



COMMUNITY RESILIENCE PRACTICES:

the social dimension, perspectives, risks,
vulnerabilities, and support capacity

Community Resilience Practices: the social dimension, perspectives, risks, vulnerabilities, and support capacity.

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This report is a part of the activities of the National Platform for Resilience and Social Cohesion (National Platform). This civic initiative was launched in February 2018 (formerly known as the National Platform 'Dialogue on Peace and Secure Reintegration').

The National Platform's activities are geared towards strengthening Ukraine's national resilience. This could be achieved by establishing dialogue practices in society, providing authorities with proposals for developing relevant policies, particularly those on resilience and social cohesion, and ensuring public awareness of these processes. The initiative has been implemented with financial support from the European Union as part of the Sustaining Ukrainian Resilience and European Security through Dialogue project.

The report is based on findings from facilitated cohesion dialogues held in Chernihiv, Lviv, Chernivtsi, Vinnytsia, Zakarpattia, Dnipropetrovsk, Mykolaiv, and Kharkiv in March 2026. The material outlines general trends and contentious issues in the context of potential options for a peace settlement, and identifies the conditions under which a possible settlement might become socially acceptable, politically legitimate and capable of contributing to stabilisation.

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KEY FINDINGS

- ▶ **Community resilience was preserved in all areas covered by the analysis but relied primarily on social adaptation rather than a coherent institutional response.** It was supported by horizontal ties, volunteering, civil society organisations, donor assistance, and the high personal engagement of individuals.
- ▶ **A transitional form of resilience was becoming a common pattern across the areas covered by the analysis.** Communities were still maintaining everyday stability, but increasingly at the cost of depleting human, organisational, and psychological resources.
- ▶ **The greatest shared vulnerability was not the limited availability of resources, but inequality and lack of transparency in access to them.** Inadequate reasoning behind decisions, overloaded procedures, and reliance on informal contacts shaped a sense of unfairness.
- ▶ **Housing was most often mentioned as a social problem.** Its impact extended beyond IDPs to young families, veterans, people in vulnerable situations, and, more broadly, households' ability to plan for the future.
- ▶ **Social tension in most areas remained latent but had the potential to escalate.** The most sensitive issues were competition among different social groups for access to resources, tensions between frontline and rear-area experiences, the mobilisation context, the distribution of assistance, and moral and psychological fatigue.
- ▶ **IDP integration remained uneven in most areas and depended largely on housing, employment, and the stability of local support.** In the absence of long-term solutions, it often took on features of temporariness or parallel coexistence of social groups.
- ▶ **Veteran policy was one of the key tests of communities' maturity in the near term.** The main challenge was the readiness of communities, services, and employers for the return of military personnel, rather than merely the existence of formal support programmes.
- ▶ **Accessibility emerged in all areas as an indicator of a community's overall governance capacity.** The formal existence of solutions often did not mean real access to healthcare, transport, administrative services, education, and the everyday urban environment.
- ▶ **Civil society organisations and volunteer networks remained critically important pillars of resilience but could no longer substitute for systemic policy.** Further shifting the functions of the state and local authorities onto them intensified the exhaustion of active community actors.
- ▶ **All areas demonstrated the need to move from maintaining stability situationally to institutionally structured resilience.** This meant transparent rules, better service coordination, sensitive social policy, and sustainable mechanisms of dialogue between the authorities and social groups.

1. Problem statement

The report was prepared on the basis of data from local facilitated dialogues held in March 2026 across eight Ukrainian oblasts: Chernihiv, Lviv, Chernivtsi, Vinnytsia, Zakarpattia, Dnipropetrovsk, Mykolaiv, and Kharkiv. The analysis covered communities with different security, socio-economic, and governance conditions – from border to rear-area communities – and focused on how everyday social resilience was shaped, maintained, or weakened in these different contexts.

The dialogue data showed that, despite oblast-level differences, communities shared a common logic of vulnerability. In most cases, resilience was sustained not so much by institutional capacity as by a combination of local adaptability, horizontal mutual assistance, civil society activity, donor support, and the personal engagement of individuals. This meant that communities continued to function but often relied on compensatory rather than systemically embedded mechanisms.

The duration of the war was changing the nature of the challenges. While earlier stages had been dominated by the logic of emergency response, the central issue had become the transition towards institutionally structured resilience. This context made issues concerning the fair distribution of resources, the quality and accessibility of services, the capacity of local authorities to explain decisions, and communities' readiness to address the long-term consequences of the war more acute. This applied above all to veteran policy, IDP integration, accessibility, and support for people with disabilities.

From the perspective of social resilience, the decisive factor was not only the volume of available resources, but also the way access to them was organised, the quality of institutional coordination, and communities' ability to maintain a sense of fairness and prevent latent tension from turning into open conflict. For this reason, the report considered housing, employment, healthcare, education, accessibility, IDPs, veterans, and people with disabilities not as isolated social issues, but as interconnected dimensions of everyday resilience, social cohesion, and community stability.

Analytical focus: social resilience, social cohesion, access to resources, IDP integration, veteran policy, accessibility, trust in institutions, and potential lines of tension.

2. Methodology

This report draws on a qualitative analysis of data collected through closed facilitated dialogues held in March 2026 across eight Ukrainian oblasts and communities: Chernihiv, Lviv, Chernivtsi, Vinnytsia community, Zakarpattia, Dnipro, Mykolaiv, and Kharkiv. The report used a comparative approach to analysing local dialogues as a tool for identifying social risks, accumulated vulnerabilities, adaptive resources, and potential lines of tension in communities operating in the context of an ongoing war.

The analytical work was structured not as a summary of individual statements but as a reconstruction of recurring patterns, shared themes, oblast-level differences, and conflict-sensitive issues that emerged during the discussions. The focus was on participants' formal assessments and, equally, on how they understood the causal links between access to resources, the quality of local decisions, levels of trust, the psychological state of communities, and the readiness of different groups to cooperate.

The analysis followed the dialogue guide, which defined the sequence and structure of the discussions. This made it possible to compare data from different oblasts and communities across thematic blocks: everyday community resilience; access to resources and problematic aspects of such access; IDP integration; trust, fairness, and transparency of decisions; social tension and lines of conflict; the situation of veterans; the situation of people with disabilities; and practical safeguards for resilience. This framework kept the comparison within a single analytical logic, while preserving the contextual specificity of each oblast or community.

The methodology was based on three interconnected dimensions of analysis. The first was the **institutional dimension**, which examined the capacity of local authorities, services, and programmes to respond to the needs of the population in wartime. The second was the **social dimension**, which covered horizontal ties, local solidarity, the level of cohesion, and the readiness of different groups to coexist and cooperate. The third was **the dimension of fairness**, which helped assess the extent to which rules for resource distribution, access to services, and support priorities were perceived as understandable, transparent, and legitimate.

The dialogues included participants with different social and professional backgrounds: representatives of civil society organisations, volunteers, activists, IDPs, veterans, families of military personnel, people working on inclusion, educators, experts, representatives of local self-government bodies, the business community, and other constituencies. Around 110 people took part in the dialogues. This provided insight not only into shared perspectives, but also into differences in how various social groups understood resilience, risks, fairness, and where the responsibilities of communities and institutions begin and end.

At the same time, the report had methodological limitations. Closed oblast-level facilitated dialogues were not a representative quantitative study and could not be regarded as a tool for statistically measuring public opinion. Their analytical value lay in identifying significant themes, parameters of local sensitivity, modes of argumentation, typical patterns of distrust or solidarity, and key points at which the accumulation of problems could lead to increased social tension.

Accordingly, the methodology combined elements of thematic, comparative, and contextual analysis. On this basis, the dialogue data were treated as a foundation for identifying cross-oblast trends, differences in configurations of vulnerability, and shared challenges for the social resilience of communities during wartime.

Table 1. Community context and resilience-related problems

Area	Leading context of the dialogue	Main pressures on resilience
Chernihiv	Border vulnerability and resource exhaustion	Security risks, power supply disruptions, political crisis, veteran issues, and the language issue
Lviv	Transition from crisis response to sustainable policy	Housing, IDP integration, fairness criteria, and institutional readiness
Chernivtsi	A relatively safe environment with a strong role of informal networks	Housing, income, accessibility barriers, and unequal access to services
Vinnytsia	Relative safety with the accumulation of long-term risks	Competition for resources, bureaucracy, psychological exhaustion, and the language issue
Zakarpattia	Pressure of internal displacement on urban infrastructure	Rental housing, overloaded services, and procedural inequality
Dnipro	A large city with strong charitable infrastructure and a high social burden	Housing, lack of transparency in access, veteran reintegration, and security uncertainty
Mykolaiv	Compensatory resilience amid institutional weakness	Water, healthcare, infrastructure, and communication between the authorities and the community
Kharkiv	A frontline area with varying levels of community security and high dependence on Kharkiv as a service and employment centre	Security risks, transport restrictions, road conditions, declining purchasing power, employment and housing for IDPs, future demand for veteran services, and accessibility

3. Overall map of participants' positions

Data from the closed dialogues held in different areas showed that support for vulnerable groups was important to communities. The main differences arose not around the idea of support as such, but around **responsibility for social action, the fairness criteria shaping social support, and the transparency of mechanisms and rules for resource distribution**. Participants from different areas indicated that the problem was not only the limited availability of resources, but also a lack of clarity, inadequate communication from the authorities, unclear priorities, and situations in which access depended on informal ties, intermediaries, or the discretion of local authorities. Under such conditions, support even for publicly recognised vulnerable groups could be perceived as unfair.

For **civil society organisations, volunteers, and activists**, the main concern was resource exhaustion. Their perspective reflected the main structural problem in most communities: current resilience was largely sustained by informal support networks that were already operating at the limits of their capacity. From this perspective, the risk lay not only in insufficient funding, but also in the gradual depletion of people's capacity to compensate for institutional gaps.

For **veterans and veteran support specialists**, the central issue was the community's readiness for the return of military personnel. Their perspective focused on the support pathway, employment, rehabilitation community

attitudes, and the capacity of services to act sensitively and professionally. In this dimension, community resilience was assessed by the extent to which the community was able to move from declarative support to a genuinely accepting environment.

For **families of the fallen, missing persons, and military personnel**, the key issue was growing psychological vulnerability. Their perspective revealed another dimension of resilience: the quality of social solidarity, sensitivity to experiences of loss, and the community's capacity not to marginalise traumatic experiences. In this sense, cohesion was measured not only by support as such, but also by the level of social recognition and respect.

For **IDPs**, housing, employment, and security were the dominant needs. In most areas, their position was pragmatic: integration was possible, but without stable housing, income, and clear prospects, it remained incomplete. It was therefore IDPs who most clearly articulated the gap between formal acceptance and actual settlement in the community.

For participants focused on **inclusion and the situation of people with disabilities**, the main assessment criterion was real access to public space, transport, services, and communication. From this perspective, accessibility was not a separate area of social policy, but a concentrated indicator of a community's capacity to ensure equal participation rather than merely provide formal recognition of needs.

Table 2. Oblast-level variations in the views of key social groups on community resilience

Social group / role	Shared focus across all areas	Oblast-level differences / emphases	Implications for community resilience
Civil society organisations, activists, and volunteers	Resource exhaustion, dependence on donors, and compensation for institutional gaps	In Chernihiv and Mykolaiv, the emphasis was on overload and lack of support from the authorities; in Lviv and Dnipro, on the need to move towards sustainable policies; in Vinnytsia, on criticism of bureaucracy; in Uzhhorod, on overloaded infrastructure; and in Kharkiv oblast, on security pressure, transport restrictions, and the growing burden on communities near Kharkiv	Communities preserved resilience through informal networks
IDPs	Housing, employment, access to services, security, and predictability of the future	In Lviv, Uzhhorod, Dnipro, and Chernivtsi, there was a stronger emphasis on the housing crisis; in Chernihiv, the issue was less conflictual because of the regional proximity of IDPs; in Vinnytsia, competition for resources was more visible; and in Kharkiv oblast, the emphasis was on the combination of security, employment, housing, and dependence on Kharkiv as the main hub for services, employment, and support	Integration remained incomplete where there was no long-term housing stability or clear pathway for inclusion in the community

Social group / role	Shared focus across all areas	Oblast-level differences / emphases	Implications for community resilience
Veterans and support specialists	Support pathway, rehabilitation, employment, community attitudes, and psychological support	In Chernihiv and Lviv, the main emphasis was on preparing society for the return of veterans; in Dnipro and Chernivtsi, on service coordination and employment; in Mykolaiv, on the weak local institutional response; and in Kharkiv oblast, on early preparation of communities for the return of veterans and the creation of barrier-free space	Communities' readiness for the return of veterans was becoming one of the main indicators of their social maturity and future cohesion
Families of the fallen, missing persons, and military personnel	The need for recognition of loss, psychological support, and sensitive treatment	This issue was most prominent in Chernihiv because of the border experience and the growing number of families who had lost loved ones; in Lviv and Vinnytsia, the emphasis was more on social recognition and preventing symbolic competition; and in Kharkiv oblast, on local support for military personnel and the future growth of war-related needs among families	The quality of solidarity with families of the fallen directly affected the community's moral resilience and the level of latent tension
People with disabilities / participants focused on inclusion	Accessibility of public space, transport, healthcare, services, and dignified communication	In Chernihiv, the issue was presented as a symptom of institutional incapacity; in Chernivtsi and Dnipro, as a test of the quality of the urban environment; in Uzhhorod and Mykolaiv, as a consequence of system overload; and in Kharkiv oblast, it was linked to the costly adaptation of space, transport, and public places to new demand	Inclusiveness was a marker of real rather than declarative community resilience and of the community's capacity to include different groups in everyday life
Educators, local experts, and parents	Quality of basic services, predictability, shelters, and service overload	In Chernihiv, there was a stronger emphasis on shelters, unstable education, and border-related restrictions; in Vinnytsia, on bureaucratic barriers and psychological exhaustion; in Mykolaiv, on systemic service failures; and in Kharkiv oblast, on transport accessibility, road conditions, and dependence on Kharkiv as a service centre	Basic services determined people's readiness to remain in the community, trust local decisions, and avoid shifting to a survival strategy outside the community

Participants across the areas agreed on the need to support vulnerable groups, but not on the model of responsibility for such support. The strongest source of suspicion and tension was the lack of transparency in the rules for resource distribution. The main differences between positions stemmed from different experiences of access to resources, varying degrees of proximity to the problem, and different levels of security, economic, and institutional pressure in particular areas.

4. Social resilience in communities: key issues

Across different areas, social resilience in communities was understood as a community's capacity to continue functioning, maintain basic predictability, and preserve internal balance in the context of an ongoing war. It was shaped at the intersection of security, access to resources, the quality of everyday relations, and the capacity of local institutions.

A common trend could be identified across all dialogues: communities coped better at the level of social adaptation than at the level of a systemic institutional response. Communities were sustained by horizontal ties, practices of mutual assistance, civic mobilisation, the continued functioning of cities, local entrepreneurship, and donor support. They were destabilised by a combination of security uncertainty, the high cost of living, overloaded services, staff shortages, moral and psychological fatigue, and insufficiently clear explanations of decisions by the authorities.

As a result, a transitional form of resilience was becoming a common pattern: communities were still maintaining everyday stability but increasingly did so at the cost of depleting human resources. This meant that, without stronger institutional capacity, the reserve of social endurance would gradually decline.

Table 3. Oblast-level emphases and differences in social resilience

Area	Key resilience focus	Main sources of community support	Main factors weakening the community	Oblast-level needs of social groups
Chernihiv	Resilience of a border community under constant security threat and psychological exhaustion	Human capital, volunteering, donor support, and local mutual assistance	Shelling, the risk of another invasion, power outages, staff shortages, political conflict, and widespread fatigue	Veterans and their families, as well as families of the fallen, needed structured support and psychological assistance; people with disabilities needed real accessibility; IDPs needed housing, employment, and security, especially older people and people with reduced mobility
Lviv	Transition from emergency reception to long-term integration and sustainable local policies	Developed civil society organisations, veteran constituencies, experience in receiving IDPs, and horizontal ties	Housing tension, unequal access to support, fragmented services, and competing fairness criteria	IDPs needed not only assistance, but also access to employment, housing, and community life; veterans needed comprehensive reintegration; people with disabilities needed clear service navigation and accessible services

Area	Key resilience focus	Main sources of community support	Main factors weakening the community	Oblast-level needs of social groups
Chernivtsi	A fragile social balance in a relatively safe city, where resilience depended on predictability and the quality of everyday coexistence	Informal support networks, trust in specific people, local solidarity, and the functioning urban environment	High housing costs, an imbalance between income and expenses, overloaded services, accessibility barriers, and latent tension around fairness	For IDPs, housing and employment were decisive; veterans needed support, employment, and acceptance; people with disabilities needed accessibility of public space, transport, and services
Vinnytsia	A functioning but strained community, where the war was increasingly being felt through bureaucratic and distributive disputes	The population's adaptability, CSO activity, the relative safety of the area, business flexibility, and the educational potential of young people	Competition for housing, employment, and assistance; psychological exhaustion; bureaucratic barriers; and a sense of unfairness	IDPs needed affordable housing and fair access to resources; veterans needed real rather than formal services; young families and older people needed their needs kept visible alongside emerging categories of vulnerability
Zakarpattia / Uzhhorod	Resilience in a safer area operating under the pressure of internal displacement and overloaded urban infrastructure	Relative physical safety, the population's adaptability, civil society activity, and the city's capacity to partially absorb additional demand	High rental costs, overloaded services, limited access to healthcare, rehabilitation, and psychosocial support, and limited predictability of decisions	IDPs most needed housing and equal access to services; people with disabilities needed accessible transport, rehabilitation, and public space; the community as a whole needed clear prioritisation rules
Dnipro	Resilience of a large city that still had significant capacity but was increasingly using civil society infrastructure to compensate for systemic deficits	Charitable infrastructure, the opportunities offered by a large city, mutual assistance networks, and civic self-organisation	The housing crisis, unequal access to services, unclear criteria for assistance, complex procedures, and the risk of distributive tension	IDPs needed stable housing and income; veterans needed medical treatment, rehabilitation, employment, and administrative assistance; people with disabilities needed genuinely accessible services and urban infrastructure

Area	Key resilience focus	Main sources of community support	Main factors weakening the community	Oblast-level needs of social groups
Mykolaiv	A gap between strong social resources and a weak institutional response to the community's everyday problems	Horizontal ties, mutual assistance, self-organisation of residents, and CSO and expert community activity	A lack of dialogue between the authorities and the community, weak service coordination, distrust in decisions, and worsening infrastructure and socio-economic problems	For IDPs, access to services and respect for distinct experiences were important; veterans needed support pathways and rehabilitation; people with disabilities needed a systemic accessibility policy rather than isolated solutions
Kharkiv	Resilience of a frontline area with varying levels of community security and high dependence on Kharkiv as a hub for services, employment, and logistics	Basic services, support for the AFU, functioning shops and hospitals, the population's adaptation, and local mutual assistance	Security uncertainty, declining purchasing power, transport restrictions, road conditions, limited employment opportunities, and housing instability for IDPs	IDPs from more dangerous areas needed accommodation and employment; veterans and people with disabilities needed prepared barrier-free space; residents of remote communities needed transport accessibility and basic services

The main source of potential tension in communities was linked not to rejection of the need to support vulnerable groups, but to different understandings of responsibility, rules, and fairness in providing such support. Differences between social groups primarily reflected different experiences of access to resources, varying degrees of dependence on institutional support, and varying intensity in how the consequences of the war were experienced. Accordingly, strengthening social resilience required targeted assistance alongside transparent, predictable, and clear procedures that helped reduce distrust and competition among groups.

5. Accessibility: access restrictions, institutional challenges, and consequences for vulnerable groups

In all oblast-level dialogues, accessibility emerged as a much broader issue than purely architectural accessibility. It concerned the real possibility of using transport, healthcare, administrative, educational, and rehabilitation services without humiliation, excessive dependence on assistance from others, or the need to push through procedures that were not fit for purpose.

A leading theme was the gap between formal declarations of accessibility and actual user experience. In Chernihiv, Kharkiv, Dnipro, Chernivtsi, and Mykolaiv, participants directly linked barriers to communities' systemic lack of preparedness for the growing number of people with injuries, amputations, or other consequences of the war.

The institutional dimension of the problem was no less important than the physical one: even where parts of the infrastructure were being upgraded, the lack of staff training, effective service navigation, and inter-agency coordination undermined positive changes.

Table 4. Accessibility issues: restrictions and implications

Domain	Typical restrictions	Implications for vulnerable groups
Hospitals, outpatient clinics, and rehabilitation services	Entrances, lifts, and sanitary facilities that were not fit for purpose; difficult internal navigation within facilities	Humiliation and more difficult access to treatment and rehabilitation
Public transport and urban routes	Uneven accessibility of routes and lack of coherent inclusive pathways	Reduced autonomy, more difficult access to services and employment
Administrative and service institutions	Formal inclusion without spaces being genuinely fit for purpose	Distrust in institutions and a sense that people's needs were invisible
Communication and service provision	Insensitive responses from staff and lack of interaction skills	Avoidance of help-seeking, stigmatisation, and retraumatisation
Information and navigation	Complex procedures and lack of clear service pathways	Further fatigue caused by bureaucratic burden and dependence on intermediaries

Table 5. Oblast-level emphases in accessibility policy

Domain	Typical restrictions	Implications for vulnerable groups
Chernihiv	The main emphasis was on the distribution of responsibility between the authorities, the community, and donors, with strong attention to psychological vulnerability, veterans, and families who had lost their loved ones	Resilience was sustained by the community's mobilisation capacity, but was undermined by security pressure, exhaustion, and distrust in the capacity of institutions
Lviv	Participants' positions focused on the transition from crisis reception to the long-term integration of IDPs, veterans, and people with disabilities	The main challenge was to transform mobilisation solidarity into sustainable local policies and prevent the parallel coexistence of groups
Chernivtsi	The focus was on fragile social balance, competition among vulnerability statuses, and the sense of fairness in access to services and support	Resilience was preserved through informal networks and trust in people, but remained vulnerable because of weak institutional predictability

Vinnytsia community	Participants' positions were pragmatic: competition for resources, bureaucratic barriers, psychological exhaustion, and access to state services	Even in a relatively more stable environment, tensions accumulated where formal functioning was not supported by a sense of fairness
Zakarpattia / Uzhhorod	The main emphasis was on the overload of a safer area by internal displacement and pressure on housing, services, education, and social infrastructure	Resilience depended on whether the community could adapt institutions to growing demand and avoid unequal access to resources
Dnipro	Participants emphasised the housing crisis, distributive tension, complex procedures, and incomplete institutional coordination in a large city	The city's scale and capacity were still compensating for risks, but without transparent rules and systemic coordination, latent inequality of access was increasing
Mykolaiv	The leading focus was on the gap between the community's strong social resources and a weak, poorly explained institutional response	Resilience was supported by horizontal ties, but accumulating distrust in decisions by the authorities weakened long-term cohesion
Kharkiv oblast	The main emphasis was on the everyday resilience of communities in a frontline area, where basic stability was supported by adaptation, local mutual assistance, and the continued provision of basic services, while the strongest pressures came from security, transport, and declining purchasing power	Resilience was preserved through communities' adaptation to the war, but remained fragile because of infrastructure constraints, dependence on Kharkiv as the main hub for services, employment, and support, and future pressure from veteran and accessibility issues

In all areas, accessibility proved to be not a secondary infrastructure issue, but an **indicator of a community's real capacity** to ensure equal access to services, public space, and participation in everyday life. A shared problem for most areas was the **gap between the formal existence of solutions and their actual usability** for people with disabilities, veterans with injuries, and other groups with reduced mobility. Barriers were most often visible in **healthcare, transport, administrative institutions, public transport routes, sanitary facilities, and service communication**.

For border and frontline communities, accessibility was additionally linked to the growing number of **people with injuries and other war-related needs**, while for rear areas it was linked to service overload and the system's lack of adaptation to the new scale of needs. **In all areas, accessibility** was not only a physical issue, but also an institutional one: **beyond architecture, it concerned the quality of governance, inter-agency coordination, staff preparedness, and respect for the dignity of people using services**.

6. Access to resources, fairness in distribution, and trust in institutions

Access to resources proved to be one of the key markers of social resilience. Participants in dialogues across different communities assessed the problem less in terms of whether services were available and more in terms of how predictable, transparent, and understandable access to them was for different social groups. This was where a basic sense of fairness was formed, in turn shaping trust in institutions and readiness to cooperate.

A common situation in most areas was one in which the main tension was generated not by an absolute shortage of resources, but by unequal conditions of access to them. This concerned housing, healthcare, education, social services, administrative procedures, shelters, transport, and support programmes. Where access rules remained unclear, and the quality of services depended on personal contacts, the activity of local authorities, or donor presence, resources began to be perceived not as a tool of support, but as a source of inequality.

This section clearly revealed an oblast-level difference. In border and more vulnerable communities, access to resources was more closely linked to security pressure, infrastructure disruptions, staff losses, and restrictions on basic services. In relatively safer areas, the main pressure was created by system overload caused by internal displacement, the housing crisis, competition for services, and growing expectations of local policymaking. In large cities, difficult service navigation and unequal access were more visible, while in communities with fewer resources, the main problems were the shortage of services and critical dependence on external support.

Housing remained the most sensitive issue in all areas. It combined material, integration-related, and symbolic dimensions: it determined IDPs' ability to settle in the community, family stability, employment prospects, and the sense of whether the community genuinely included a person in its space. Healthcare and social services were no less indicative: inequality was manifested in queues, difficult access pathways, shortages of specialists, overloaded institutions, and the absence of an integrated system of support.

Access to resources should be considered as both a sectoral governance problem and one of the key factors of social cohesion. Where communities ensured clear rules, public criteria, stable service navigation, and less dependence on informal practices, trust in institutions increased. Where resource shortages were combined with a lack of transparency, a stronger sense of unfairness was shaped, directly weakening community resilience.

Table 6. Oblast-level features of access to resources, fairness in distribution, and trust in institutions

Community	Main emphasis	Typical problems	Implications for trust and cohesion
Chernihiv	Security pressure and instability in the provision of basic services	Shelling, power outages, staff shortages, lack of housing, and limited capacity of services	Resource-related problems were compounded by distrust in institutions and a sense of fragility in everyday life
Lviv	Transition from humanitarian reception of IDPs to long-term solutions	Housing for IDPs, service navigation, competing fairness criteria, and the need for sustainable integration	Trust depended on whether the community was able to move from temporary support to clear rules for inclusion
Chernivtsi	Unequal conditions of access to services for different social groups, despite the city continuing to function relatively well	High rental costs, overload of some services, dependence on personal contacts, and poor explanation of decisions	Personalised trust in particular people was being formed, but not trust in the system as a whole
Vinnytsia	A community that continued to function, while tension accumulated over the distribution of resources among different social groups	Competition for housing, employment, and assistance, bureaucratic barriers, and psychological exhaustion	Even amid relative stability, unclear procedures fuelled perceptions of unfairness

Community	Main emphasis	Typical problems	Implications for trust and cohesion
Zakarpattia / Uzhhorod	Overload of a safer area caused by new demand for resources, services, and social infrastructure	High rental costs, pressure on education, healthcare, and social services, and difficult or unequal access to support	Resource shortages and the system's inability to adapt to the scale of demand were increasingly becoming the main challenges
Dnipro	The capacity of a large city amid unequal access to resources, services, and social infrastructure	Housing crisis, difficult service navigation, selective provision of assistance, and overloaded procedures	The city's functional capacity helped compensate for deficits, but did not eliminate perceptions of opacity and inequality
Mykolaiv	Strong social endurance amid a weak institutional response to the crisis caused by Russian aggression, competition for resources and services, and pressure on social infrastructure	Housing, healthcare, energy supply, communication with the authorities, and lack of coordination and feedback	Tensions were rooted less in relations among groups than in distrust of the capacity of institutions to ensure fair access
Kharkiv oblast	A combination of security pressure, transport accessibility, and declining purchasing power	Housing, employment opportunities, social and rail transport, road conditions, rising prices, and high utility and fuel costs	This increased everyday tension, communities' dependence on Kharkiv as the main hub for services and employment, and sensitivity to decisions that restricted mobility or access to resources

Access to resources proved to be not so much a technical problem of distribution as an indicator of the quality of local governance. Differences between areas were visible in the configuration of pressure: in border communities, the combination of security risks and instability in the provision of basic services dominated; in safer areas, the main pressures were system overload caused by internal displacement, housing market pressure, and growing demand for services.

Across all areas, declining trust in institutions was linked to both resource shortages and the lack of clear rules for distributing resources among different social groups. The key task for local policy was not only to expand the volume of support for vulnerable groups, but also to build transparent procedures that reduced perceptions of inequality and supported social cohesion.

7. Internally displaced people in communities: integration challenges

In most areas, IDP integration remained uneven, resource-dependent, and often incomplete.

The main barrier was housing. Housing instability most often blocked the transition from actual presence in the community to full settlement in it as a place to live. The second cross-cutting problem was employment: even where work was formally available, income levels often did not match the cost of living. The third set of risks concerned the unevenness of local decisions: support for IDPs often depended on the capacity of a particular community, the quality of coordination, donor presence, and the clarity of procedures.

In rear areas, notably in Lviv, Zakarpattia, and Chernivtsi, IDP integration was closely linked to pressure on the housing market and overloaded services. In Chernihiv, Kharkiv, and partly in Vinnytsia, the combination of security pressure, economic instability, transport restrictions, and the need to support the most vulnerable categories of IDPs proved more important.

Table 7. Oblast-level features of IDP integration

Community	Dimension of integration	Facilitating factors	Complicating factors / risks
Chernihiv	Socially non-conflictual but vulnerable integration	The geographic proximity of some IDPs' places of origin and no pronounced discrimination	Security instability, housing, economic fragility, and the particular vulnerability of older IDPs and people with disabilities
Lviv	Integration in a prolonged reception mode	Developed support infrastructure, civil society initiatives, and experience in receiving IDPs	High pressure on housing, risk of parallel coexistence, and the need to move from humanitarian support to an inclusion policy
Chernivtsi	Relatively calm coexistence under conditions of incomplete integration	A humane environment, safe city, and positive adaptation experiences among some IDPs	High rental costs, unstable employment, differences between waves of IDPs, and the risk of dependence on assistance
Vinnytsia	Pragmatic integration within a functioning community	Relative safety, economic activity, and opportunities for adaptation	Competition for housing, employment, and assistance; bureaucratic barriers; and latent social tension
Zakarpattia / Uzhhorod	Integration under pressure placed on a safer area	Physical safety, availability of services, and the area's attractiveness for displacement	Overload of the housing market, education, healthcare, and social infrastructure, as well as unequal access to services
Dnipro	Partially realised integration in a large city	The scale and capacity of a large city, developed civil society organisations, and opportunities offered by the city	Housing crisis, opaque procedures, and an incomplete transition from crisis reception to long-term integration

Community	Dimension of integration	Facilitating factors	Complicating factors / risks
Mykolaiv	Integration through social endurance rather than strong institutions	Horizontal support, experience of self-organisation, and the community's readiness to help	Weak service coordination, lack of dialogue with the authorities, accumulating distrust, and difficult access to services
Kharkiv oblast	Integration in communities of a frontline area with different levels of capacity	Availability of basic services, humanitarian assistance, employment in some communities, and support from local authorities and volunteers	Security uncertainty, problems with accommodation and employment for IDPs from more dangerous areas, transport restrictions, and dependence on Kharkiv as the main hub for services, employment, and support

Oblast-level IDP integration remained largely non-conflictual, but incomplete. Its quality was determined not only by the community's attitude, but above all by a combination of three factors: housing stability, access to employment, and the predictability of local support. Thus, the key challenge was not the initial reception of IDPs, but the transition from temporary accommodation and humanitarian support to a long-term model of inclusion, in which IDPs were regarded as full participants in the community rather than recipients of assistance.

8. Social tension and potential lines of tension

Social tension was largely latent: in most communities, it did not manifest as open and sustained conflict, but accumulated in the form of fatigue, distrust, mutual wariness, and heightened sensitivity to fairness. Its main source was not a single separate problem but the combination of resource shortages, opaque decision-making, moral and psychological exhaustion, and unequal access to support.

Several lines of potential tension recurred most consistently across all areas. First, this concerned competition among different vulnerability statuses – between IDPs, veterans, families of military personnel, and people with disabilities – as limited resources began to be perceived as something to be contested. Second, tensions between frontline and rear-area experiences appeared in the opposition between those 'serving' and 'not serving', in attitudes towards veterans, and in sensitivity to public statements about the war, losses, and mobilisation. Third, distrust in institutions emerged when opaque rules, weak communication, and bureaucratic barriers shifted everyday difficulties into the realm of social irritation.

The language issue played a separate role, although not to the same extent everywhere. In some areas, it was directly named among the triggers of potential escalation, especially where language sensitivity overlapped with overall exhaustion and conflicts around mobilisation, payments, or the distribution of assistance. In a broader sense, the language issue functioned as an additional symbolic marker that could quickly sharpen existing distrust, rather than as a stand-alone conflict.

Thus, oblast-level differences concerned not so much the nature of tension as its configuration: in border communities and communities more vulnerable to the war, particularly in Chernihiv and in Kharkiv oblast, security and psychological triggers were more visible, while in rear and relatively safe areas, tension was more often concentrated around housing, services, IDP integration, fairness in distribution, and readiness for the return of veterans.

Table 8. Oblast-level features of social tension and potential lines of escalation

Community	Main lines of tension	Typical triggers	Escalation prevention factors
Chernihiv	Veterans – civilians; ‘serving – not serving’; community – institutions; competition for assistance	The return of military personnel, mobilisation, actions by territorial recruitment centres, payments, the language issue, and opaque decision-making	Psychological support, sensitive communication, transparent decisions, and preventive dialogue
Lviv	Local residents – IDPs; veterans – civilians; competition among vulnerable groups; distrust in institutions	Housing, humanitarian assistance, schools and kindergartens, queues, public incidents, and unclear priorities	Mixed programmes, public criteria, IDP participation in advisory bodies, and training for service providers
Chernivtsi	Competition among vulnerability statuses; frontline – rear-area divide; community – institutions; politicisation of veteran issues	Resource shortages, sensitive statements, bureaucracy, staffing decisions, and communication mistakes	Public criteria, neutral platforms, inter-agency coordination, and rules for sensitive communication
Vinnytsia	Local residents – IDPs; veterans – civilians; tension in public, educational, and service spaces	Housing, payment delays, language disputes, bureaucratic barriers, and competition for employment and assistance	Clear rules for distribution, targeted decisions, and high-quality communication in public and school spaces
Zakarpattia / Uzhhorod	Local residents – IDPs; tension around housing, employment, assistance, and the right to define urban priorities	Housing competition, criticism of the city by IDPs, different lifestyles, and uneven access to services	Advocacy by IDP councils, inclusion of IDPs in city programmes, and practices of joint participation
Dnipro	IDPs – local residents; veterans / military personnel – civilians; citizens – institutions	Housing, payments, assistance, queues, mobilisation-related issues, rumours, and vague information	Predictable procedures, clear explanations of decisions, systemic communication, and support for vulnerable groups
Mykolaiv	Community – institutions; accumulated distrust caused by weak communication and service failures; less pronounced intergroup competition	Lack of dialogue with the authorities, housing, healthcare, energy supply, and weak service coordination	Stable feedback channels, community participation in decision-making, and stronger service capacity

Community	Main lines of tension	Typical triggers	Escalation prevention factors
Kharkiv oblast	Transport and resource tension; communities – infrastructure constraints; future tension around the return of veterans	Rising prices, loss of purchasing power, cancelled routes, overloaded social transport, road conditions, and security anxiety	Continued provision of basic services, local adaptation, support for military personnel, and communities' capacity to adjust routes quickly and resolve everyday problems

Social tension was shaped primarily where resource shortages were coincided with opaque rules, moral and psychological exhaustion, and poor communication of decisions. The most recurrent lines of tension were competition for resources, tensions between frontline and rear-area experiences, attitudes towards veterans, distrust in institutions, and, in some areas, language disputes as an additional trigger. Thus, escalation prevention depended not only on the volume of assistance, but also on communities' capacity to ensure clear rules, sensitive public communication, and sustainable platforms for dialogue.

9. Veterans in communities: reintegration challenges and risks to resilience

At the oblast level, veteran issues emerged as one of the most sensitive tests of the maturity of local communities. A shared feature across most areas was a shift from focusing primarily on veteran reintegration to recognising the need to prepare the community, services, employers, and everyday environments for the return of people with experience of war.

The key problem was not the absence of separate initiatives but fragmented support. Participants in dialogues across different areas spoke about the lack of a clear support pathway covering documents, healthcare, rehabilitation, employment, psychological support, and inclusion in the everyday life of the community. In the absence of such coherence, the risk of retraumatisation and distrust in the system increased significantly.

Oblast-level differences were visible in the configuration of barriers. In border communities and communities more vulnerable in security terms, particularly in Chernihiv and Kharkiv oblasts, the issues of psychological fatigue, tensions between frontline and rear-area experiences, lack of preparedness for the return of military personnel, and the limited readiness of public space to meet veterans' new needs were more prominent. In large cities and rear areas, the problems of service navigation, employment, service coordination, and the risk of stigmatisation in everyday interactions were more visible.

Thus, veteran policy in all areas went beyond social protection and became a matter of social resilience. The level of trust, solidarity, and the potential for local de-escalation depended on the extent to which communities were able to combine dignified treatment, practical support, access to healthcare and employment, and sensitive communication.

Table 9. Features of challenges in veteran reintegration policy

Policy domain	Key barriers	What communities needed
Support pathway	Fragmented services, lack of coordination, and difficult navigation	A single or coordinated support window and case management
Employment	Employer stereotypes and unrecognised military competencies	Career counselling, engagement with businesses, and retraining
Psychological support	Stigma, lack of sensitive services, and insufficient training of specialists	Support groups, confidential services, and training for service providers
Family and social adaptation	Everyday conflicts, lack of understanding, and moral asymmetry	Support for families, psychoeducation sessions, and dialogue formats
Public attitudes	Formal respect without real inclusion	Sensitive communication, involvement of veterans in decision-making, and veteran hubs

Table 10. Oblast-level aspects of challenges in veteran reintegration policy

Community	Key barriers	What communities needed
Chernihiv	Lack of preparedness among the public and services for the return of military personnel; weak psychological support; the 'serving – not serving' divide	Prepared services, sensitive communication, family support, veteran hubs, and psychological support
Lviv	Need for a comprehensive model of return covering employment, housing, psychological support, family issues, and service navigation	A systemic support pathway, service coordination, and recognition of veteran experience as a community resource
Chernivtsi	Fragmented support, risks of stigmatisation, employment difficulties, and the absence of a comprehensive pathway	Case management, partnerships with employers, accessible services, and stable inter-agency coordination
Vinnytsia	Competition for resources and tension around statuses; bureaucratic barriers to accessing services	Transparent criteria, coordinated support rules, and sensitive approaches by services and local programmes
Zakarpattia / Uzhhorod	Uneven access to services, system overload, and a shortage of rehabilitation and psychosocial resources	Stronger service capacity, expanded rehabilitation, and clear support navigation
Dnipro	Gap between formal programmes and real access to healthcare, rehabilitation, retraining, and support	An integrated support model, transparent procedures, and access to healthcare, employment, and retraining

Mykolaiv	Weak service coordination, lack of up-to-date information, gaps in service navigation and rehabilitation pathways	Unified service navigation, long-term support, and preparation of municipal and state services
Kharkiv oblast	Communities had not yet experienced the full scale of demobilisation; insufficient preparedness of barrier-free space and services to meet the emerging needs of veterans and people with disabilities	Advance preparation of communities, adaptation of infrastructure, and development of veteran services, psychological support, and support pathways

At the oblast level, veteran issues brought together several dimensions of resilience, including fairness, trust in services, moral sensitivity, and communities' capacity to address the long-term consequences of the war. The main shared problem was the fragmentation of the support pathway, while the key condition for reducing risks was the transition from declarative support to a connected, sensitive, and accessible support system.

10. People with disabilities in communities: accessibility, services, and institutional constraints

At the oblast level, issues affecting people with disabilities emerged not as a separate area of social policy but as a concentrated indicator of communities' actual inclusiveness and governance capacity. Participants noted a gap between formal declarations of accessibility and the actual experience of using public space, transport, and services in virtually all areas.

Barriers were most often visible in healthcare, transport, public transport routes, sanitary facilities, and administrative institutions. At the same time, the problem was not limited to the built environment: in most areas, it was combined with fragmented services, the absence of clear service navigation, insufficient staff training, and people's dependence on informal support.

Oblast-level emphases differed. In border and frontline communities, particularly in Kharkiv and Chernihiv oblasts, accessibility was more strongly linked to the consequences of the war, injuries, and the growing number of people requiring long-term rehabilitation. In safer areas and areas receiving larger numbers of IDPs, barriers were more often described as a consequence of system overload and the limited adaptation of urban infrastructure to the new scale of needs.

Thus, issues affecting people with disabilities in all areas went beyond the narrow topic of inclusiveness. They raised broader questions about whether communities could ensure equal access to everyday community life and translate stated commitments into practical, effective solutions.

Table 11. Accessibility and service-related problems for people with disabilities

Domain	Problem	Institutional implications
Physical accessibility	Inaccessible buildings, routes, transport, and sanitary facilities	Social exclusion and dependence on assistance
Services	Fragmentation between healthcare, social protection, rehabilitation, and transport	Unequal access and increased burden on families

Communication	Lack of skills for respectful and dignified interaction	Stigmatisation, retraumatisation, and distrust
Accessibility policy	Declarative approaches without monitoring or feedback	Loss of legitimacy in decision-making and reduction of inclusion to a formality
Employment and participation	Lack of readiness of the labour market and public space	Loss of human potential and narrowed participation in community life

Table 12. Oblast-level features of accessibility and service-related problems for people with disabilities

Community	Key institutional and spatial constraints	Implications for resilience
Chernihiv	Inaccessible hospitals, routes, transport, and sanitary facilities; many decisions are formal	Deepened exclusion of people with disabilities and veterans with injuries, and undermined trust in institutions
Lviv	Physical inaccessibility combined with fragmented services and difficult service navigation	Inclusion remained incomplete even where separate support programmes existed
Chernivtsi	Formal adaptation without actual usability of entrances, toilets, services, and parts of the transport system	Narrowed opportunities for everyday participation and reinforced the perception that accessibility was more nominal than real
Vinnytsia	Accessibility was complicated by both physical space and bureaucratic barriers to state services	Showed that inclusion depended on the quality of the system as a whole, not only on infrastructure
Zakarpattia / Uzhhorod	Overload in a safer area caused by new demand, a shortage of adapted services, and insufficient urban solutions	Demonstrated the limited capacity of the community to adapt quickly to growing needs
Dnipro	Gap between formal solutions and real access to rehabilitation, transport, and administrative procedures	Maintained unequal access even in a city with broader infrastructure capacity
Mykolaiv	Inaccessibility of public space combined with weak service coordination and insufficient communication	Increased people's dependence on informal assistance and limited their autonomy
Kharkiv oblast	Barrier-free space had not yet been prepared; costly adaptation of social, utility, and transport infrastructure, and public spaces were needed	Created a risk that people with disabilities and veterans with injuries would be excluded from the everyday life of the community, and increased future pressure on local services

The challenges faced by people with disabilities were complex, combining physical, service-related, and communication barriers and therefore directly affecting the quality of communities' everyday resilience. The main shared challenge was the lack of separate solutions, compounded by the failure of existing solutions to form an integrated system of access, support, and everyday participation.

11. General conclusions

The analysis of dialogue results across different oblasts showed that, under conditions of ongoing war, Ukrainian communities retained their capacity to function in everyday life. However, this capacity was largely adaptive and compensatory in nature. It was sustained by horizontal ties, civic mobilisation, volunteer practices, donor assistance, and the high personal engagement of individuals, while institutional capacity in most cases remained fragmented, overloaded, or insufficiently coordinated. This meant that communities maintained everyday balance, but increasingly at the cost of depleting human and social resources.

The main source of vulnerability was not the shortage of resources as such, but the way access to them was organised. Opaque rules, uneven support, overloaded procedures, difficult service navigation, and insufficient explanation of decisions turned housing, social benefits, healthcare, education, veteran services, and assistance for IDPs from administrative issues into matters of social legitimacy. In this sense, a crisis of trust emerged not where resources were lacking, but where communities did not understand the logic of resource distribution and did not see fair rules.

Oblast-level differences were visible primarily in the configuration of pressure on resilience. In border areas and areas more vulnerable in security terms, shelling, psychological exhaustion, logistical complications, and the direct impact of the war on everyday life were more prominent factors. In rear areas and relatively safer communities, housing-related tension, service overload, difficulties with IDP integration, competition among social groups, and the risk of parallel coexistence of different groups without full inclusion in the shared community space were more visible. A separate strategic challenge for all oblasts was communities' preparedness for the return of veterans and the growing number of people with war-related disabilities, since these issues would define the quality of social cohesion in the coming years.

The challenge for communities was to shift from a model of maintaining balance situationally to a model of institutionally embedded resilience. This was not only about increasing the volume of support, but also about changing the quality of the local response: transparent rules for resource distribution, coordinated service delivery, genuine accessibility, policy sensitive to veterans' needs, sustainable mechanisms for IDP integration, and continuous dialogue between local authorities and social groups. Communities' ability to institutionalise solidarity would determine whether they could preserve trust, cohesion, and stability over the long term. This would require moving beyond reliance on society's mobilisation resource alone.

12. Key recommendations for strengthening resilience and cohesion

The oblast-level analysis showed that communities needed not so much an increase in the number of separate support measures as a shift toward a more integrated model of local resilience. In most areas, the main risks were linked to the fact that support remained fragmented: decisions in different sectors were made separately, support pathways were not coordinated, and rules for accessing resources often remained insufficiently clear to residents.

For this reason, the key recommendations should combine three levels. The first is procedural: transparent criteria, clear service navigation, and high-quality public monitoring of programme implementation. The second is service-related: stronger coordination between institutions, development of barrier-free space, and preparation of services to work with veterans, IDPs, and people with disabilities. The third is social: creation of standing dialogue platforms, reduction of competition among vulnerable groups, and support for horizontal practices of cooperation.

Oblast-level differences did not cancel out this shared logic, but they did change the emphasis. In border communities and communities more vulnerable in security terms, particularly in Chernihiv and in Kharkiv oblast, priorities included

psychological support, continuity of basic services, transport accessibility, and work with the consequences of the war. In rear and relatively safer areas, the need to address housing issues, integrate IDPs, expand service capacity, and prevent latent competition for resources was more prominent.

Thus, strengthening community resilience required the simultaneous strengthening of institutional capacity, procedural fairness, and social communication. It was the combination of these elements that enabled communities to reduce current tensions while building a more resilient model of everyday coexistence amid the ongoing war.

Table 13. Oblast-level recommendations

Community	Priority recommendation	Expected outcome
Chernihiv	Ensure continued operation of basic institutions during shelling and power outages; strengthen psychological support for families of military personnel; prepare the community for the return of veterans	Reduced security-related and psychological tension, reduced overload on active groups, and improved readiness for the long-term consequences of the war
Lviv	Move from a reception logic to long-term IDP integration; develop housing solutions; strengthen veteran and inclusive policies	Reduced parallel coexistence and stronger inclusion of IDPs and veterans in community life
Chernivtsi	Increase transparency of access to services and support; improve service coordination; develop mechanisms for de-escalating latent tension	Reduced distrust in procedures, reduced competition among groups, and increased predictability of decision-making
Vinnytsia	Reduce bureaucratic barriers; coordinate rules for accessing support; strengthen targeting and monitoring of local programmes	Reduced perceptions of unfairness and greater legitimacy of decisions by the authorities
Zakarpattia / Uzhhorod	Expand the capacity of housing, educational, social, and healthcare services; improve IDP integration into urban policies	Reduced pressure on the infrastructure of a safer region and reduced tension around housing and services
Dnipro	Strengthen long-term housing mechanisms; simplify service navigation; integrate programmes for IDPs, veterans, and people with disabilities	Reduced distributive tension in a large city and increased trust in the system
Mykolaiv	Establish stable feedback channels between the authorities and the community; improve service coordination; reduce the gap between social mobilisation and institutional capacity	Less entrenched distrust and a stronger institutional response to social needs
Kharkiv oblast	Strengthen access to transport and basic services in communities across the oblast; develop housing and employment solutions for IDPs; prepare barrier-free space and veteran services in advance	Reduced everyday tension, improved resilience of communities outside Kharkiv, and increased readiness for the consequences of the war and the return of veterans

Table 14. General thematic recommendations

Domain	Recommended action	Expected outcome
Transparency and fairness of distribution	Introduce public criteria for access to assistance, services, and local programmes; ensure regular explanation of decisions	Reduced suspicion of inequality and stronger trust in institutions
Service navigation and coordination	Create coordinated support pathways for IDPs, veterans, families of military personnel, and people with disabilities	Reduced bureaucratic burden and better access to services
Accessibility	Conduct audits of routes, hospitals, transport, administrative institutions, and sanitary facilities; implement solutions with the participation of service users	Improved real, rather than declarative, accessibility
Veteran policy	Prepare services, employers, and the community for the return of veterans; develop veteran hubs, rehabilitation, and peer-to-peer groups	Reduced stigmatisation, improved reintegration, and reduced social tension
IDP integration	Combine humanitarian support with housing, employment, and participatory solutions	Transition from temporary reception to full inclusion in community life
Psychological support	Develop local psychosocial support formats for veterans, families of military personnel, IDPs, and exhausted communities	Reduced latent social tension and stronger capacity for coexistence within communities
Public participation and dialogue	Develop consultations, participatory budgeting, facilitated meetings, and standing feedback platforms	Greater legitimacy of decisions and conflict prevention
Support for basic services	Ensure the resilience of schools, healthcare, transport, shelters, and municipal institutions during crises	Preservation of everyday predictability and people's readiness to remain in the community

At the oblast level, the recommendations focused on one key task: transforming communities' existing social adaptability into a more predictable and institutionally embedded model of resilience. The most effective solutions were those that simultaneously strengthened transparency of rules, service coordination, barrier-free space, sensitive veteran policy, and sustainable formats of dialogue between the authorities and different social groups. This combination would help reduce latent social tensions, strengthen trust, and preserve social cohesion over the long term.

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