CHILDREN WITH ACQUIRED DISABILITIES

Guidelines for Parents and Professionals
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War affects the physical and mental health of children and adults.

Russia’s full-scale invasion of Ukraine has led to many children suffering from injuries and wounds that result in disabilities.

We have gathered useful information for parents and educators, and also to help children adapt to their new circumstances.
If your child is injured resulting in disabilities, what actions should you take?

After you’ve received medical and psychological aid and found safety, you should contact your family doctor or other specialist doctor to start the procedure of registering your child’s disability. This will allow health professionals to assess the child’s condition and needs, put together an individual program for his or her rehabilitation, and determine which specialists are needed. In addition, registration of your child’s disability will pave the way to apply for any necessary medical and material assistance and social services.
A child’s disability will be confirmed by a medical advisory commission which operates in the healthcare institution. There are two categories of disabilities for children under 18:

- **1st category** — “A child with a disability”
- **2nd category** — “A child with a subgroup A disability”. This category is given to children who are not capable of self-care and are completely dependent on other people for help with daily activities.

**Stages of disability status registration**

**Stage I – Collection and submission of documents**

First, contact the family doctor, a specialist doctor or healthcare institution where the child has been treated and observed in order to carry out an outpatient or inpatient medical examination of the child. According to the results of the examination, one of the following documents should be obtained, which should include medical indications for recognizing the child as a person with a disability, as well as the diagnosis and its code:

- A consultation report by a specialist doctor (form 028/o)
- An extract from the inpatient medical card (form 027/o)
Next, contact the family doctor or specialist doctor. If required, contact the medical advisory commission of a clinic (closest to the place of residence of the family or where your child’s family doctor works) and provide them with the report or extract obtained the family or specialist doctor. The doctor will prepare and submit relevant documents to the medical advisory commission to determine the category: “a child with a disability”; or “a child with a subgroup A disability”.

**NB!** With martial law in effect, according to the decree of the Ministry of Health No. 496 “Some issues of providing primary medical care in conditions of martial law”, when a doctor refers a patient from among internally displaced people to a medical advisory commission, having a declaration with this doctor is not obligatory.

To simplify the medical and social examination, the government has adopted decree No. 225, which provides that disability can be confirmed in absentia and regardless of a person’s place of registration, residence or stay during the time of martial law.

**Stage II — Carrying out a medical and advisory commission**

The medical and advisory commission shall examine the child and study the documents within seven working days, after which it issues a conclusion
whether the child’s diagnosis gives the right to apply for state social benefits. Normative documents (the decree of the Ministry of Health of Ukraine, the Ministry of Labor and Social Policy of Ukraine, the Ministry of Finance of Ukraine dated November 8, 2001 No. 454/471/516 “On the procedure for approving the list of medical indications that gives the right to receive governmental social assistance for children with disabilities”) determine which health conditions make the child eligible to receive state social benefits for children with disabilities for a period of two years, five years and until reaching adulthood.

If a disability is confirmed, the commission draws up an individual program for the rehabilitation of a child with a disability (IPR), which outlines the rehabilitation measures, their scope, deadlines and service providers.

**NB!** Parents or legal representatives of a child who is given the status of «a child with a disability» should sign the individual rehabilitation program, thereby confirming that they agree with the prescribed scope of rehabilitation measures. Carefully read the program proposed for your child and, if necessary, ask questions to discuss other or additional options to include in the plan.
Stage III — Applying for social assistance and other benefits

Contact the Social Security Department and provide:

→ medical conclusion about the child’s disability;
→ identity documents;
→ a photo of the child for the issuance of an ID for a person with a disability;
→ an application from one of the parents/legal representatives which is submitted to the department’s branch in the area where the person submitting the application is registered or resides.

NB! Since social benefits will be paid starting from the date of the application, the sooner you submit it to the Social Security Department, the better!
WHAT ASSISTANCE FAMILIES WITH CHILDREN WITH DISABILITIES CAN COUNT ON

- **Free provision of necessary medical equipment** (wheelchairs, prosthetic and orthopedic products, etc.) and rehabilitation measures according to the individual rehabilitation program

- **Social services** (day care, home care, support during inclusive education)

- **Free medication prescribed by a doctor** in the case of outpatient treatment

- **Free health treatment** in specified medical facilities

- **State pension** — financial assistance intended for the purchase of necessary medicines and various means of care for a sick child

- **Free pass for public transport** (except for taxis)

- **Discounts** for railway, air and river transport
A number of additional benefits for the mother or father of a child with a disability:

→ benefits when paying income taxes
→ shortened work schedule
→ additional leave
→ early retirement

**NB!** Starting from 24 February 2022, in accordance with the Law of Ukraine “On the Legal Regime of Martial Law”, martial law has been introduced in Ukraine. During this time persons with disabilities of the first category and children with disabilities have priority when crossing the border.

For priority border crossing, persons with a disability of the first category or a child with a disability, together with accompanying persons, need to have an ID confirming the disability status, a pension certificate or a certificate confirming the assignment of social assistance to a person with a disability, in which the category “child with a disability” is stated, or a certificate in which the surname, first name, patronymic, category and cause of the disability are indicated. At checkpoints for road traffic across the state border of Ukraine, priority is given to the specified persons if they cross the border on foot or in a passenger car in which there are no other persons.
There is a single telephone line providing free legal advice which operates 24/7 and can be reached at **0 800 213 103**. Calls from landlines and mobile phones within Ukraine are free.

**Families with children with disabilities can receive a number of social services**

**Day care for children with disabilities**

This is a social service for children with disabilities aged 3 to 18 years old who need constant care and support.

During the day, in the day care center, children acquire self-care, social adaptation and rehabilitation skills, receive psychological support, access technical means of rehabilitation and have their leisure time organized according to individual needs. Such centers are already operating in many communities, and they continue to pop up across Ukraine.

**Support during inclusive education**

Inclusive education is a social service that allows a child with a disability to study in a regular school and exercise the right to education. Its specialists provide individual support to the child during school.

Specialists monitor the child’s nutrition, help him or her move around and get to the right places, teach him or her to navigate in space, monitor the
child's health (giving medication on schedule if required), support self-care skills, communicate with the child and encourage communication with others (including, with the help of sign language), accompany the child and watch over him or her in an education institution, during excursions, study trips, etc. Read more about inclusive education in the section “How to enroll a child with a disability in kindergarten or school.”

Home care

Home care can be accessed by children aged 3 to 18 years old. It is provided at the place of residence (at home), and consists of assistance in self-care. It can be provided, depending on the individual needs of the child — periodically (2 times a week), constantly (3 to 4 times a week), or intensively (5 times a week).

How to receive these services

The best way to find the most comprehensive information about possible social support is by consulting a social worker or an employee of the local Center for the Provision of Social Services or the Social Services Center, employees of the local social security department, or an employee of the children's service. You should contact them first.

Contact a social worker at the Social Services Center (alternatively called the Center for Family,
Children and Youth Social Services), who will assess the family’s needs. When applying, describe the situation of your family and your child, and indicate the concrete support and services you need. Find out what documents are required to apply for such services.

Register as an internally displaced person (IDP) and get an IDP certificate. It can be obtained through the Diia application or by contacting the nearest branch of the social security department. This certificate is required for applying for social and education services. A certificate is not necessary for receiving medical services.

Apply to the local social security department with a request to provide the required service and attach to the application the results of the needs assessment which states that your child needs this service. This can be done in person, by mail, or online. Next, wait for a response.

Important! We advise that you make all requests in writing.
If your child has an acquired disability, one of the primary tasks is to restore the damaged structures or functions of the child’s body to the fullest possible extent. The individual rehabilitation program is the main document which determines the list of rehabilitation measures, their scope, terms of implementation and executors and is developed by a medical advisory commission after they confirm the disability. Therefore, it is important to carefully and thoroughly consider the development and signing of an IRP. The sooner rehabilitation begins, the greater the chances of success.

Modern comprehensive rehabilitation services are provided by a team of specialists. The team can include a physical rehabilitation specialist or specialist doctors, such as a physical therapist, occupational therapist, speech and language therapist, psychologist or social worker.
A modern rehabilitation team:

- **takes into account the specifics of the child’s condition**, his or her capabilities and limitations, motivation and the influence of his or her surroundings;

- **sets functional goals** — goals that will improve the child’s daily functioning;

- chooses **activities for practice that are related to the goals** and that correspond to the age and development of the child;

- **understands how to make therapy fun and motivating for a child** — it is important for a child to have fun while growing and learning;

- **organizes practice** in a real-life environment;

- **takes into account the need for maintaining the child’s health** — it is important for a child to have a proper level of physical activity, especially during periods of intensive growth when independent movement and physical exercises are a proven means of improving well-being;

- **assesses the capabilities and needs** of the child in assistive technologies.

Various methods and approaches to the rehabilitation of children are currently used in Ukraine. Parents need to remember that when choosing a rehabilitation center (unit, office, private
practice) one should give preference to those which use modern evidence-based practices in treating and rehabilitating children.

Using evidence-based practices by specialists will guarantee professional and efficient rehabilitation, help avoid wasting resources and, in the worst case scenario, help avoid damage to the child such as trauma, stress, regress in the child's skills, etc.
A child acquiring a disability can cause parents pain, sadness, despair, confusion, anger and denial. You may not want to share or discuss it with others. However, there are principles that are important to follow.

Do not make what happened a secret (or a taboo topic for discussion). This uncertainty will increase the child's anxiety. What children need first and foremost is an adult whom they trust, who will listen to them, answer their questions, understand their feelings and be there for them. Remember that it is always best for a child to get information from a close, safe adult.

Choose an appropriate occasion for the conversation (calm atmosphere, absence of strangers, your child should be ready to ask questions etc.).
Speak in simple sentences, clearly, without oversimplification and dramatization. It is worth describing how and when your child may experience challenges as a result of the acquired disability (difficulties with vision, movement, etc.). It is worth highlighting the things that will support the child (“you will be able to use auxiliary equipment for movement”, “you will be able to use a voice command/braille language/audiobooks”, etc.).

If your child has intellectual disabilities, he or she may need more time to understand what has happened, perhaps using simpler language and frequent repetitions or visual materials (pictures, photos).

**Give your child the chance to ask questions.** If you don’t know how to answer, say honestly, “I don’t know.” After all, you cannot have all the answers to all questions in life.

Adults are often more afraid of talking to a child about a disability than the child.

Try to understand what is worrying the child (this may be not the things that worry you).

**Give the child an opportunity to be heard.** If he or she talks about anxiety or shows it, do not reply with calming phrases like “Don’t worry, everything will be fine!”, etc. It is better for them to reflect and voice their emotions: “I see that you are afraid, that you are worried.”
Act and speak calmly, because your calmness (as well as your anxiety) is naturally transmitted to children through the tone of voice, facial expressions, and body movements.

If possible, avoid discussing disturbing events around children, or watching news that will bring them back to the trauma they experienced.

Try as much as possible to follow your usual daily routine, which will anchor the child — go to bed, wake up, eat, go for a walk, read books and do homework at the usual time, and if you have family traditions, rules or rituals, follow them.

Help children enjoy. Create conditions for activities and games with other children – this will distract them and immerse them in a sense of “normal life”.

When communicating with other people — those around you, as well as your child — reflect on and be aware of your own behaviour and demeanor. Try to show those around you and the child your calmness and acceptance of the disability. Do not dramatize the situation or be evasive about it — focus on the possibilities, not the trauma of the child.

Usually, most children are generally able to cope with psycho-emotional challenges one or two months after the injury, provided they are treated with care. However, you should be aware of the warning signs that require immediate help from your family doctor or a mental health professional:
→ your child starts to hear voices;
→ sees things that are not there;
→ becomes overly concerned;
→ has severe tantrums;
→ harms himself or others (for example, hits his head, hands or feet).

**Acknowledge your child’s need for help and turn to specialists.** Do it for your child and yourself.
WHERE PARENTS CAN FIND PSYCHOLOGICAL SUPPORT

Everything starts with family. At first, parents may sometimes want to hide their child’s disability or be unwilling to deal with it. In the beginning, parents may believe that disability is a disease that can be cured. They need time to come to terms with it.

Parents devote a lot of time to searching for information, rehabilitation programs, and specialists. They may find programs or someone but can become disappointed and angry when treatment does not yield the desired result. In addition, during each new stage of life, the need to make important decisions (such as choosing a preschool or school) can provoke grief again.

This can last a long time, and each parent goes through it in their own way. An awareness of the path of acceptance, including by being attentive to one’s feelings and emotions and understanding that it is normal to have such feelings can help parents to cope.

Children usually perceive the diagnosis through the lens of their parents. If parents continue to perceive
and discuss the situation of the child’s acquired disability from a tragic perspective, he or she will continue to live with the same sense of tragedy.

If the parents get bogged down in excessive care over the child, it will be difficult for him or her to learn to take opportunities in life, develop his or her potential and rely on him or herself.

If parents make the child’s acquired disability a taboo topic for discussion, it will probably be very difficult for the child to talk about his or her situation with other people (and let’s face it, there are often situations in the child’s life when he or she will have to talk about themselves, about what happened in their life and what is happening to them right now).

If the family takes into account the needs of a child with an acquired disability, but lives as fully as possible, then the child will be able to live a full life. Over time, the family and the child can adapt to the new reality and learn to live fully. If you have challenges, you may wish to seek psychological support.

**When parents may need psychological support:**

- After tragic events you cannot return to “a normal life”. 
→ You are constantly depressed, apathetic, unable to sleep.

→ Scary memories are constantly whirling in your mind.

→ Though time has passed, you still cannot talk about the child’s difficulties or successes without excessive emotion.

→ You do not have the resources to use the medical, social and educational services available for the child in the community.

→ It is difficult for you to make new social connections.

→ You have been haunted by a sense of guilt for what happened for a long time.

→ You cannot “afford” time for your own interests, your own social circle, your own hobby or work.

Parents may need psychological support. You can search for it in different ways (below, you can find contacts and programs to get help). It is important for parents themselves to understand when they may require such help.

Support can be obtained from psychologists in the form of individual or group therapy sessions. Some parents may need more in-depth and long-term support. Others may find it helpful to meet in a safe environment with other parents who have similar experiences. The forms of help can be different, but
it is very important to seek it from professionals and not to feel ashamed about it.

Useful contacts:

- **UNICEF Spilno Child Spots**, where you can get psychological and medical advice, attend classes to better support your child’s well-being, learning and growth, and receive advice about available social services in the community, services for children with disabilities, and other opportunities — [mapa-spilno.pages.dev](mapa-spilno.pages.dev)

- The online platform “Tell me” provides Ukrainians with free psychological help — [tellme.com.ua](tellme.com.ua)

- Psychological support hotlines:
  - International Organization for Migration
    - 0 800 211 444
  - Free psychological helpline
    - 0 800 100 102
  - Psychological support line for suicide prevention Lifeline Ukraine
    - 7333
The PORUCH project is an online and offline psychological support group for teenagers and parents whose lives have been disrupted by the war.

Psychologists work to ensure that people’s experiences do not remain an insurmountable trauma for the rest of their lives: poruch.me
If you are arranging accommodations for you and your child with an acquired disability, it will be useful to understand the concept of universal design. It may require some of your time and attention, but your child (and not only him or her!) will benefit from your efforts – he or she will be more comfortable and will have more opportunities for independence and participation in daily activities. You will be able to use this knowledge when choosing and lobbying for the child’s interests in educational, socialization, health care and recreational institutions.

So, universal design is a space shaped in such a way that everyone is comfortable.
What is universal design?

Universal design is a design that is convenient for the everyday activities of all adults and children, including children with disabilities. It can be modified and adapted to their needs as much as possible.

Universal design provides equal opportunities for anyone to use any service or environment—children, the elderly, pregnant women, adults and children with disabilities. For example, when a child is able to use a wheelchair to move through the private or public building (e.g. doors, hallways, elevators, ramps, etc.), this benefits all. Such spaces will also be convenient for your neighbors, for example, for a woman who goes out for a walk with a child in a stroller, or for a grandmother who can leave her apartment to go to the store with a walking frame without hindrance, or for children who want to take their bicycle out of the apartment for a ride.

How can we implement universal design in an apartment?

Let’s consider examples of universal design at home:

- Absence of thresholds when going to the bathroom or toilet.
- Wide openings in the door frames for easy movement in a wheelchair or with another rehabilitation device (a cane, a crutch, rotators, etc.).
A sensor light switch on the wall that reacts to motion, not to pressing.

A mechanism for opening the door with minimal physical effort.

Non-slippery coating on the floor.

The absence of carpets that make it difficult to move for people with motor or sensory problems.

Lever-style door handles (not rotating door knobs).

Shower without a high tray, etc.

Round-edged furniture for people with visual impairments, as well as for people with challenges with motor skills.

Bright lighting for people with visual impairments which will also be useful for the elderly.

Place furniture on the outer perimeter of the room leaving space in the middle of the room for people with visual impairments, for movement in a wheelchair, etc.

You will need to arrange a comfortable environment for the child yourself, but you can seek advice from specialists such as:

→ A physical therapist who works with people with disabilities;
An occupational therapist who knows how to arrange the environment for a person with a disability;

A speech and language therapist;

A teacher, who works with people with hearing impairments;

A teacher for the blind, who works with people with visual impairments;

A psychologist;

A specialist in social work, social worker.

Individual needs and requests relating to the specific situation of each child should be taken into account.

In addition to design, it is important to use household items that are adapted to the needs of the child — for example, spoons with a thickened handle for a child who has difficulty making precise movements due to a brain injury or who has difficulty eating with a typical spoon with a thin handle.

You can also use alternative means of communication at home, such as pictures for a child who has cognitive impairment due to a brain injury.

You can read more about universal design at: ud.org.ua
HOW TO SUPPORT THE SOCIALIZATION OF A CHILD WITH AN ACQUIRED DISABILITY

After experiencing traumatic events that have led to receiving the status of “a child with a disability”, it is important for a child to socialize. Therefore, it is important to focus on two aspects:

→ interaction skills with other people;
→ self-care skills.

Usually, children naturally socialize once their life is no longer at risk and their medical situation and health has improved.

For example, a child who is in a hospital after suffering an injury and surgery may first be visited by one of his/her relatives (mother, grandmother, etc.), then by other relatives. The child can also begin to interact more with hospital staff and other child patients. In future, the child will probably be discharged “home”, where he or she will live permanently or temporarily, and will begin to adjust to routines adapted to his or her “new” status.
Once a child is at home, he or she usually has many opportunities to practice social skills, including by visiting a neighbour’s home or going to the playground. Through this, the child learns independence and self-care. During this time, it is important for close relatives to be near the child, to support, observe, ask, explain, carefully suggest and analyze.

A child’s successful return to everyday life can be called “normalization of life.” Therefore, it is important for parents to reflect and remind themselves what exists in the life of a child of the same age in terms of self-care and socialization skills, and, together with specialists, try to introduce these activities into the routines of a child with a disability.

Usually, for example, when a child is 2-3 years old, parents should think about places for socialization in state-run, private or non-governmental institutions:

→ educational institution (kindergarten, school, educational rehabilitation center, etc.);
→ social security (daycare service for children);
→ extracurricular activities.

At the age of 6–7, it is important to provide the child with access to education. There are various available options for the child to attend education institutions, depending on the needs and capabilities of the child. This will provide an important opportunity for socialization and learning in the community can usually be initiated by parents or legal guardians.
NB! If a child has received the status of “a child with a disability”, it is recommended to use the services of the nearest Inclusive Resources Center. Staff at the center can assess the child together with specialists and help parents choose the appropriate education institution which can provide an inclusive environment and best environment for the child.
HOW TO ENROLL A CHILD WITH A DISABILITY IN KINDERGARTEN OR SCHOOL

If your child has developmental difficulties or a disability, make sure that he or she goes to a kindergarten, school or other group, even if you are forced to temporarily live in a new place due to the war.

In order to do this, you need to submit a report on the comprehensive assessment of your child from the Inclusive Resource Center (IRC), along with an application to the nearest kindergarten or school. If you temporarily live in another region, you need to have a certificate of registration as an internally displaced person.

If, during martial law, the report previously provided by the IRC has been lost, you can get a copy of it from the IRC portal at ircenter.gov.ua or in the corresponding mobile application. Instructions on how to obtain a copy can be found at — bit.ly/IRTS_instruktsia

In case you do not have such a report, you can obtain it in the nearest IRC. In order to do this you need to:
1. Visit the website [ircenter.gov.ua](http://ircenter.gov.ua), and, at the bottom of the main page, find the contacts of the closest IRC to you by selecting the region, city and district of your place of residence or place of temporary registration as an IDP in the search system.

2. Call the IRC and sign up for a comprehensive assessment to determine the level of support your child will receive for education.

3. You should take the following documents with you to the appointment at the IRC:
   → a document certifying the identity of one of the parents or a legal representative;
   → the child’s birth certificate;
   → preliminary conclusions of specialists regarding your child’s development and education, if available.

4. After the evaluation, you will receive the report of the IRC, which will indicate the required level of support for your child during education and recommendations for teachers and other specialists at kindergartens and schools.

Remember that according to the law of Ukraine on education and the UN Convention on the Rights of the Child, every child has the right to education. A school or kindergarten must create an inclusive class or group for your child if you have submitted a report on the child’s comprehensive assessment.
HOW TO ARRANGE AN EDUCATIONAL SPACE FOR A CHILD WITH A DISABILITY

The conclusion of the IRC will help facilitate space for a child with a disability in school. It will indicate the level of necessary support for the child and reasonable accommodation.

If the kindergarten does not have the necessary specialists, its director will need to find them. They cannot refuse to accept a child on grounds of disability. If necessary, the kindergarten will provide access to the child’s assistant in order to organize the educational process properly (according to the recommendations of the IRC and with the consent of the child’s parents).

When creating an inclusive group, the head of the educational institution must ensure:

- unimpeded access to the buildings and premises of the kindergarten for persons with musculoskeletal disorders, in particular those in wheelchairs and other groups of the population with reduced mobility;

- provision of the appropriate material, technical, educational and methodological means for the educational process;
the appropriate number of employees, in particular the teacher’s assistant;

arrangement of a resource room for psychological-pedagogical and correctional-developmental classes.

**What to do if management of an educational institution refuses to create an inclusive group or class**

If the school refuses to create an inclusive class or enroll a child, write to the Department of Education — be sure to get the registration number of your letter and wait for an official answer. In case of a positive decision, the education department will send a referral to the school. If you are not satisfied with the answer from the Department of Education, contact a higher authority, the regional Department of Education.

If the school cannot provide a teacher’s assistant, the school management could identify a part-time assistant.

During inclusive education at school, social services may provide an assistant to accompany the child. The decision as to whether a child needs to be accompanied by an assistant is made by the IRC. The provision of an assistant is a basic social service which the local government institution in the region where the school or kindergarten is located is obliged to provide.
**NB!** A child’s assistant is often confused with a teacher’s assistant. A teacher’s assistant is an educational worker who helps the teacher during the educational process, and not only with children with special educational needs. A child’s assistant is not required to have a pedagogical education — they may help the child during lessons but also support the child with movement, nutrition, hygiene, etc. A child’s assistant is only admitted to the educational institution on the decision of the director of the institution. Child assistants are required to complete training and provide services based on a contract between the educational institution and the assistant, with the consent of the parents.

A child with a disability can receive free lunch at the expense of the local budget. Also, social transport services can be provided for children with disabilities who may not be able to use public transport to get to the institution.

**NB!** In each educational institution, a team of psychological and pedagogical support workers is created around a child with special education needs. This team should create an individual development program for the child based on the conclusion of the IRC. The program is signed by all team members as well as one of the child’s parents (or other legal representative), and approved by the head of the educational institution.

Children with special educational needs, in accordance with the level of support and individual development program, are provided with psychological-pedagogical and correctional-developmental services (help) in the form of additional classes.
WHAT TEACHERS AND SOCIAL WORKERS NEED TO KNOW

First, all necessary information about the injury should be obtained from the child’s parent(s) in order to avoid retraumatizing the child. It is also recommended to obtain information from the parents on how they have presented and discussed with the child the specifics of his or her disability, the challenges involved, and what support strategies they consider useful.

If the child trusts you and wants to share their experiences with you, give them the opportunity to share their feelings and worries. You can use a game to help the child formulate a story and tell you about the event in their own words. Allow the child to ask questions and express concerns. Answer the questions briefly, but honestly.

If necessary, contact a specialist who has experience of working with people who have lived through a traumatic event. During the educational process, it is important for the child to be accompanied by a psychologist who will work with them and educate
other pupils about mental health, possible mental health conditions and how to properly deal with people who have mental health conditions.

**NB!** An important rule — the specialist should not be completely alone with the child. It is better to have two specialists or one of the parents present to observe the process. This is necessary to ensure the child’s safety.

If the child is ready to open up to you or other children, give him or her this opportunity, but do not push him to do so through persistent questioning.

A child who has survived a trauma may experience physical discomfort – headache, dizziness, nausea, stomach pain. Make sure that the child can rest and be alone, if necessary. Pay attention to the sensory sensitivity of the child. Loud, sudden sounds, air raid sirens and light signals can frighten a child.

During an air raid, try to stay calm and not panic. If you notice that a child is overly anxious or stressed, offer him or her and other students simple relaxation and grounding techniques.

**Below, you can find several universal exercises:**

**Exercise 1: “Controlled breathing”**. Sit comfortably, relax your facial muscles. Exhale fully. Breathe in, up to the count of four. Hold your breath for a count of four. Exhale completely. Important! Begin the exercise with a full exhalation. Repeat no more than three times so as not to cause hyperventilation and dizziness.
Exercise 2: “Butterfly”. Sit comfortably. Close your eyes. Place your left hand on your right shoulder and your right hand on your left. Begin rhythmic alternating patting on your shoulders. During the exercise, you can turn on calm music. The exercise should be for a maximum duration of two minutes.

Exercise 3: Children can also be offered a fun warm-up, for example, “Australian rain”.

“Do you know what Australian rain is? No? Then let’s listen to it together. Now you will repeat my movements one by one, until they go a full circle. As soon as they return to me, I will pass on the next ones. Watch carefully!”

The wind is rising in Australia
>> The teacher rubs his hands

It starts to rain
>> Snap fingers

The rain is intensifying
>> Tap on chest

A real downpour begins
>> The teacher slaps his or her thighs

And here comes the hail, a real storm begins
>> Feet stomp
But what is that? The storm subsides
>> Thigh slapping

The rain subsides
>> Tap on chest

Rain drops fall to the ground
>> Snap fingers

Quiet rustling of the wind
>> Rub palm of hands together

And here is the sun!
>> Hands up!

Provide the child with a set of simple steps for what to do in case of an air raid siren. Visual clues and stories will come in handy.

Find a balance between the “same as everyone else” and “overly considerate” attitude. Focus on the child’s strengths.

You can discuss with parents of a child with an acquired disability the possibility and appropriateness of briefly telling other parents at the educational institution about the situation at a meeting, so that they can discuss it later with their own children.