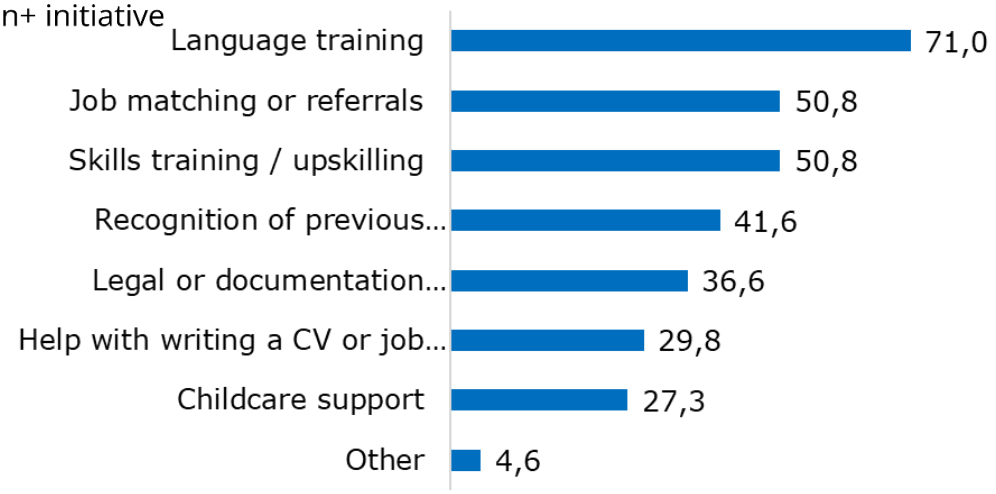


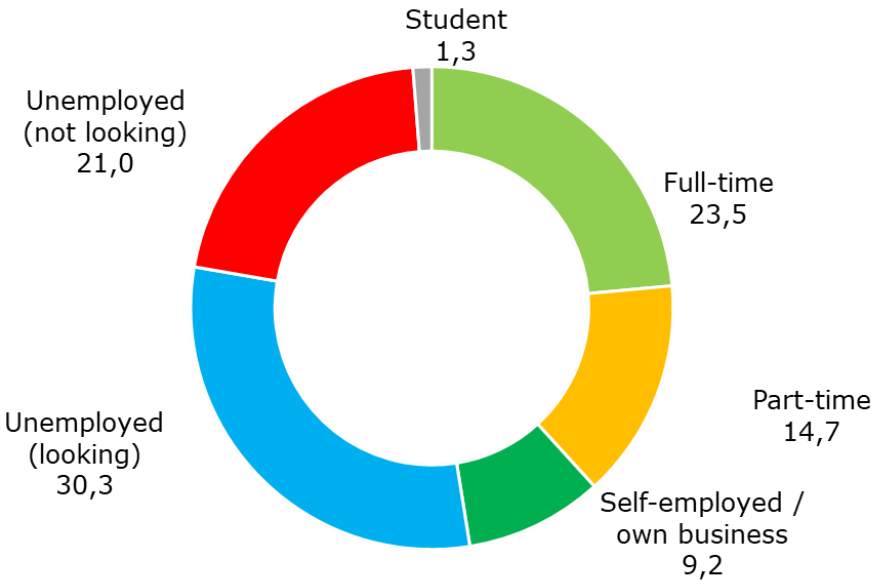
What are the biggest challenges you faced when trying to find a job?



What kind of support would help you most in getting a job?



Current employment status?



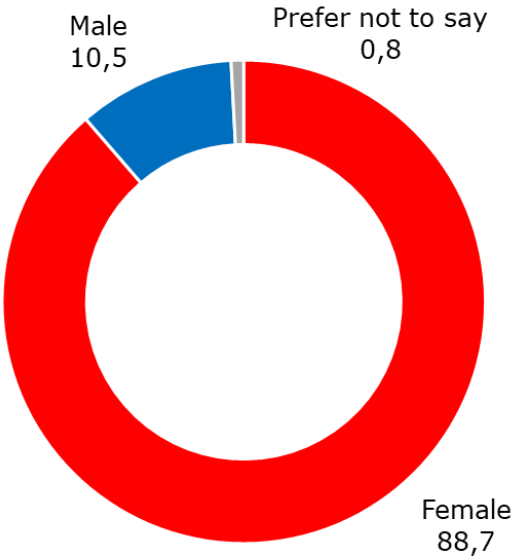
1.2.5. Sociodemographic data

Key characteristics:

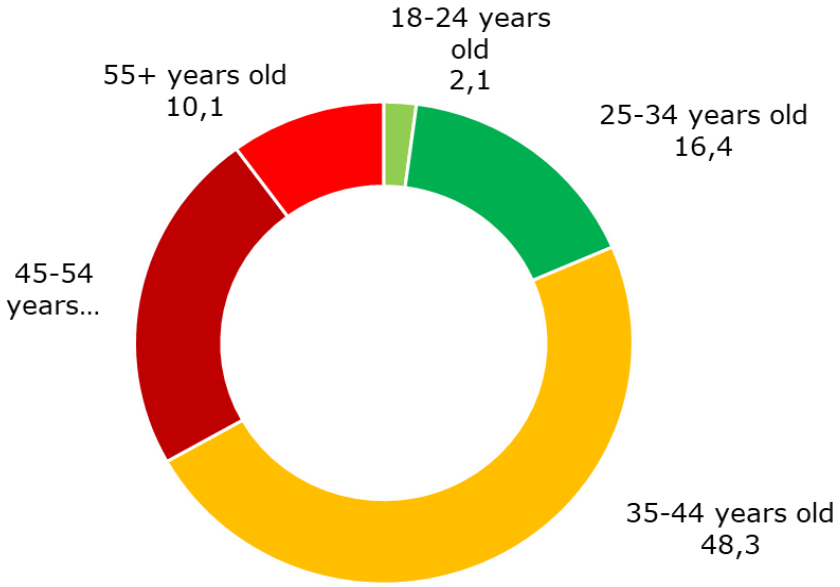
- Predominantly female
- Working age
- Highly educated (many have university degrees)
- Mostly traveling with children
- Strong orientation toward staying long-term or unsure

This is a profile of high human capital combined with high structural vulnerability, a mismatch that generates both economic underutilization and psychosocial strain.

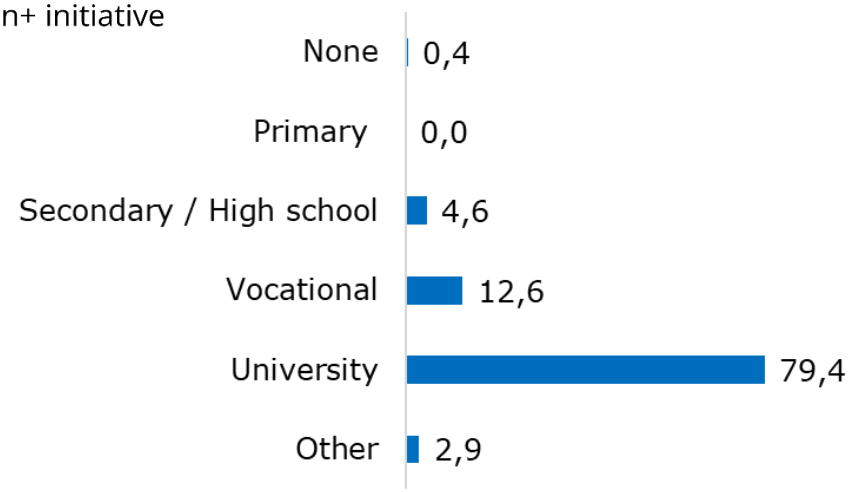
Gender



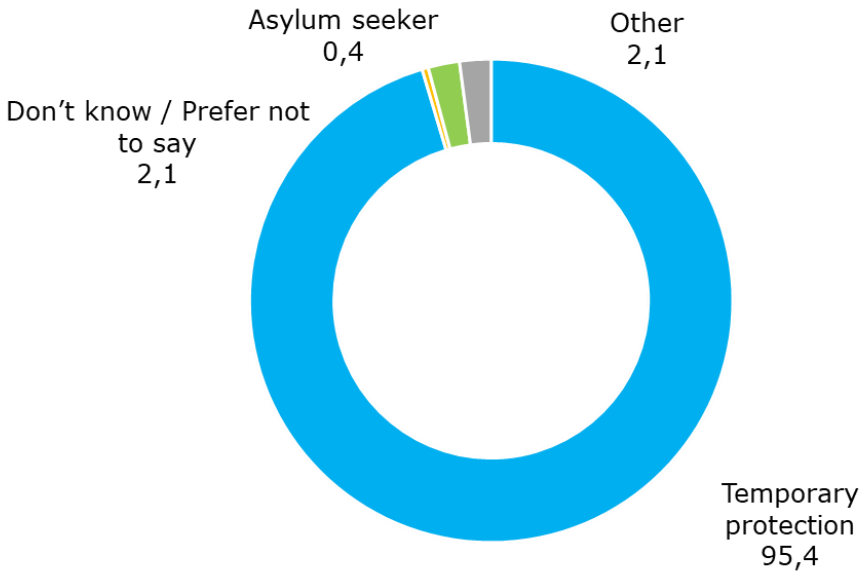
Age group



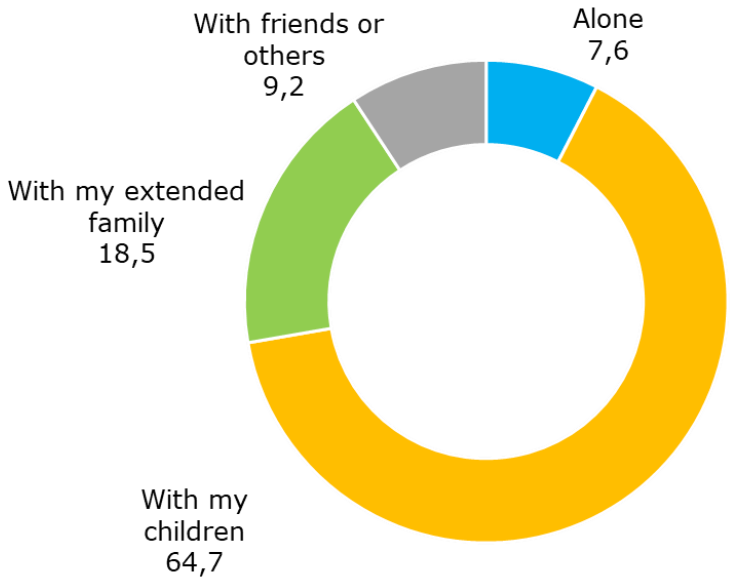
Highest level of education



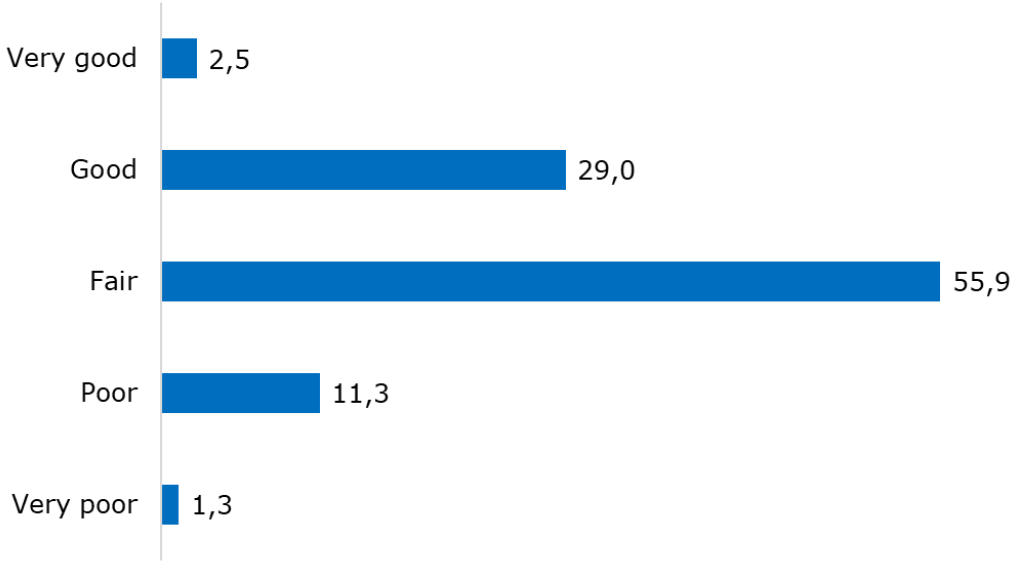
Current legal status



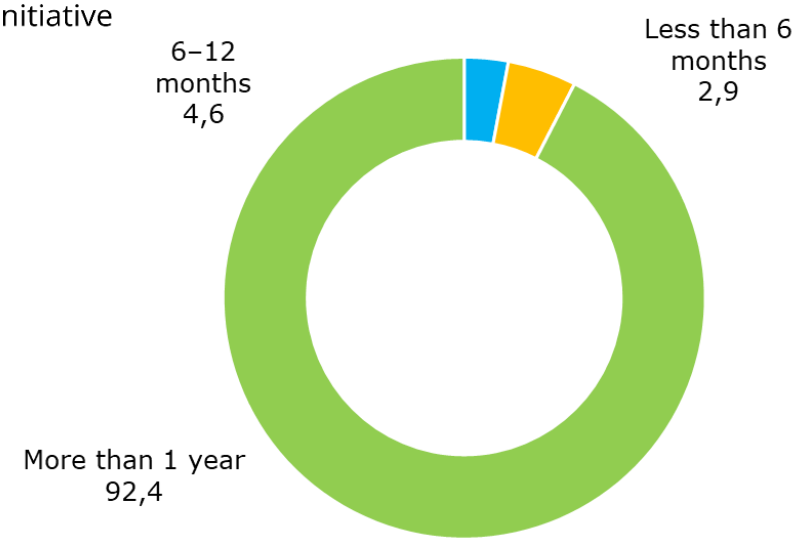
Who do you live with?



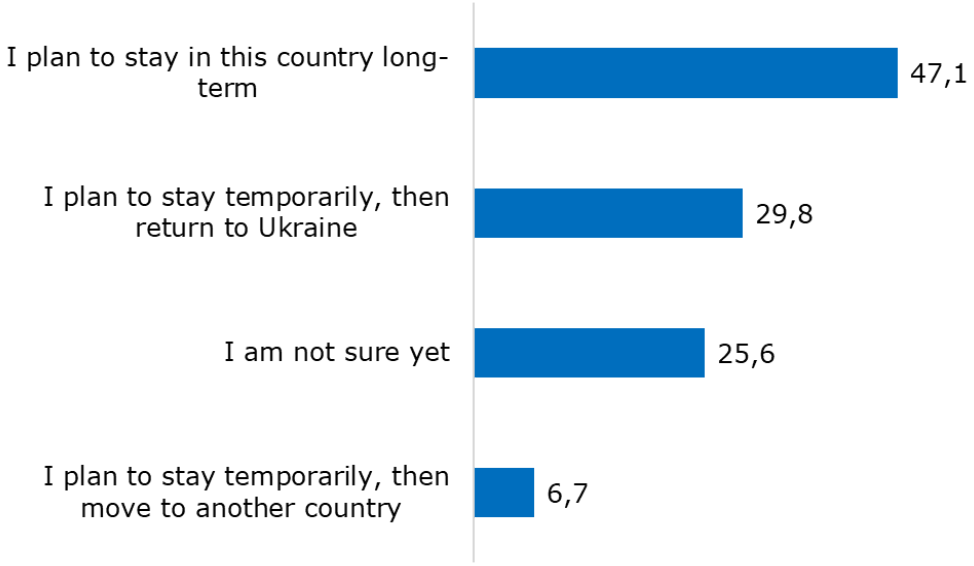
How would you describe your overall quality of life in this country today?



How long have you been living in this country?



What are your current plans for the future?



1.3. Conclusion

The findings presented above provide the empirical foundation for interpreting the systemic configuration of integration pathways in the host countries. The conclusion synthesizes these patterns and outlines their implications for institutional design and the upcoming WP3 blueprint.

The survey results provide a coherent and empirically grounded picture of the integration experiences of Ukrainian refugees in Poland and Romania. The patterns identified across the 238 responses confirm that refugees navigate a service landscape marked by structural constraints, fragmented institutional pathways, and uneven access to essential resources.

First, the data reveal a clear hierarchy of needs that reflects the classic progression from emergency to stabilization and toward long-term integration. Refugees initially rely heavily on healthcare, legal documentation, financial aid, and education for children—domains crucial for immediate safety and administrative security. Yet the survey shows that these same areas, especially healthcare and housing, are perceived as the most difficult to access. This tension between high demand and low accessibility points to systemic bottlenecks rather than individual shortcomings and indicates where institutional investment is most urgently needed.

Second, refugees' overall experience with services is characterized by institutional fragmentation, limited coordination, and high bureaucratic transaction costs. Respondents frequently report having to visit multiple offices, repeat information, and navigate unclear or contradictory instructions. Such patterns align with sociological analyses of fragmented welfare systems: when institutions function without coordination, the burden of integration shifts onto the individual, generating institutional fatigue and reduced trust in formal structures. This fragmentation especially affects groups with caregiving responsibilities, limited language proficiency, or higher administrative vulnerability.

Third, the survey highlights a persistent misalignment between refugees' human capital and their labor market absorption. Despite high education levels and strong willingness to work, many respondents experience occupational downgrading, part-time or unstable employment, or long job-search periods. Barriers such as language proficiency, non-recognition of qualifications, and limited childcare options create a situation in which structural factors—rather than motivation or capacity—constrain upward mobility. The data therefore point to a labor market

integration environment where skills remain underutilized and professional status remains difficult to recover.

Fourth, respondents articulate a consistent and sophisticated understanding of the improvements required to support their integration.

These elements converge toward a demand for predictability, coherence, and human-centered institutional design—principles that lie at the core of effective integration systems.

Finally, the survey demonstrates support for an integrated, one-stop service model. Refugees themselves articulate the logic behind such a center: the need to consolidate information, reduce administrative burdens, improve coordination, and provide multidisciplinary expertise in a single accessible location. Their preferences regarding staff profiles (social workers, translators, legal advisors, psychologists, job counselors, and peer workers) closely mirror the multidisciplinary approach envisioned in the blueprint.

The survey confirms that Ukrainian refugees face not isolated difficulties but systemic and interlocking barriers that require coordinated institutional responses. At the same time, the data highlight significant resilience and willingness to integrate, provided that systems are designed to recognize and support their capacities.

Section	Key Findings	Implications for WP3 Blueprint
Access to Services	High reliance on healthcare, financial aid, NGOs	Integrate stable access pathways & mediators
Difficult Services	Healthcare, housing, employment	Centralize these domains in the One-Stop Center
Barriers	Language, information gaps, procedures	Provide translators; info hubs; simplified navigation
Helpfulness	Legal aid, NGO support, social aid	Strengthen NGO partnerships in blueprint
Job Challenges	Language, diploma recognition, childcare	Include fast-track recognition; childcare solutions
Demographics	Mostly women; well-educated; with children	Gender-responsive and skills-based blueprint

2. Thematic Analysis of Semi-Structured Interviews with Service Providers

This report presents the cross-country thematic analysis of 21 semi-structured interviews with service providers in Romania and Poland. The purpose of this analysis is twofold:

1. To synthesise how public institutions, NGOs, community organisations and coordination bodies have supported refugees from Ukraine since February 2022.
2. To extract actionable lessons that directly support the development of the integrated WP3 Blueprint, including:
    - models of service delivery,
    - partnership structures,
    - competency requirements,
    - governance mechanisms, and
    - conditions for transferability within the EU.

This thematic report complements the quantitative mapping and refugee focus group analysis by providing depth, nuance, and a sociological understanding of how systems, organizations, and frontline professionals navigated the crisis.

From a sociological perspective, refugee integration is best understood as a trajectory that evolves across multiple, overlapping phases:

- Emergency/Survival – ensuring physical safety, basic needs, and rapid triage.
- Stabilisation/Systematisation – formalising temporary protection, setting up coordination structures, and ensuring access to education, health, housing, and employment information.

- Structural Integration – enabling long-term social inclusion, labor market participation, language mastery, community belonging, and psychological stabilization.

These phases are not strictly sequential; many refugees pass through them non-linearly.
Institutionally, this means that organizations experience role stretch, navigating responsibilities beyond their statutory mandates.

The interviews reveal that both Romania and Poland shifted from ad-hoc humanitarian mobilisation to multi-actor governance ecosystems, involving:

- national emergency agencies,
- municipal welfare systems,
- labor market authorities,
- education systems,
- NGOs and international organizations,
- private sector employers, and
- spontaneous volunteer networks.

This institutional heterogeneity is fundamental to understanding service provision and the potential for an integrated one-stop-shop model under WP3.

2.1. Research Methodology

The analysis follows the thematic analysis strategy: open coding, clustering of codes into themes, and cross-case comparison between Romania and Poland.
The *Interview Guide for Service Providers* structures the themes:

- B: organizational context
- C: types of services and adaptations
- D: access, use, and barriers
- E: perceived impact and practices
- F: coordination across sectors

- G: workforce and competencies
- H: views on one-stop shops and future systems

The 21 interviews (10 interviews in Poland, 11 interviews in Romania) cover:

- Public authorities (7 interviews) – national emergency structures, municipal social work directorates, school inspectorates, labor offices, family assistance centers.
- Private entities (14 interviews) – employment-oriented, social services, faith-based actors, community centers.

Inclusion criteria:

- Service Providers: Active involvement in delivering or coordinating refugee support services since February 2022.

Exclusion criteria:

- Service providers without a direct role in refugee-related services.

Table 1. Types of Service Providers Interviewed

Type of organization	Examples (anonymized)
National coordination structures	Department for Emergency Situations (RO); city-level coordination hubs (PL)
Municipal welfare and social services	General Directorates of Social Assistance (RO); Warsaw Family Assistance Centre (PL)
Labor market authorities	Municipal labour offices supporting foreigners (PL)
Education authorities	County School Inspectorates (RO)
NGOs (social, integration, legal)	Migration NGOs, community foundations, counseling and casework NGOs
NGOs (employment-focused)	Mentoring programs; corporate matching NGOs (PL)
Faith-based organizations	Salvation Army–type centers; church-based community centers

All transcripts are anonymised; no personally identifying details of respondents or refugees appear in this report, in line with GDPR and ethical commitments in the methodology and toolkit.

2.2. Organisational missions and roles in refugee support

Across both countries, service providers can be grouped into three ideal-types:

1. **Infrastructural and coordination actors**
    - Department for Emergency Situations in Romania, managing national command centers, border hubs, and a 24/7 dispatch; it also shapes emergency legislation and logistics.
    - Warsaw Family Assistance Center and Warsaw Integration Center, managing large accommodation and integration points.
2. **Classic welfare and education providers**
    - Municipal social work directorates, family services, disability services, school inspectorates.
3. **Specialised NGOs / social economy / faith-based organisations**
    - Employment-focused organizations (e.g., Tent), working mainly through corporate networks and mentoring.
    - Faith-based actors such as the Salvation Army running mixed aid and integration clubs.
    - Community centers (e.g., Bethany Community Center in Iași, Warsaw NGOs) offering psychosocial, educational, and legal support.

Sociologically, this shows a multi-layered field:

- Some organizations are meta-organizations (coordinating others, shaping rules).
- Others are frontline welfare providers.
- Others again are issue-specific innovators (employment, psychosocial care, etc.).

2.3. Types of services and their evolution

2.3.1. Phases of response

Across interviews, a common temporal pattern emerges:

1. Acute emergency (Feb–mid-2022)
    - Border reception, transit hubs, 72-hour buffer centers, ad-hoc shelters in schools, halls, churches.
    - Mass distribution of food, clothing, hygiene items; basic medical triage.
2. Stabilization and systematization (late 2022–2023)
    - Formalization of support schemes: “50/20” and subsequent lump-sum accommodation schemes in Romania; simplified employment procedures and dedicated points for Ukrainians in Poland.
    - Creation of digital platforms, weekly coordination meetings (e.g. Department for Emergency Situations’s Teams ecosystem with >180 meetings).
3. Longer-term social and labor integration (2023–present)
    - Language courses (Romanian/Polish/English), educational integration of children, employment programs, mentoring, vocational guidance.
    - Emergence of integration-oriented community spaces (women’s clubs, youth clubs, mixed social activities).

2.3.2. Service domains

The services cluster around the two core dimensions of the project (social and labor integration) with cross-cutting supports:

- Social inclusion: housing, financial aid, day centers, social clubs, community events, language learning, childcare, disability support.
- Labor market integration:
    - Public employment offices and municipal services (job matching, vocational training, group information sessions on labor rights).
    - NGO-led programs: mentoring for Ukrainian women, corporate job pipelines, employment portals, vocational counseling.
- Legal, health, psychological: legal aid (status, contracts), medical referrals, psychological counseling, trauma support, group sessions.
- Education and children: dedicated language classes, school enrolment support, day centers, recreational and non-formal education.

A transversal finding: many organizations moved beyond their statutory mandate (e.g., emergency services doing social work, social services stepping into payment administration, NGOs performing quasi-public coordination).

For WP3, this confirms that the blueprint must acknowledge and design for role stretch in crises, not just “ideal-type” mandates.

2.4. Access, use, and barriers

2.4.1. Barriers faced by refugees

Across countries and sectors, refugees encounter a recurrent set of barriers:

- Language and information:
  - Lack of Polish/Romanian, need for specialized vocabulary for qualified jobs and education.
  - Fragmented or poorly communicated state platforms; many have never heard of official job portals or aid schemes.
- Digital and bureaucratic complexity:
  - Online registration, email forms, Google forms – inaccessible for elderly refugees or those with low digital literacy, leading to exclusion.
- Time and care constraints:
  - Single mothers struggle with shift work and schedules; childcare shortages limit labor market participation.
- Disability and special needs:
  - Deaf and blind refugees particularly disadvantaged in competitive aid settings and bureaucratic environments.
- Psychological state and “waiting”:
  - Many residents in long-term centers "freeze" in a limbo of passivity, hoping to return soon; they do not engage with courses or employment offers even when offered on-site.

Sociologically, these barriers show how structural constraints (systems, rules, technologies) interact with biographical disruption (trauma, loss, gendered care roles) to shape unequal access.

2.4.2. Barriers faced by organizations

Providers report multiple constraints:

- Administrative and legal
  - Constantly changing legislation (e.g., accommodation payments, temporary protection) requiring re-engineering of procedures.
  - Rigid funding schemes that treat language courses like standard "trainings" with efficiency indicators inappropriate for refugees.
- Financial and material
  - Unpredictable donations (e.g. receiving Coca-Cola and hummus for elderly beneficiaries) and limited control over content.
  - NGO dependence on project-based funding; difficulty covering transport and core coordination costs.
- Human resources
  - Burnout and overload in the early crisis; learning on the job how to work with a large, culturally specific refugee population.
- System fragmentation
  - Slow or absent involvement of some mandated public bodies; NGOs and emergency services compensate by assuming extra tasks (e.g., victim identification, burial, payments).

These organizational barriers are critical for WP3: the blueprint must not simply ask providers to "do more," but identify enabling conditions (flexible law, core funding, recognition of coordination work).

Table 2. Comparative Barriers: Refugees vs. Organizations

Dimension	Refugees	Organizations
Language	Limited Polish/Romanian; difficulty in formal settings	Lack of bilingual staff; reliance on ad-hoc translators
Digital literacy	Cannot use online forms; elderly excluded	Interoperability issues across platforms
Information	No unified information hub	Lack of national guidance; unclear roles early on
Care/time burdens	Single mothers unable to attend courses	Funding rules incompatible with flexible schedules
Disability	Deaf/blind persons disadvantaged	Lack of specialized staff
Psychosocial state	Passivity; trauma; waiting to return	Burnout; emotional overload

2.5. Perceived impact, good practices, and counter-examples

2.5.1. High-impact practices

Across interviews, several practices are consistently framed as successful:

- Digital coordination platforms + regular multi-stakeholder meetings
  - The Department for Emergency Situations' use of Teams with thematic channels and weekly/sectoral meetings (education, health) is repeatedly described as a backbone of coordinated action.
  - Similar digital ecosystems in Warsaw improve information flow between city units and NGOs.
- Mentoring and tailored employment support
  - Tent's mentoring program for Ukrainian women shows high reported satisfaction and positive employment outcomes (even when jobs are not immediate, confidence and networks grow).

  - Public labor offices' group information sessions on labor rights and job search strategies, offered to both Poles and foreigners, are considered an effective "pill of knowledge."
- Mixed integration clubs and safe spaces
  - Women's and youth clubs, language-plus-activity formats, and mixed Polish–Ukrainian groups reduce isolation and support mental health, especially among older women and youth.
- Educational integration with adapted language support
  - School inspectorates report that tailored Romanian language classes and curriculum adjustments enable meaningful school participation, especially when combined with psychosocial support.

These are strong candidates for modules in the blueprint (e.g., "how to design a digital coordination hub"; "components of an effective mentoring scheme").

2.5.2. Less successful or problematic practices

The interviews also provide critical reflections:

- Under-used vocational offers
  - Examples such as a barista course organized *inside* a large accommodation center where *no one showed up* illustrate the limits of purely supply-driven offers: when residents are psychologically "on hold," even low-threshold opportunities are unused.
- Top-down or culturally misaligned aid
  - Polish staff buying "nice" but unfamiliar foods (pickled fish, bottled borscht) that refugees reject shows a lack of cultural calibration. Later, they switch to Ukrainian staples (buckwheat, etc.) with much better reception.
- Over-broad unconditional support
  - Some public providers feel that long-term unconditional accommodation and payments, without expectations (e.g., language learning, job search), may have inadvertently entrenched passivity among a subgroup of residents.

These "negative cases" are very valuable for WP3: they point to **design tensions** around conditionality, co-responsibility, and co-creation.

2.6. Coordination across sectors: connected yet fragmented

2.6.1. Collaboration patterns

Both countries show dense collaborative ecosystems:

- Emergency services/city authorities with NGOs, international organizations (UNHCR, IOM, UNICEF), private companies, schools, health services, and faith-based groups.

Positive elements:

- 24/7 dispatch and single contact points that route offers and needs (e.g. Department for Emergency Situations dispatch).
- Joint presence at early reception hubs (train stations, arenas, Romexpo-type centers).
- NGO–municipality partnerships for running community centers and specialized services.

2.6.2. Fragmentation and gaps

However, fragmentation appears in several forms:

- Legal/competence uncertainty in the first months (who does what, under which mandate?).
- Uneven engagement – some institutions fully involved, others slow or absent; NGOs report long chains to reach beneficiaries because intermediaries are under-resourced.
- Territorial imbalance – Warsaw and large Romanian cities are overloaded, while other regions initially have spare capacity; relocation mechanisms are ad hoc.

The sociological picture is one of network governance under stress: strong horizontal solidarity but weak initial vertical coordination. The blueprint should explicitly address governance architecture (decision-making, division of labor, data sharing).

2.7. Workforce and competencies

The workforce across organizations is remarkably multidisciplinary:

- Social workers, psychologists, child protection specialists, teachers, intercultural mediators, legal advisers, employment counsellors, paramedics, logisticians, volunteers and refugee-staff.

Essential competencies repeatedly mentioned:

- Language skills and intercultural communication (often Ukrainian + local language + English).
- Trauma-informed and psychosocial skills – understanding fear, grief, “frozen” decision-making.
- Digital coordination literacy – ability to use Teams, databases, portals.
- Legal and policy literacy in rapidly changing protection, labor, and social work regimes.

Gaps and needs:

- More cultural and language mediators, especially early on.
- Training for staff in working with highly diverse and vulnerable refugees (disabilities, youth in transition, elderly).
- Capacity-building for NGOs on how to work within complex, formal coordination structures.

For WP3, this points directly to a competency framework and an associated training curriculum as core sections of the blueprint, as already envisaged in the project application.

Table 3. Key Competencies for Integrated Refugee Support

Competency domain	Description
Intercultural mediation	Ukrainian proficiency; cross-cultural communication
Trauma-informed practice	Recognising trauma responses; non-violent communication
Digital literacy	Coordination tools (Teams), shared databases, platforms
Legal literacy	Temporary Protection Directive, national schemes, labor rights
Networking & governance	Multi-actor coordination, negotiation, partnership management

2.8. Unmet needs and structural gaps

Service providers converge on a number of persistent unmet needs:

- Sustainable employment and career pathways, especially for highly qualified women who do not want low-skilled jobs.
- Stable housing beyond emergency schemes and time-limited payments.
- Mental health at scale, not only individual counseling but community-based psychosocial support.
- Inclusive information and call-center systems – respondents describe the absence of a unified, well-known information hub for refugees.

Critical ecosystem gaps identified:

- No coherent national strategy that sequences expectations (e.g., "first month – information and legalization; next – language; then – employment activation"), leaving local actors to "replace the state."
- Lack of structural funding for coordination, digital platforms, and "soft" services like counseling and mediation.

These findings confirm, empirically, the **needs assessment** underpinning the blueprint's planned sections on integrated services, partnerships, implementation, and sustainability.

2.9. Visions of "one-stop shop" and future system – convergences and tensions

Most providers are **favorable to a one-stop-shop model**, but not uncritically.

2.9.1. Convergences

Commonly perceived advantages:

- Simplified navigation for refugees: co-located services (legal, social, health, labor, education) and/or a strong digital front-end.
- Better case management and holistic support – one team seeing the whole person, not fragmented problems.
- Platform for inter-agency collaboration, catching duplication and gaps.

2.9.2. Risks and counter-arguments

Respondents also articulate important reservations:

- One physical center may itself become overwhelmed, especially in large cities; better to combine a central hub with distributed "job clubs"/integration points in districts.
- Risk of new bureaucracy if one-stop shops replicate existing administrative rigidities instead of genuinely integrating processes.
- Need to respect different needs and biographies; not everyone fits a single pathway, and some have resources that make heavy support unnecessary.

The desired future system is repeatedly described as:

- Hybrid (physical hubs and digital access);
- Governed by clear leadership but open to refugee participation;
- Staffed by multi-disciplinary, culturally competent teams;

- Designed with built-in feedback loops and preparedness for future crises.

This aligns almost perfectly with the WP3 blueprint concept: integrated services, partnerships, implementation plan, sustainability.

2.10. Implications for WP3: design principles for the blueprint

From a sociological, system-level perspective, the 21 interviews suggest several design principles and tensions that WP3 should explicitly incorporate.

2.10.1. Design principles

1. Integration as coordination infrastructure
    - Blueprint components should include coordination architecture (who convenes, what platforms, meeting routines, data-sharing rules), not only a catalogue of services.
2. Phase-sensitive model
    - Explicit mapping of the trajectory *emergency* → *stabilisation* → *structural integration* and of **handover points** between emergency actors and mainstream welfare/labor systems.
3. Network-oriented one-stop shop
    - The “one-stop shop” is best conceived as a nexus inside a wider ecosystem (with both central hub and district-level satellites), not a single physical mega-center.
4. Digital and physical hybridity
    - Digital portals, call centers, and Teams-type coordination are structural elements, but they must be paired with low-tech access routes for digitally excluded groups.
5. Competency framework and capacity building
    - The blueprint should contain an articulated competence model (languages, trauma, intercultural communication, digital, legal) with training modules for each actor category.

6. Vulnerability-sensitive design
    - Specific protocol sections for: single mothers, elderly, people with disabilities, youth in transition, and people with very limited literacy or digital skills.
7. Refugee participation and feedback
    - Formal mechanisms to involve refugees in service design (e.g., advisory groups, co-design workshops, structured feedback channels), building on the ad hoc practices already in place.

2.10.2. Design tensions

WP3 should make these tensions visible, not smooth them out:

- Conditionality vs. unconditional support
    - Some providers see unconditional, long-term support as producing passivity; others stress ethical obligations and the importance of safety before activation.
- Centralization vs. decentralization
    - Desire for a clear national strategy and centralised one-stop shops coexists with concern that “one place” is unworkable in large metropolitan areas.
- Efficiency vs. relational work
    - Indicators and training logics (e.g., cost-per-trainee) clash with the slower, relational nature of trust-building and language acquisition.
- Standardization vs. contextual tailoring
    - Many practices are highly context-specific (Warsaw, Iași, Bucharest); the blueprint must offer configurable modules, not a rigid template.

2.11. Conclusion

The analysis of 21 service-provider interviews from Romania and Poland demonstrates a clear trajectory: from emergency humanitarian response, through

stabilization and systematization, to the gradual emergence of structured social and labor integration pathways.

Across both countries, providers navigated institutional uncertainty, resource constraints and role expansion, yet also developed innovative coordination mechanisms, hybrid service models, and context-specific practices that now form the empirical foundation for WP3.

The cross-cutting finding is that integration is not merely a set of services, but a governance function: the capacity to coordinate actors, align roles, and sustain adaptive infrastructures.

The upcoming WP3 Blueprint should therefore place emphasis on coordination architecture, multi-actor governance, competency frameworks, digital–physical hybridity, and vulnerability-sensitive design.

3. Thematic Analysis of Focus Groups with Ukrainian Refugees

This section synthesizes key findings emerging from four focus groups conducted with Ukrainian refugees in Poland and Romania. All findings are grounded in refugees' narratives and reflect recurrent patterns across the two national contexts, while also highlighting relevant divergences. The analysis follows an interpretivist qualitative approach, aiming to capture the lived experiences and meaning-making processes of participants within their social and institutional contexts.

3.1. Research Methodology

Sampling: Snowball sampling, initiated through trusted service providers and community networks.

Inclusion criteria: Ukrainian nationals aged 18 or older, with direct experience accessing integration services in Poland or Romania.

Exclusion criteria: Refugees who have not engaged with any integration services (to maintain the study's intervention focus).

Sample Size

Focus Group session #1 Poland	Focus Group session #2 Poland
Participants: 7 Age range: 18–30 years old Gender: 5 females, 2 males	Participants: 10 Age range: 31–60 years old Gender: 8 females, 2 males
Focus Group session #1 Romania	**Focus Group session #2 Romania**
Participants: 12 Age range: 18–30 years old Gender. 9 Females, 3 Males	Participants: 11 Age range: 31–60 years old Gender: 10 females, 1 male

Participant Profile

Across all four focus groups, participants were predominantly women, reflecting broader displacement demographics from Ukraine. Respondents varied in age,

ranging from young adults to older persons (18–70+), and most had resided in the host countries between 1.5 and 3.5 years. Many had arrived with children, elderly relatives, or family members with disabilities. The majority had prior work experience in Ukraine and had engaged with at least one type of integration-related service in Poland or Romania, in line with the inclusion criteria established in the research design.

Ethical Considerations

All focus groups were conducted in full compliance with the ethical framework defined in WP2 and the EU4UA Research Methodology. Participants provided informed consent after receiving clear explanations regarding the purpose of the study, voluntary participation, and their right to withdraw at any moment.

This report contains no identifying information about the participants. The analysis reflects anonymised narratives only, ensuring that no respondent can be directly or indirectly identified. The ethical approach followed in WP2 prioritised confidentiality, voluntary participation, and respect for participants' autonomy throughout the research process.

3.2. Thematic Findings

The themes derived from the analysis are presented according to the interview protocol: (1) Access to Services, (2) Service Experience, (3) Gaps and Needs, (4) Labor Market Integration, (5) Future Expectations. Each theme reflects consistent patterns found across groups, with country-specific differences noted where relevant.

To complement the thematic narrative presented above, Figure 1 provides a visual synthesis of the key themes and sub-themes emerging from the focus group analysis. The map illustrates the interconnections between access to services, service experiences, unmet needs, labor market integration, and social integration, and highlights how these domains converge toward the development of Blueprint recommendations under WP3.

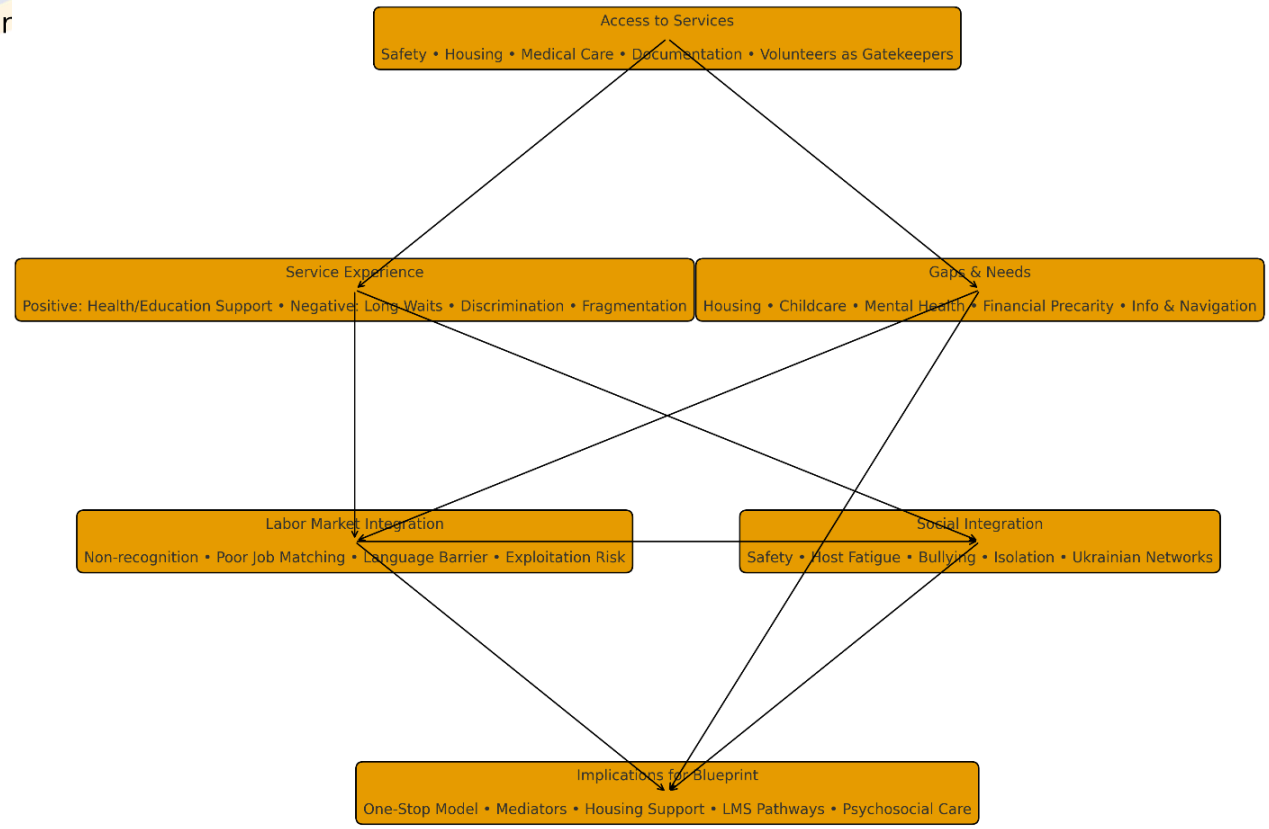


***Figure 1**. Visual thematic map summarizing the main themes and sub-themes emerging from the four focus groups with Ukrainian refugees in Poland and Romania. The figure reflects structural linkages between access conditions, service experiences, integration barriers, and implications for the Blueprint model.*

3.2.1. Access to Services After Arrival

Immediate Priorities

Across both countries, refugees' most urgent needs upon arrival were remarkably consistent:

- Safety and physical security,
- Housing or emergency shelter,
- Basic material support (food, clothing, hygiene items),
- Medical services, especially for older participants and for those with chronic conditions,

- Documentation support for temporary protection, identification papers, or access to public services (participants rarely understood the bureaucratic systems themselves).

In both Poland and Romania, refugees emphasized that their first weeks were dominated by exhaustion, trauma, and confusion. Many described relying on volunteers, NGOs, church groups, or Ukrainian community members to navigate local systems, particularly during the first months of displacement.

"We just needed to sleep without fear. Nothing else mattered in those first days." (Romania)

"Housing, food, clothes, basic things to survive the first weeks." (Poland)

Enablers of Access

Participants frequently highlighted the critical role of volunteers and center managers, who provided ad-hoc translation, orientation, and administrative support. In many cases, these informal actors functioned as primary intermediaries between refugees and public institutions.

"Without the volunteers, we would not know where to go or what to do." (Poland)

"Other Ukrainians told me how to live here, not the institutions." (Romania)

Barriers to Access

A cross-country barrier was the language gap, repeatedly cited as the most substantial impediment to accessing services. Many noted that formal information was unavailable in Ukrainian and that institutional staff rarely spoke English or Russian. The language barrier is the strongest and most consistent barrier across all focus groups.

Service fragmentation (requiring individuals to visit multiple offices to obtain documents, benefits, or referrals) was an additional structural barrier reported by all groups. This strongly supports the Blueprint's integrated one-stop model.

"I couldn't explain myself, and they couldn't explain anything to me." (Poland)

"Information was in Romanian only; I didn't understand anything." (Romania)

3.2.2. Experiences with Public and NGO Services

Positive Experiences

Participants across countries expressed high levels of gratitude toward host populations and humanitarian actors. Specifically:

- Healthcare in Poland was described as accessible and often of high quality, with some respondents receiving major medical interventions free of charge.
- Emergency assistance, including temporary accommodation and food distribution, was widely praised in both Romania and Poland.
- School enrollment for children was generally described as smooth, particularly in Poland.

"The doctor treated me without asking for money; I cried from relief." (Poland)

"At school, teachers supported my child more than I expected." (Romania)

Negative Experiences

Despite positive examples, refugees also reported systemic obstacles:

- Long waiting times for medical appointments in both countries, sometimes extending for months.
- Occasional discriminatory behaviors, particularly in Romania's school and healthcare settings, where some participants felt stigmatized, misunderstood, or treated with hostility.
- Lack of institutional coordination, resulting in administrative burdens and "bureaucratic fatigue," exacerbated by language challenges.

"The doctor yelled at me; I didn't understand the slang or what she wanted." (Romania)

"They sent me away saying: find a Ukrainian-speaking doctor." (Poland)

"Six months of bullying, we had to leave the school." (Romania)

The contrast between exceptional individual assistance (by volunteers, teachers, individual doctors) and inconsistent institutional support was a recurring narrative.

3.2.3. Remaining Gaps and Unmet Needs

Most respondents in both countries have lived abroad for 1.5–3.5 years. Their experiences suggest shifting needs: from emergency to long-term integration. The needs described by participants illustrate a clear transition from emergency-oriented concerns in the first months of displacement (safety, shelter, medical access) toward stabilization needs such as predictable housing, childcare, and basic income security. As their stay in the host countries extended, refugees increasingly articulated structural integration needs, including recognition of qualifications, long-term employment pathways, language acquisition, and social belonging. This evolution underscores the importance of shifting from short-term humanitarian support to comprehensive, systemic, and sustainable integration mechanisms. Across focus groups, several unmet needs emerged as long-term challenges:

Housing Insecurity

In both countries, housing became increasingly difficult after the initial humanitarian phase. Housing insecurity is acute and rising in both countries. In Poland, respondents feared losing places in collective centers or struggled with high rents once subsidies expired. In Romania, refugees described discriminatory rental practices and unaffordable market prices.

“If the center closes tomorrow, I have nowhere to go.” (Poland)

“Landlords don’t want Ukrainians; they say we may leave anytime.” (Romania)

Financial Vulnerability

Without stable employment, many families reported insufficient income to cover rent, utilities, and food. Rising living costs increased this vulnerability over time, particularly for single mothers and elderly refugees.

Childcare Deficits

Limited access to affordable childcare emerged as a major barrier to women's employment and integration. Participants reported long waiting lists or high fees for kindergartens and nurseries.

"If kindergartens are expensive, how can we work?" (Romania)

Mental Health and Psychosocial Support

Despite widespread stress, trauma, and uncertainty, few participants had accessed psychological support. Emotional fatigue, chronic anxiety, and feelings of isolation were common.

"We pack our bags in our head every day. We never feel stable." (Romania)

3.2.4. Labor Market Integration

Labor market integration represented one of the most challenging domains across all focus groups. This is the second most critical challenge after language.

Structural Barriers

Participants described several obstacles:

- Lack of job-matching support from public employment offices, with many reporting little to no follow-up.
- Non-recognition of qualifications, especially for regulated professions such as healthcare or education, which discouraged skilled refugees from seeking appropriate employment.
- Language proficiency requirements exceeding refugees' current skills.
- Childcare responsibilities, which prevented many women from pursuing full-time employment.

"In two years, the employment office didn't call me even once." (Romania)

"You need Romanian for every job, even simple ones." (Romania)

"I cannot use my diploma; nobody tells me how to validate it." (Romania)

Experiences of Employment

Those who secured employment were typically engaged in low-skilled, physically demanding, or temporary jobs. Cases of underemployment were widespread. Vulnerability to exploitation—such as unpaid overtime or lack of contracts—was mentioned in both contexts.

"Ukrainians do the hardest work, for the lowest pay." (Poland)

Aspirations

Many participants wished to work in their trained professions (engineering, teaching, medicine, social work) but lacked a clear pathway. Others desired short vocational courses, reliable information on labor rights, or Ukrainian-language guidance.

"I just want to work in my profession again, not start from zero." (Poland)

3.2.5. Social Integration, Belonging, and Everyday Life

Positive Dimensions

Experiences of personal safety, peacefulness, and social kindness were dominant positive themes. Refugees expressed significant appreciation for host communities and humanitarian actors. Many felt welcomed in their first months and continued to experience positive neighborly interactions.

"Here we feel safe, day and night." (Romania)

"People were extremely kind when we arrived." (Poland)

Challenges to Social Integration

Participants acknowledged increasing "fatigue" or ambivalence among host populations over time, particularly in Poland. In Romania, several parents described school bullying and occasional nationalist sentiments among students. Adults also reported social isolation, especially in areas with limited Ukrainian presence.

"Now people seem tired of us." (Poland)

"Children told my son that Putin is good and he should go back." (Romania)

Role of Ukrainian Networks

In the absence of strong institutional integration mechanisms, Ukrainian social networks (informal groups, diaspora organizations, online communities) play a central role in providing information, emotional support, and access to services. Participants in both countries depend more on Ukrainian communities than on local institutions.

3.3. Cross-Country Comparison

While experiences in Poland and Romania shared many similarities, several differences were noted:

Domain	Poland	Romania
Initial reception	Structured, center-based, volunteer-enhanced	Highly volunteer-driven, varied by region
Language barrier	High	Very high
Employment support	Limited, passive	Minimal or absent
Education experiences	Mostly positive	Mixed, with cases of bullying
Housing	Pressures rising as subsidies end	Very difficult due to discrimination and high costs
Healthcare access	Generally strong, though waits are long	Mixed; emergency care strong but insurance issues frequent

These contrasts indicate that while both countries demonstrate strong humanitarian commitment, institutional integration pathways remain inconsistent and fragmented.

3.4. Implications for Blueprint Development (WP3)

The findings of the focus groups directly support the rationale for a **comprehensive, integrated, one-stop service model**, as envisioned in WP3, and confirm several core design priorities:

(1) Centralized, Multilingual Service Hubs

A single-entry point for legal, social, employment, housing, and psychological services would address the fragmentation and navigation challenges identified across all groups.

(2) Professional Intercultural Mediation

Trained mediators and interpreters (Ukrainian/Romanian/Polish-speaking) are essential to overcome the persistent language and cultural barriers in healthcare, education, and employment institutions. Participants repeatedly expressed the need for:

- Ukrainian-speaking caseworkers
- Translators in schools, hospitals, labor offices
- Cultural mediators

(3) Strengthening Labor Market Pathways

Refugees require:

- clear procedures for qualification recognition,
- short vocational programs,
- protected employment environments,
- childcare-linked employment options,
- targeted job-matching services.

(4) Enhanced Childcare and Youth Support

Affordable childcare and school integration programs (including anti-bullying strategies) are necessary to support families and foster long-term social cohesion.

(5) Housing Mediation Services

Given the severity of housing insecurity, the Blueprint should include housing counseling, mediation with landlords, and information on rights and obligations related to renting.

(6) Psychosocial and Mental Health Support

Chronic emotional distress indicates the need for accessible psychological counseling, trauma-informed care, and community-based mental health programs.

3.5. Conclusion

The focus groups reveal a nuanced picture of both **remarkable resilience** and **structural vulnerability** among Ukrainian refugees. While respondents consistently describe feeling safe and welcomed, they also face significant barriers to accessing services, securing stable housing, and integrating into the labor market. These findings underline the necessity of coordinated, accessible, multilingual, and needs-based integration models, core principles that should guide the formulation of the EU4UA Blueprint in WP3.

4. General Conclusions

Across all three empirical components, the evidence reveals a remarkably coherent picture of the integration environment in Poland and Romania. Despite differences in national capacity, institutional architecture, and welfare traditions, the datasets converge around four major sociological findings:

Integration is shaped more by system design than by individual motivation

The survey demonstrates high levels of willingness to work and learn the local language, yet structural barriers, qualification non-recognition, childcare deficits, housing insecurity, block upward mobility. Focus group narratives reveal strong aspirations toward stability and self-sufficiency, while interviews with service providers underscore the limits of institutional capacity, rigid regulations, and fragmented governance. These findings confirm a central sociological insight: integration outcomes emerge from the interaction between human agency and structural opportunity, and in the current system, the latter is insufficiently enabling.

Institutional fragmentation produces cumulative disadvantage

All three studies highlight institutional fragmentation, inconsistent information flows, and limited coordination between sectors. Refugees describe “bureaucratic fatigue,” “being sent from one office to another,” and repeated retelling of traumatic histories. Providers likewise acknowledge role stretch, unclear mandates, and insufficient interoperability between databases. This fragmentation disproportionately affects groups with care responsibilities, older adults, and persons with disabilities, generating cumulative disadvantage over time. The systemic nature of these barriers underscores the necessity of an integrated, one-stop, needs-based service architecture.

Language and information asymmetry act as structural filters

Language barriers emerge as the dominant constraint across all empirical components. While quantitative data demonstrate its statistical salience, qualitative

narratives show how language affects respect, dignity, and the ability to advocate for oneself. Providers confirm shortages of interpreters, cultural mediators, and bilingual staff. Combined with inconsistent information ecosystems, language barriers function not merely as communication challenges but as institutional filters determining who can navigate systems efficiently and who becomes marginalized.

Gendered and generational vulnerabilities require tailored responses

The overwhelmingly female, caregiving-oriented demographic profile found in the survey is echoed in focus group accounts of childcare limitations, emotional burden, and interrupted careers. Service providers note that women with young children and elderly dependents face time-poverty that prevents participation in standardised activation measures. These interactions reveal how gender and age intersect with displacement status to generate multi-layered vulnerabilities, highlighting the need for gender-responsive and age-sensitive service models within the future Blueprint.

Cross-dataset convergences and divergences

The triangulation reveals high convergence across methods: the same types of barriers (language, housing, employment, healthcare navigation) are identified by refugees and providers alike.

Divergences are also instructive:

- Refugees report more discrimination and emotional strain than providers recognise.
- Providers emphasize systemic and regulatory constraints more strongly than refugees do.
- Refugees stress relational dimensions (respect, empathy), while providers stress procedural ones (rules, mandates, capacity limits).

These differences aren't contradictions but complementary ways of looking at the same institutional reality, which makes the Blueprint even better.

5. Transfer Toward WP3 (Blueprint Development)

The consolidated evidence directly informs the development of WP3. The Blueprint must be designed not as a catalogue of services, but as a governance model that responds to the systemic patterns identified in WP2. The three studies converge on a set of design imperatives:

- Integrated, one-stop architecture to address fragmentation and reduce administrative burden.
- Multilingual and culturally mediated access points to counteract structural filtering through language.
- Gender-responsive and vulnerability-sensitive pathways reflecting the refugee population's profile.
- Competency frameworks and training curricula for staff, encompassing trauma-informed practice, intercultural mediation, and digital coordination tools.
- Hybrid service delivery (physical and digital) ensuring accessibility for all literacy and mobility levels.
- Inter-agency coordination mechanisms that formalize collaborations already improvised during the emergency phase.
- Clear sequencing of support pathways, from emergency stabilization to labor market activation, aligned with the sociological trajectory observed across the data.

By anchoring WP3 in the empirical patterns synthesised through WP2, the Blueprint will not simply describe what services should exist; it will articulate how they should function together within a coherent integration ecosystem, and why this architecture is necessary to ensure equity, efficiency, and sustainability.

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