

2025

# ANNUAL REPORT 2025

ON THE IMPLEMENTATION OF THE  
COMPREHENSIVE PSYCHOSOCIAL  
SUPPORT PROGRAMME FOR CHILDREN  
"SAFE SPACE" FOR 2025

The project was implemented with the support of the Restart Foundation in cooperation with the non-governmental organisation "Words Help" and the Mental Health Centre of the National University of Kyiv-Mohyla Academy



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# DISCLAIMER

This report was prepared as part of the implementation of the Safe Space psychosocial support programme for preschool children in kindergartens. The report presents the key results of the programme, which was implemented in five children's institutions in Kyiv during 2025. The document covers the experiences of all parties involved in the programme: parents, teachers, school administrators, and specialists who directly implemented the classes.

The initiative was implemented with the support of the **Restart Foundation in partnership with** the non-governmental organisation **'Words Help'** and the **NaUKMA Mental Health Centre**.

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# INTRODUCTION

Ukraine has been facing active hostilities and martial law for the fourth consecutive year. During this time, Ukrainian citizens have experienced dozens of attacks using drones and various types of missiles; tens of thousands of air raid sirens have sounded<sup>1</sup>, with almost 2,000 of them in Kyiv alone. Homes, schools, kindergartens, museums, and theatres have been destroyed – countless buildings and lives have been lost. The war is not happening "somewhere far away, on the front lines" – it makes it impossible for anyone in Ukraine to live a peaceful life.

For children currently living in Ukraine, this means not only a loss of peace, but also a loss of a happy childhood. Many parents still do not know how to talk to their children about the war, explaining the explosions as "thunder" and thereby only intensifying their children's fears. At night, while the children are asleep, parents move them to the bathroom, hallway, or proper shelters to keep them asleep, but this is not always successful.

394 educational institutions have been destroyed, and another 3,676 have been damaged<sup>2</sup>. It is becoming increasingly difficult for children to get an education in such conditions, as if the war is depriving them of one of their basic rights. In Kyiv and the Kyiv region alone, 15 educational institutions have been destroyed and another 502 damaged. With the shelling of energy infrastructure, it is becoming difficult for children to study even remotely – a format that many schools across Ukraine have switched to due to constant threats.

Image source: Chytomo website <https://chytomo.com/okupanty-zrujnuvaly-ta-poshkodyly-ponad-3000-shkil/>



As of 10 September 2025, at least 14,116 civilian deaths have been documented since February 2022, including 733 children. The number of wounded is 36,481, including 2,285 children<sup>3</sup>. Thousands of children have suffered and continue to suffer as long as this war continues.

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<sup>1</sup> Enemy attack on the capital at night on 27 December. ([Official portal of the Kyiv City State Administration – Home](#))

<sup>2</sup> Statistics on the destruction of educational institutions <https://saveschools.in.ua/>

<sup>3</sup> Civilian casualties <https://ukraine.ohchr.org/uk/node/515>

As the situation grows increasingly dire and dangerous each year, 2025 has been among the worst for the civilian population. In 2025, deaths increased by 26% and injuries by 75% compared to 2024. In the first 10 months of 2025, the number of civilian casualties in Kyiv was four times higher than in the whole of 2024<sup>4</sup>.

Fear and fatigue are growing, not to mention the increased danger. October 2025 saw the highest number of missiles used in Ukraine – 270 units. In the same month, 5,298 drones were launched, each with the aim of killing<sup>5</sup>.

Thus, 2025 became truly the most difficult year for the vast majority of Ukrainians, who were already exhausted and weary from previous years. Such intensified challenges require and continue to require increased support – especially for children and adults with children.

## ABOUT THE PROJECT

The Safe Space programme, developed by specialists at the NaUKMA Mental Health Centre, is a comprehensive psychosocial initiative designed to enhance children's stress resilience, support their emotional health, and develop self-regulation skills in wartime conditions. In 2025, the Safe Space project covered five educational institutions:

- Limited liability company «KINDERGARTEN AND ELEMENTARY SCHOOL «LAMALYUK» KYIV», hereinafter – "La Malyuk"
- Limited liability company «HAPPINESS KIDS», hereinafter – "Happiness Kids"
- Limited liability company «Institution of secondary education «International school M'ANDRYK», hereinafter – "Mandryk"
- Private general secondary school «I-SCHOOL», hereinafter – "I-School"
- Private educational institution «MRIYDIY RYBALSKY» (limited liability company) – hereinafter – "MriyDiy."

The total number of recipients who received assistance is 348.

This was the first year the project was implemented without interruption: as soon as work was completed at one institution, it began at another. For the most part, two kindergartens were worked on simultaneously throughout the year.

Teams of more than ten people were involved in implementing the programme throughout the year. Oksana Zaleska was the programme's permanent supervisor, and Olena Tkachenko and Yevheniia Zavorotynska served as mentors; each kindergarten had two interns. Each of these specialists participated in all stages of the programme's implementation in educational institutions, resulting in tangible outcomes throughout the year.

All specialists gained valuable professional experience: interns familiarised themselves with the organisation of psychological work in kindergartens; mentors saw the diversity of institutions and different models of institution management, learned to communicate with different teachers; the supervisor was tasked with mentoring many specialists, including those who did not work directly with children but were involved in the project and responsible for organisational processes, which enabled the successful implementation of the programme.

Thanks to the project, some interns identified opportunities to work in Ukrainian kindergartens—an environment that has long suffered from a shortage of qualified specialists. Thanks to the team's support, the interns got off to a smooth start, established communication with the administration, developed working protocols for interacting with children, received group supervision, and, when necessary, individual psychological counselling outside the project at the NaUKMA Mental Health Centres.

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<sup>4</sup> Number of casualties among the population <https://ukraine.ohchr.org/uk/Civilian-Casualties-Mount-as-Russian-Armed-Forces-Step-Up-Attacks-on-Ukraines-Energy-Infrastructure-Ahead-of-Winter-UN-Human-Rights-Monitors-Say>

<sup>5</sup> Statistics on missile and drone attacks in 2025 Worse than in 2023: Russia launched a record number of missiles at Ukraine in October

In 2025, the programme decided to provide support not only during the 8–12 week implementation period (the active period, when weekly classes, intern supervision, and parent meetings are held), but also to continue regular support after the programme ends.

Psychologists working in kindergartens can now participate in regular supervision sessions after the programme ends to provide high-quality support to children during this difficult time and to receive support from senior colleagues if any questions arise. Such supervision was provided throughout 2025, and the number of participants grew with each new kindergarten that completed the programme.

The project included many areas and types of psychosocial interventions that were implemented throughout the year. These areas included working with adults who care for children—parents, educators, psychologists, interns, administrators — and directly with children. The project is based on the principle of cascading care — when we take care of adults so they are well-resourced and can take care of children.

## TYPES OF PSYCHOSOCIAL INTERVENTIONS

Psychosocial interventions	Quantity
Group meetings with parents	33
Individual meetings with parents	44
Group resource and methodological meetings with educators	22
Supervision for educators	3
Supervision for interns during their internship and after completion of the project	89
Supervision for mentors	14
Supervision and organisational meetings with the administration	11
Group classes with children	172
Referral of children to individualised specialist care at mental health centres	16
Certification of trainees as Safe Space trainers for preschool institutions (12 specialists certified)	1
<b>Total number of activities (all categories)</b>	<b>405</b>

## COVERAGE OF PROJECT RECIPIENTS BY KINDERGARTEN (2025)

### QUANTITATIVE DATA BY RECIPIENT CATEGORY

Kindergarten	Children (total)	Girls	Boys	Parents/representatives	Teachers	Management	Methodologists	Interns
La Malyuk	33	16	17	33	16	1	0	3
Happiness Kids	24	6	18	38	12	2	1	2
Mandryk	18	10	8	35	2	1	0	2
I-School	23	8	15	40	4	1	1	2
MriyDiy	21	7	14	28	1	1	1	2

### RESULTS BY CATEGORY

Category	Number
Children (total)	119
– girls	47
– boys	72
Parents/representatives	174
Teachers	35
Managers/directors	6
Methodologists	3
Interns	11
<b>Total number of recipients (all categories)</b>	<b>348</b>

Note: "Parents/representatives" refers to the number of adults involved in project activities/meetings at the respective kindergarten.

The average age of children participating in the project was 6 years, as the project was designed specifically for pre-school and covered kindergarten. According to parents, each group had at least one family that had either experienced the loss or serious injury of a family member or belonged to internally displaced persons. For children, such circumstances are often very difficult to cope with and cause noticeable difficulties in everyday life. Before the programme began, monitoring was conducted in three kindergartens, during which parents and teachers assessed each child's anxiety level. In these kindergartens, the vast majority of children showed borderline levels of anxiety: it did not indicate a critical condition, but it was outside the norm and signalled a need for help. The number of children with critical levels was also significant – these were usually children whose anxiety was actively manifested through their behaviour and relationships with peers and teachers. Before the programme began, there were usually no more than two children per group, and levels were within the norm.

Follow-up monitoring in the same kindergartens showed significant improvement in two cases: some children with critical levels moved to borderline levels, and those at borderline levels reached normal levels or approached them. At the same time, each kindergarten still had children with acute cases who needed individual assistance and remained at critical levels even after the project ended.

At one of the kindergartens, the number of children with acute cases was particularly high—almost half of the group. Therefore, despite significant improvements in one group of children, the other group remained at the same level or even showed deterioration. This case was the most challenging of the year during the project's implementation.

Immediately after the programme ended in all kindergartens, most parents reported not noticing any significant changes or were unsure; only a few clearly noted positive changes. However, over time, parents began to write in themselves: a few weeks after the end of the programme, the results not only consolidated but also became part of the children's everyday lives – how they communicate and perceive the world.

Parents noted that children continued to perform the exercises they had been taught, became more social, and experienced lower anxiety levels. Over time, when parents supported their child's efforts, the child showed noticeable improvements. Thus, the results of the Safe Space programme are noticeable to those around them, consistent, and intensify over time. This dynamic was observed in all kindergartens.

The children mastered positive coping strategies and received answers to questions that their parents sometimes could not answer, which helped reduce their anxiety. Group exercises helped children on the sidelines join the group and learn to interact with others. Additional work with teachers, in turn, helped children open up and understand the group's rules, and also allowed teachers to let children simply be children, as constant stress and prolonged confinement have left both children and adults exhausted.

# CONCLUSIONS

Thus, 2025 showed that supporting children in wartime is effective when it is continuous, systematic, and implemented in the institution's real-life operations. The programme maintained stability throughout the year and expanded the scope of assistance: supervision for educators and additional professional support for trainees were added. After completing the cycle, they can, if they wish, join the supervision group to access support and deeper expertise to improve their work at the institution.

The key result of the year is not only the individual positive changes, but also the fact that these changes are consolidated and reinforced over time as adults support the child's new skills in their daily routine. It is this "delayed" dynamic that is important for understanding the programme's impact and planning next steps. At the same time, monitoring and practice have confirmed the realistic limits of the group format: each facility still has children with acute conditions who require individual referral and longer-term support. This experience became an important learning point for the team — how to more precisely define the boundary between "group" and "individual" approaches and how to bridge the programme and specialised assistance.

A key value of the year was strengthening the team's professional capacity: interns received structured on-the-job training in kindergartens, established protocols, and supervisory support. This creates a sustainable pool of human resources in an environment with a chronic shortage of specialists. Thanks to donor support, this work became possible in a year when the need for psychosocial support for children and adults was particularly acute.

Thank you very much!

03.03.26



Zaleska O.V.