Regional Refugee Response for the Ukraine Situation

ESTONIA

SOCIO-ECONOMIC INSIGHTS SURVEY

Final Report | 2025

THE SEIS WAS CONDUCTED IN THE FRAMEWORK OF:

Regional Refugee Response for the Ukraine Situation

Designed, coordinated and developed by:

UNHCR The UN Refugee Agency

Data collection by:

EESTI PAGULASABI ESTONIAN REFUGEE COUNCIL

IOM UN MIGRATION

Analysis and report produced by:

UNHCR The UN Refugee Agency

Access the data on [UNHCR's MicroData Library]

UNHCR's Microdata Library is a public online library containing anonymous microdata of persons affected by forced displacement collected by UNHCR, it's partners and other third parties.

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COVER PHOTOGRAPH:
Estonia: Art-therapy session with refugees from Ukraine organized by Mondo NGO. © UNHCR/Kristina Pihl

List of Acronyms

AAP	Accountability to Affected People
CP	Child Protection
EUR	Euro
GBV	Gender-Based Violence
HH	Household
IASC	Inter-Agency Standing Committee
ID	Identification Document
IOM	International Organization for Migration
MCQ	Multiple Choice Question
MHPSS	Mental Health and Psychosocial Support
NEET	Not in Education, Employment or Training
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
RCF	Refugee Coordination Forum
RRP	Refugee Response Plan
SEIS	Socio Economic Insights Survey
TP	Temporary Protection
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

Geographic Classifications

Estonia is divided into 15 administrative counties ("Maakond" in Estonian), representing the highest-level of local administration. Each county consists of a number of municipalities ("Omavalitsusüksus" in Estonian) representing the second administrative level. In total, there are 78 municipalities across the country.

Introduction

Background

Since the beginning of the Ukraine response in 2022, Estonia has received approximately 70,000 individuals fleeing the conflict in Ukraine. Currently, there are nearly 35,000 who hold valid Temporary Protection status, and nearly 6,400 granted subsidiary protection. This influx represents around 3 per cent of Estonia's total population.[1] The Government of Estonia has prioritized the integration of refugees into national social support systems, encouraging self-reliance while preserving Ukrainian cultural and linguistic ties.

[1] *UNHCR Data Portal: online.*

Estonia has demonstrated a consistent commitment to assisting refugees from Ukraine. The national response is led by the Government of Estonia, with municipalities and civil society organizations playing an essential role in service delivery and integration efforts. This inclusive, whole-of-society approach seeks to integrate refugees into Estonia's social protection and support systems, fostering self-reliance and inclusion while safeguarding Ukrainian cultural and linguistic identity.

Although government and civil society have worked together to provide a coordinated response, many refugees still encounter obstacles in achieving full self-reliance. The 2025–2026 Regional Refugee Response Plan (RRP) for the Ukraine refugee situation builds on previous iterations, providing targeted, practical support to host countries.[2] It aims to ensure groups such as older people, children, people with disabilities and survivors of gender-based violence are receiving specialized assistance to address their needs, and that they are not left behind as the response shifts towards sustainability.

To ensure a well-coordinated and effective response, comprehensive data remains essential for shaping, implementing, and assessing assistance strategies. In pursuit of this objective, UNHCR, in collaboration with IOM Estonia, the Estonian Refugee Council, and other key actors engaged in the refugee response both nationally and regionally, conducted the 2025 Estonia Socio-Economic Insights Survey (SEIS).

The SEIS represents a joint, inter-agency effort aimed at identifying the most pressing needs of refugees from Ukraine[3] across critical sectors such as protection, health, education, housing, and livelihoods. It is aligned with the goals of the RRP and directly supports Estonia's inter-agency RRP under UNHCR's coordination.

The development of the 2025 SEIS in Estonia was a collaborative process involving focal points from public authorities, humanitarian organizations, and civil society, acting as an advisory body to guarantee a multi-sectoral and inter-agency perspective. Each participant contributed expertise during the design phase, which was facilitated through an online consultation organized by UNHCR with RRP partners and other stakeholders engaged in the refugee response.

The assessment was carried out in two phases between May–November 2025, using a quantitative methodology that surveyed 399 households across Estonia, representing 990 individuals within the refugee population. Data collection relied on a structured questionnaire covering multi-sectoral issues at both individual and household levels.

This final report serves as a strategic resource to guide humanitarian programming in Estonia throughout 2026, supporting partners and stakeholders in delivering a more focused and prioritized response. It reflects the Grand Bargain commitments[4] to enhance harmonization and coordination in assessment practices. The report offers an in-depth analysis of Ukrainian refugees' needs in Estonia, including sectoral and sub-sectoral findings, demographic profiles, and cross-cutting indicators such as accountability to affected populations[5] (AAP).

Objectives

The SEIS is an essential interagency tool for planning and prioritization, decision making and needs-based program designing. The main purpose of the SEIS is to support the RRP planning cycle process and to enable planning among key humanitarian actors through the provision of updated information on multi-sectoral needs and priorities of refugees from Ukraine. Results of the SEIS will be used by all stakeholders under the Regional Response (RRP) to understand the evolving situation, unpack risk and vulnerabilities and to advocate for funding from donors.

In 2025, the UNHCR's Regional Bureau for Europe and Inter-Agency partners aimed for further harmonization of core components of the SEIS by using one questionnaire for all countries. This allows for better comparison across countries, without losing the trend comparison with the 2023 and 2024 surveys.

The key objectives of the regional SEIS guiding its country-level implementation, are:

[2] *Data source: RRP - Refugee Response Plan 2025-2026 - link.*

[3] *The term "refugees from Ukraine" is understood to include Ukrainian nationals as well as third-country nationals who fled Ukraine since 24 February 2022 and are in need of international protection, including people who are stateless or at risk of statelessness.*

[4] *The Grand Bargain is a major agreement in humanitarian aid, signed by donors and agencies in 2016, to make aid more effective by making 51 specific commitments across 10 workstreams like localization (direct funding to local actors), funding flexibility (less earmarking, more multi-year deals), and efficiency (harmonized reporting, better data) to better serve people in need and reduce waste. Key commitments include directing 25% of funds to local responders, simplifying donor rules, using more cash-based aid, and improving needs assessments and coordination.*

[5] *AAP: online.*

1. Provide a multisectoral and comparable overview/update of the needs, capacities, and vulnerability of refugees from Ukraine hosted in Estonia, to provide the evidence base to inform humanitarian planning and prioritization process.
2. Ensure that the changing needs and vulnerabilities of different refugee groups are understood, including women, children, older people, people with disabilities, and others who may face additional risks and barriers.
3. Understand the driver and severity of needs of the refugees from sector-specific and inter-sectoral perspectives. As a way forward for each sector to identify variations in need among population groups and geographical areas and in order to inform response prioritization and strategic planning.
4. Ensure that the perspectives and preferences of refugees from Ukraine are reflected in the strategic and response planning.
5. Improve the targeting of assistance by gathering sufficient evidence and data to better inform future, data-driven decisions.
6. Improve the accuracy and completeness of comparable socio-economic indicators of refugees to support evidence-based policy making and planning for inclusion.

Geographical coverage

The target population of the regional 2025 SEIS was all refugees from Ukraine who have been hosted / are residing in the countries under coverage at the time of the data collection. The assessment had a country-wide geographical coverage, with specific sub-national stratification decided in each country. In Estonia, Harju, Ida-Viru, Lääne-Viru, Pärnu, and Tartu counties were covered, which are the counties where the majority of refugees from Ukraine reside.

Methodology

UNHCR Estonia, working alongside IOM Estonia and the Estonian Refugee Council, carried out the Socio-Economic Insights Survey (SEIS)[6] under the Ukraine Refugee Response Plan. Using a harmonized methodology aligned with the regional framework, the survey produced comparable data that informed the 2025–2026 RRP and established a baseline for tracking regional outcomes.

The survey employed a similar questionnaire as in 2024 to capture changes over time, supporting a continued targeted and effective response.

The SEIS 2025 in Estonia was implemented using a quantitative methodology. Primary data was gathered through a structured, multi-sectoral household survey designed at the regional level in consultation with UNHCR and inter-agency partners in Estonia. Face-to-face structured interviews included questions at both individual and household levels. Data collection occurred between 20 May–26 June and 21 August–10 November 2025, targeting households of refugees from Ukraine residing in Estonia. Interviews reflected geographic distribution determined by the sampling methodology. The household served as the main unit of measurement, while individual-level indicators were captured by asking respondents about all household members.

Appropriate measures were applied to protect personal data and ensure confidentiality throughout data collection and processing. Informed consent was obtained from all participants, clearly outlining the purpose and intended use of the data.

Sampling design

The survey covered 399 households (HH), comprising 990 individuals.

The sample design included county quotas proportional to the number of refugees from Ukraine in each county, based on official data. As the process did not involve full randomization, findings are indicative rather than statistically representative.

The target sample size ranged between 400 and 500 households, aligning with minimum requirements for estimates at a 95% confidence level and 5% margin of error.

Data collection

IOM and Estonia Refugee Council enumerators collected quantitative data through a multi-sector household-level survey using electronic tablets. Some interviews were carried out face-to-face and some online or by phone, depending on the participant's

[6] *Estonia 2024 Socio-Economic Insights Survey:* link.

preferences. Interviews were conducted at the household level, featuring individual loop questions for each member. Enumerators interviewed adult household members, who provided information on behalf of all individuals living under the same roof, including non-family members, due to shared resources and expenditures. For indicators related to health, education, protection, and socio-economic inclusion, data was collected at the individual level through proxy responses.

Respondents were selected randomly, and interviews took place in public spaces such as integration and community centers and community events.

All stages adhered to UNHCR's Data Protection Policy[7] to safeguard personal data and minimize risks of attributing findings to specific individuals or households. The exercise also followed the principle of data responsibility, ensuring ethical and secure data management in line with IASC Operational Guidance.[8] Measures included informed consent and protection against exposure of sensitive non-personal data.

Data quality was ensured through continuous monitoring of the data collection process and thorough data cleaning, including logic checks, review of interview duration, and identification of outliers, which were flagged and resolved in collaboration with field teams.

Data analysis

UNHCR performed a preliminary analysis in line with the inter-agency Data Analysis Plan, which was developed to ensure consistency and comparability across sectors and partners. The analysis aimed to provide an initial understanding of key trends and patterns emerging from the data, serving as a foundation for interpretation sessions with the inter-agency team. Using R statistical software, UNHCR applied a range of descriptive and exploratory techniques to examine demographic profiles, sectoral indicators, and cross-cutting themes such as protection and socio-economic inclusion.

Early findings were shared with key stakeholders for contextualization, validation, and recommendations for further analysis across specific population groups and thematic areas.

Limitations

Representativeness and margin of error: given the lack of complete sampling frame and locations, the study had to use a sampling design involving a distribution of the sample proportionally to the available information on the size of the refugee population. This was done to ensure geographical representativeness, combined with non-probabilistic selection of HH in the last stage (convenience sampling), which could have introduced bias and prevent the calculation of the final margin of error of the sample. While results cannot necessarily be extrapolated to all refugees from Ukraine residing in Estonia, the demographic composition of the survey sample shows a very similar distribution to that of the overall refugee population as reflected in administrative data and previous studies. This supports the view that the final results can be considered as a good indication of the overall situation of refugees in the country.

Perceptions and respondent bias: indicators related to service provision are based on respondents' perception and may not directly reflect the reality of service provision. Certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents.

Sensitivity: respondents may have experienced a certain reluctance in replying to some questions (e.g. on income and expenditures, protection risks, food security and consumption, irregular work, need for mental health and psychosocial support) thus impacting the outcome of the survey accordingly.

Timing of assessment: since data collection was conducted in two rounds, between May-June and August-November 2025, findings should be interpreted as a snapshot of the situation of refugees at that point in time.

[7] *UNHCR Data Protection Policy: online.*

[8] *IASC Operational Guidance on Data Responsibility in Humanitarian action: online.*

Results at a glance

HOUSEHOLDS' DEMOGRAPHIC PROFILE

59% Female

41% Male

2.5 HH size

29% 0-17 years old

62% 18-59 years old

9% 60+ years old

MAIN THREE PRIORITY NEEDS

Employment

Language courses

Training/Education for adults

PROTECTION

27%
of HH reported not having any priority need

44%
of HH reported being benefited by national social protection systems

EDUCATION

99%
of school-age children were reported being enrolled in school in Estonia [2024/25]

3%
of youth (15-24 y.o.) reported being NEET (Not in Education, Employment or Training)

GENDER-BASED VIOLENCE

92%
of respondents reported being aware on accessing GBV services

CHILD PROTECTION

42%
of HH who expressed child protection concerns, increased vulnerability to online violence was the main concern

SOCIO-ECONOMIC INCLUSION & LIVELIHOODS

79%
of working-age HH members reported being employed

47%
of HH reported being able to communicate effectively in local language

ACCOMMODATION

6%
of HH reported living in shared accommodation

21%
of HH reported relying on support to cover housing costs (rent and utilities)

HEALTH

10%
of HH members with health issues reporting being unable to obtain the needed health care

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

25%
of HH members reported having experienced mental health or psychosocial problems

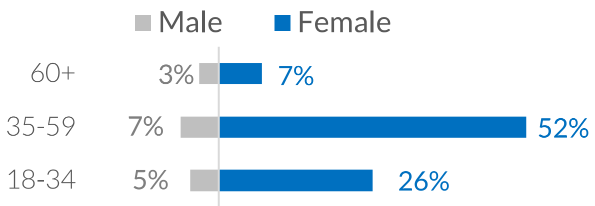
Findings

Respondent profile

This chapter provides an overview of the demographic profile of the 399 individuals interviewed as household representatives, highlighting aspects such as gender, age range, and vulnerability. These respondents serve as a proxy for the overall composition of the households included in the survey.

Interviews were exclusively conducted with adults, the majority of whom were women (85%), while men accounted for 15%. The age bracket most commonly observed among respondents was 35–59 years, representing 59% of the sample. Across the country, the mean age of respondents was 41 years.

Distribution of respondents by age & gender



The majority of households reported originating from Eastern Ukraine, with Kharkiv Oblast accounting for 15%, Donetsk Oblast for 10%, and Kyiv Oblast for 8%. When combining Kyiv city and Kyiv Oblast, this group represents 16% of respondents. On average, respondents had been residing in Estonia for approximately three years at the time of data collection.

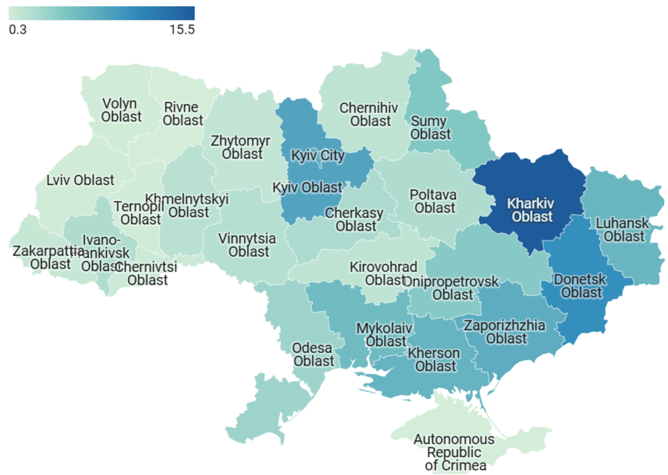
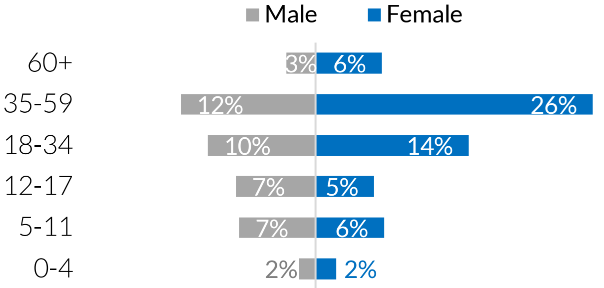


Figure 1. Map of Ukraine indicating oblasts' where households came from

Household profiles

Survey participants shared detailed information on all members of their households, providing individual-level data for 990 people across the 399 households included in the sample. On average, households consisted of 2.5 members, reflecting a modest increase compared to the previous year's average of 2.3 persons. The sample was predominantly urban, with 95% of households reporting residence in urban settings and only a small share located in rural areas. Females accounted for 59% of the total household population. The age distribution mirrored trends observed at the respondent level, with adults aged 35 to 59 forming the largest group at 38%. This was followed by young adults aged 18 to 34, who represented 24% of household members. Children under 18 years of age comprised 29% of individuals. Across all household members, the mean age was 32 years.

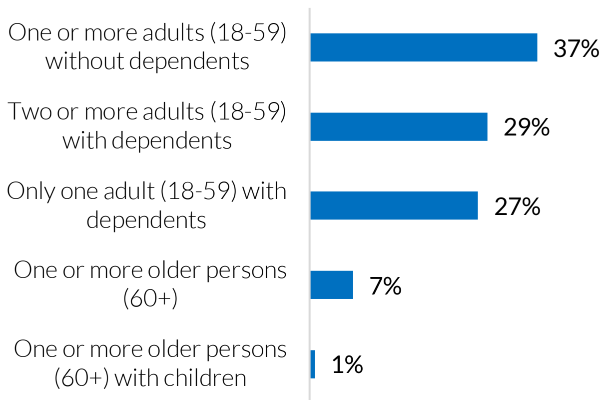
Distribution of HH members by age & gender



Nearly half of the surveyed households (48%) self-identified as female-headed, either single or co-headed HH. In addition, just over half (51%) reported having at least one child under the age of 18, while 19% included at least one older person aged 60 years or above.

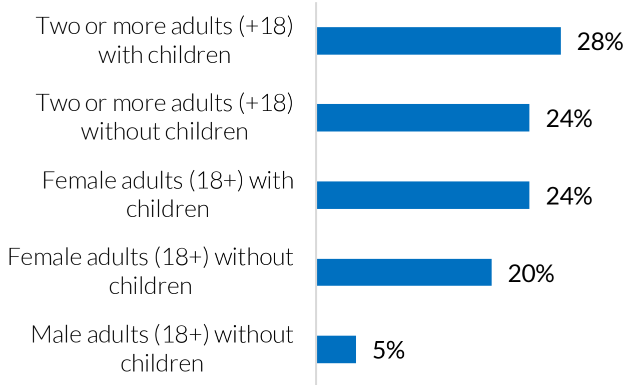
Households were further classified according to adult age and the presence of dependents (defined as children aged 0–17 or household members aged 60 and older). The largest category (37%) consisted of households with one or more adults aged 18 to 59 and no dependents. Households with two or more adults and dependents represented 29% of the total, while single-adult households with dependents accounted for 27%.

Distribution of HH by typology - age/composition



When examining household leadership and parental composition, 52% of households were co-headed. Male-only headed households were relatively rare, representing just 5% of the total. Additional details on household structure and the presence of children are illustrated in the graph below.

Distribution of HH by typology - gender/composition

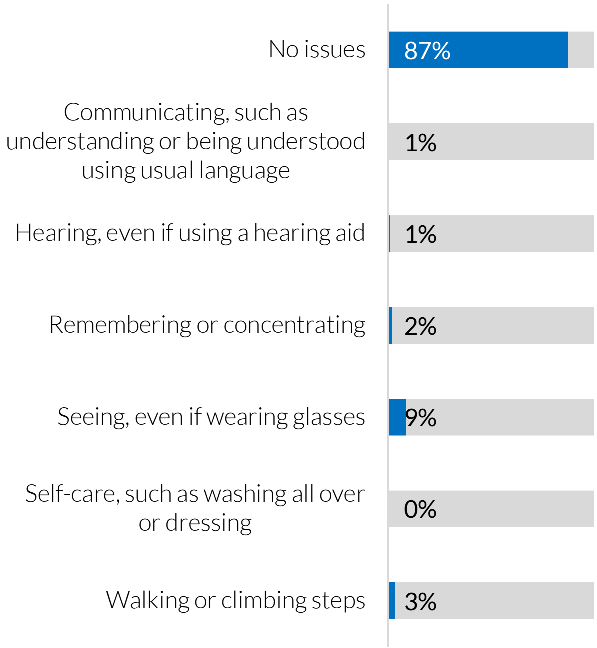


Disability status was assessed using the Washington Group Short Set (WG-SS),[9] with proxy respondents reporting on functional difficulties related to vision, hearing, mobility, cognition, self-care, and communication. Among household members aged over five years, 3% were reported to experience a disability level of 3 or higher,[10] corresponding to "a lot of difficulty" or "cannot do at all." At the household level, this translated to 6% of households having at least one member with this level of functional difficulty. Vision-related difficulties were reported most frequently, followed by mobility challenges. However, the most severe levels of difficulty were most commonly associated with self-care and mobility limitations.

[9] *Washington Group Short Set of questions: https://www.washingtongroup-disability.com/question-sets/*

[10] *Disability level 3 or above: the level of severity of a difficulty reported by a person is "a lot of difficulty" or "cannot do at all".*

Distribution of HH members with disabilities by difficulty [MCQ]



Priority Needs

At the time of data collection, nearly three quarters of households (73%) reported having at least one priority need, a level broadly consistent with the previous year's finding of 77%. Differences by gender were observed, as 75% of female respondents reported priority needs compared to 64% of male respondents.

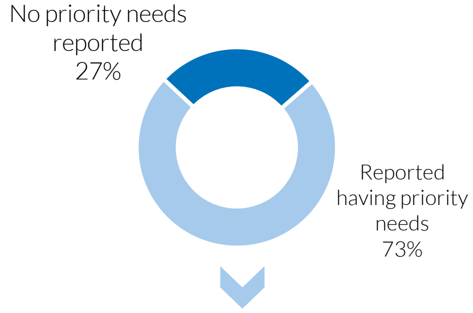
Variations across age groups were modest. Among respondents aged 18–34, 69% indicated having unmet needs, rising to 76% among those aged 35–59, and slightly declining to 74% among respondents aged 60 and above. While the overall profile of needs remained similar across age groups—with employment emerging as the most frequently cited—healthcare services were more prominently reported among individuals aged 60 and above.

Household structure also influenced the reporting of needs. Single-adult households showed higher levels of vulnerability, with 76% reporting at least one priority need. Similarly, households that included older members recorded elevated levels, with 75% identifying priority needs. Among co-headed households with children, 68% reported having priority needs. Across household types, the nature of reported needs was largely consistent; however, households composed of male adults without children differed, identifying accommodation as their second most urgent concern after employment.

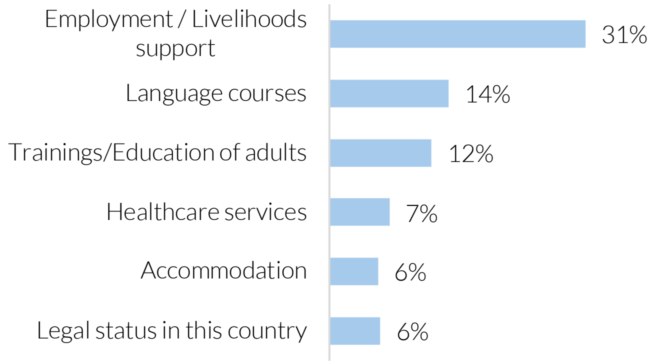
Households that included a member with a disability reported particularly high levels of vulnerability. All such households identified at least one priority need, underscoring the significant role disability plays in shaping household-level challenges.

Among households reporting priority needs, employment and livelihood opportunities were the most frequently cited primary concern (31%). Language courses followed at 14%, while 12% identified adult education and training as their main need. This represents a change from 2024, when language courses, employment, and healthcare services ranked as the main three priorities.

Distribution of HHs by reported priority needs



Main reported needs

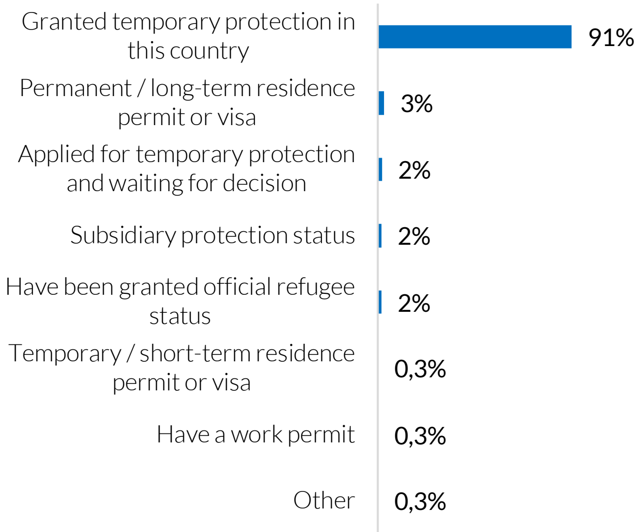


Protection

This section examines key protection-related issues, including legal status, social cohesion, accountability to affected populations, and broader perceptions of safety and inclusion.

With regard to **legal status**, the majority of respondents (91%) reported having been granted temporary protection. A further 2% indicated that they had applied and were awaiting a decision, while 3% held a permanent or long-term residence permit or visa. An additional 2% reported having refugee status, and no respondents indicated lacking legal status altogether.

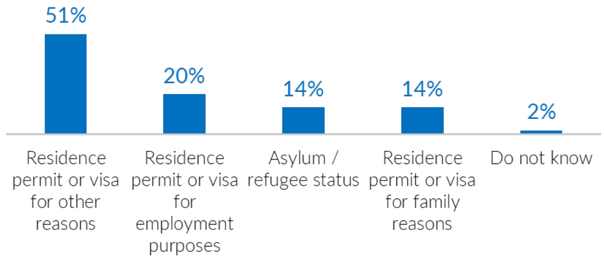
Distribution of respondents who have registered for temporary protection or similar scheme



Respondents were also asked about their **intentions to apply for a different legal status** within the next year. Overall, 41% expressed such plans. Among them, 20% aimed to apply for a residence permit or visa linked to employment, while 14% cited asylum or refugee status and another 14% family-related residence permits. The remaining 51% reported residence permit or visa for other reasons.

41% of respondents reported intention to apply to different legal status in the next 12 months

Distribution of respondents who will apply in the next 12 months to different schemes [n=163]

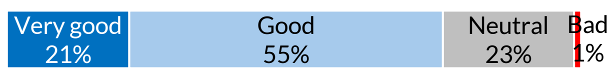


In terms of **identification documents**, 93% of household members were reported to possess a valid biometric passport, while 1% held a non-biometric passport. Additionally, 71% had a birth certificate. No respondents reported that household members lacked identification entirely. Concerning document renewal, 52% stated no replacement was needed, whereas 39% reported needing to renew a passport. Among those requiring renewal, 44% successfully replaced their documents, 30% were unable to do so, and the remainder were uncertain. The main barriers cited included documents not being issued in Estonia and difficulties accessing online services.

Perceptions of safety were largely positive. The majority (93%) reported feeling safe walking alone in their neighborhood after dark, while 6% indicated feeling somewhat unsafe.

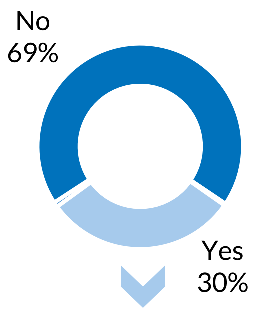
Relations with the host community were also viewed favorably by most respondents. Overall, 76% described these relationships as positive, 23% as neutral, and only 1% as negative. Nearly three quarters of households (74%) felt that the quality of these relationships had remained stable over the past year, while 7% observed improvements and 13% perceived a decline in social cohesion. An additional 6% either did not know or chose not to respond.

Distribution of HH by perception of the relationship between refugees and host communities

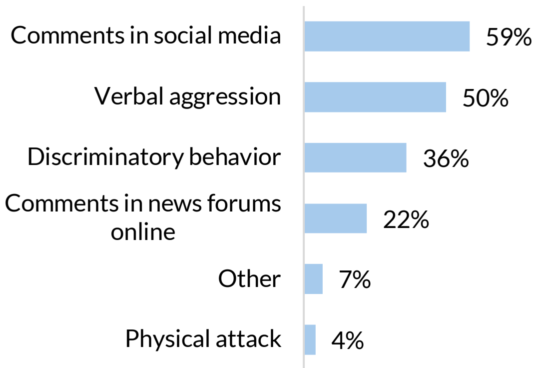


Further exploration of **social cohesion** showed that 69% of households had not experienced any form of hostility from the host community in the previous year. Conversely, 30% reported that at least one household member had encountered hostile behavior. Among those affected, the most common forms were negative comments on social media (59%), verbal aggression (50%), and discriminatory behavior (36%). Physical incidents were reported by 4% of those households.

Distribution of HHs with members having experienced hostile behavior or attitudes from the host community since arrival in Estonia



Distribution of respondents experiencing hostile behavior by specific types of hostile behaviors [n=121 | MCQ]



Regarding **engagement with local communities**, 92% of respondents agreed that interactions with Estonian communities were generally positive, welcoming, and supportive, and that relevant social, cultural, and recreational activities were accessible. In terms of personal connections, 66% reported having between one and five friends or close contacts from the host community, while 10% reported more than five. However, 24% indicated having no such connections. Children's social interactions were somewhat stronger, with 72% of households reporting that their children had one to five friends from the host community, while 20% reported none.

Respondents were also asked to assess their ability to maintain **connections to Ukrainian culture and heritage**. Overall, 9% rated this ability as very little to neutral, 18% as neutral, 78% as neutral to high, and 13% as high. Perceptions of **tolerance toward refugees' culture and religion** were largely positive, with 87% describing the host community as tolerant, 11% as neutral, and only 2% as intolerant.

In general, 78% of respondents felt they had adapted well to life in Estonia. A smaller proportion (9%) reported feeling less well adapted, while the remaining respondents expressed a neutral perspective.

Accountability to Affected Populations

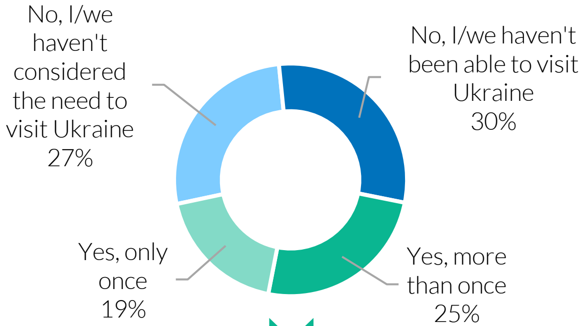
In total, 42% of households reported receiving some form of assistance in the three months preceding the survey, a level comparable to the 46% reported in the previous year. Among those who received support, the most commonly cited forms included government social protection benefits (56%), government assistance programmes (31%), and humanitarian cash or voucher assistance (15%). Satisfaction levels were high, with 97% of recipients reporting satisfaction. Only three respondents expressed dissatisfaction, primarily related to the main types of assistance received.

In relation to feedback and complaint mechanisms, 42% of respondents indicated they had never used any available reporting channels. At the same time, 51% of those who had used such reporting channel, felt that their protection concerns had received an appropriate response, while 5% considered the response inadequate. A small proportion (3%) reported being unaware of the existence of such mechanisms.

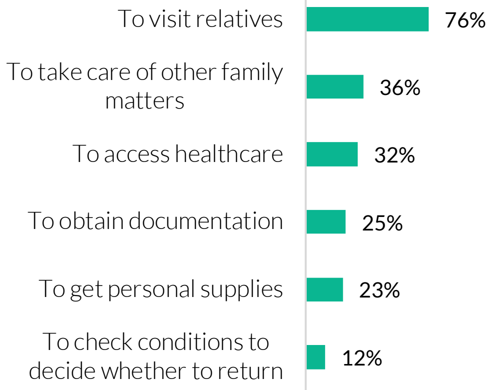
Visits to Ukraine and Future intentions

Overall, 44% of respondents reported that at least one household member had returned to Ukraine for a visit since arriving in Estonia, while 27% indicated they had not considered doing so. Among those who had visited, the most frequently reported reasons were visiting relatives (76%), addressing family matters (36%), and accessing healthcare services (32%). Most visits were short-term: 33% lasted less than two weeks, 51% lasted up to two weeks, 14% extended to less than two months. No respondents reported experiencing difficulties when returning to Estonia.

Distribution of HH where 1 or more household members have been back to visit Ukraine after 24 Feb 2022



Distribution of HHs by reason for visiting Ukraine [n=173]



Looking ahead to the 12 months following data collection, **the majority of respondents (83%) expressed intentions to remain in their current location**, reflecting an increase from 78% the previous year. Meanwhile, 9% remained undecided. Smaller shares reported plans to relocate elsewhere within Estonia (2%), return to Ukraine (2%), or move to another host country (5%).

➔ Protection trends observed | 2024-2025:

The comparison of protection findings between 2024 and 2025 highlights both progress and subtle shifts in the experiences of surveyed households. Temporary Protection (TP) status coverage expanded notably, rising from 82% in 2024 to 91% in 2025, while applications for TP dropped from 10% to just 2%, suggesting that most eligible individuals had already secured protection. Social integration indicators remained broadly positive, though slightly less favorable: 71% of households in 2025 reported very good or good relations with host communities compared to 77% the previous year. At the same time, reports of hostile behavior declined from 39% to 30%, pointing to gradual improvements in community interactions.

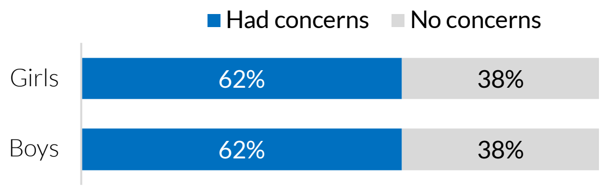
Intentions and mobility patterns also evolved over the period. A growing sense of stability was evident, with 83% of respondents in 2025 planning to remain in their current location, up from 78% in 2024. Meanwhile, temporary visits to Ukraine became more common, increasing from 34% to 44%. Taken together, these findings suggest that while protection coverage and local integration have strengthened, displaced households continue to maintain cross-border connections.

Child Protection

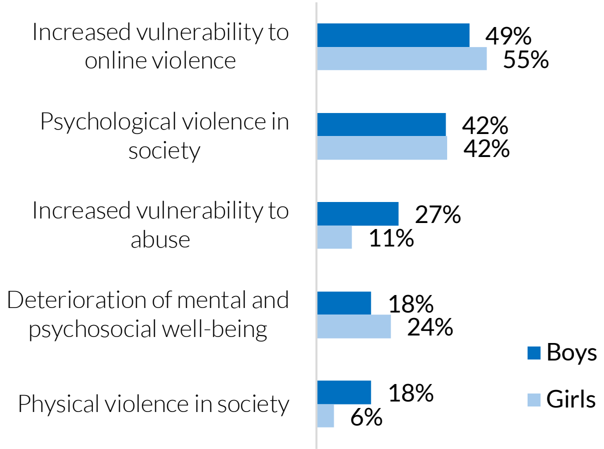
Respondents living in households with at least one child under the age of 18—representing 51% of the surveyed population—were asked to identify the most serious risks they believe affect boys and girls.

Among these households, 38% indicated that they perceived no major risks for boys. However, among those sharing concerns, 49% highlighted increased exposure to online violence, while 42% pointed to physical violence within society. A comparable pattern emerged when respondents assessed risks faced by girls, although a higher proportion identified concerns related to the deterioration of mental and psychosocial well-being.

Distribution of HH by sharing concerns on possible risks faced by boys/girls



Main concerns reported by those HH sharing concerns [n=79 /boys | 71 / girls]



Respondents were also asked whether they had provided care to a child outside their immediate family during the previous year. Only a small share (12%) reported having done so, while the vast majority (88%) indicated they had not provided such care.

➔ Child protection trends observed | 2024-2025:

Concerns regarding serious risks faced by children appear to have grown between 2024 and 2025. In 2024, 50% of surveyed households reported no concerns for boys, but this figure dropped to 38% in 2025. A similar trend was observed for girls, with 54% of households expressing no concerns in 2024 compared to only 38% the following year. Despite these changes, the types of risks cited remained consistent across both years, including increased vulnerability to online violence, exposure to psychological violence within society, and heightened risk of abuse. These findings suggest that while awareness of risks persists, confidence in children's safety may be declining.

The consistency in reported risk types indicates that underlying protection challenges remain. The growing proportion of households expressing concerns could reflect heightened awareness, particularly in digital spaces and social environments. This trend underscores the need for targeted interventions addressing online safety, mental health support, and mechanisms to prevent abuse, as these areas continue to dominate household perceptions of child protection risks.

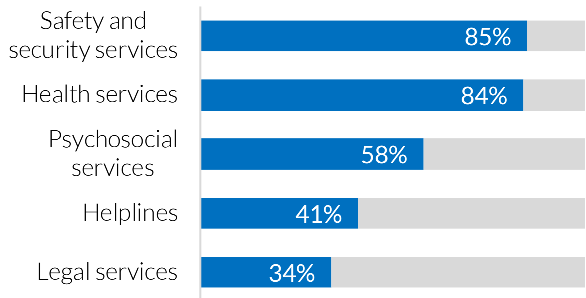
Gender-Based Violence

This section examines violence affecting women, men, girls, and boys, with particular attention to awareness of and access to essential GBV services.

Respondents were asked whether they were aware of at least one of the available lifesaving GBV services following an incident, including health, psychosocial, safety and security, legal services, or dedicated helplines. Overall, 92% of respondents reported awareness of at least one such service. Safety and security services were mentioned most frequently, followed by health services.

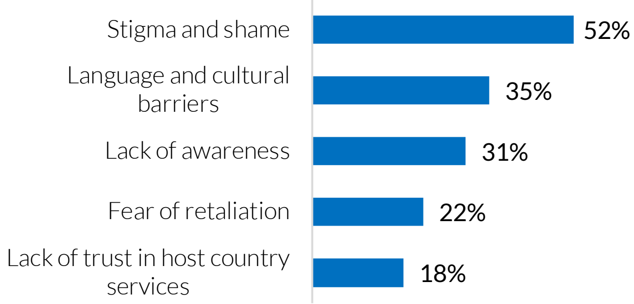
90% of HH reported barriers survivors face when trying to access GBV services

Distribution of respondents by awareness of GBV services



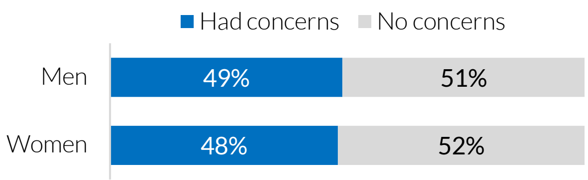
When asked about perceived barriers to accessing GBV services, 10% of respondents indicated that they did not see any obstacles. Among those who identified barriers, stigma and shame were most commonly cited (52%), followed by language and cultural barriers (35%) and lack of awareness of services (31%).

Main barriers reported [n=361]



Respondents were also asked to identify key safety and security concerns separately for women and girls, and for men and boys. Approximately half of respondents living in households with at least one woman or man reported having no specific concerns (52% for women and 51% for men).

Distribution of HH by perception of safety and security for women/men in their area of residence



➔ GBV trends observed | 2024-2025:

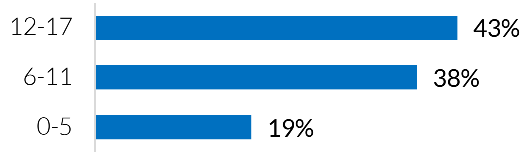
Awareness of GBV-related services among households showed little variation between 2024 and 2025. Security and safety services remained the most recognized, followed by health services, indicating a stable understanding of available support options. However, persistent barriers continue to hinder access to these services. Stigma and shame were consistently identified as the primary obstacle, alongside language and cultural barriers and lack of awareness, all of which remained the main three challenges across both years.

While households know where to seek help, entrenched stigma and communication challenges continue to prevent effective utilization. These findings highlight the importance of culturally sensitive outreach and stigma reduction strategies to ensure that survivors can access the support they need without fear or hesitation.

Education

Across the total sample, 51% of households reported having at least one child under the age of 18. Children aged 0 to 17 accounted for 29% of all household members, while 24% fell within the school-aged group of 7 to 16 years. Additional details on the distribution of children aged 0 to 17 are presented in the graphic below.

Distribution of HH members by age groups [0-17 years old]



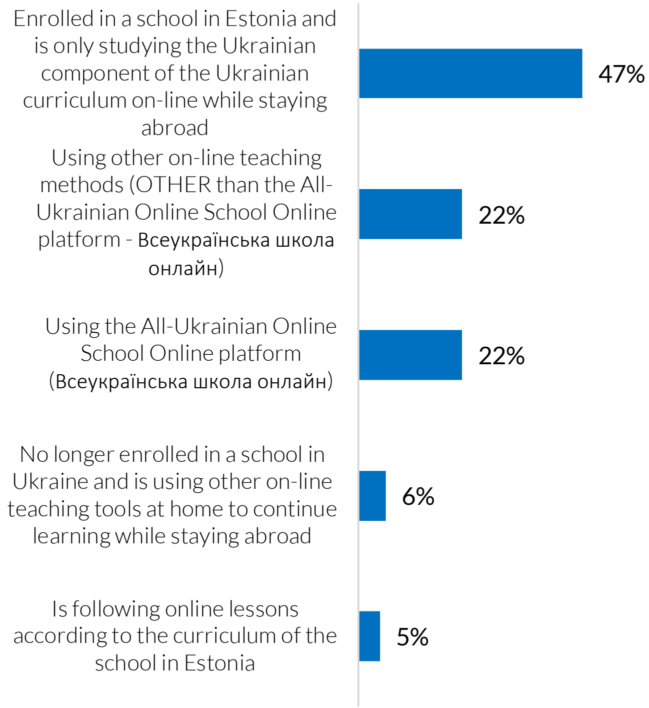
According to SEIS data for the 2024/25 academic year, **school attendance** among refugee school-aged children was very high, with 99% reported to be enrolled and attending school in Estonia. Analysis disaggregated by gender revealed no significant differences in attendance rates. The remaining children reported not attending school in Estonia, having either already completed their studies or remained enrolled in Ukrainian schools through online learning while residing abroad. This finding aligns closely with results from 2024.

Among children enrolled in Estonia's national education system, 65% were reported not to be receiving any **additional support at school**. For those who did receive support, language assistance was the most common, followed by general support services. In addition, 36% of respondents reported that children had access to in-person mother tongue classes. Participation in extracurricular activities was relatively high, with 72% of children reported to be involved in programs outside regular school hours.

During the 2024/25 academic year, 30% of school-aged children were engaged in **remote or online learning**, a proportion similar to the previous year (28%). Gender-disaggregated findings showed slightly higher participation among girls (35%) than boys (27%). Age-based analysis indicated that online learning was most prevalent among older students, particularly at the secondary level, where 48%

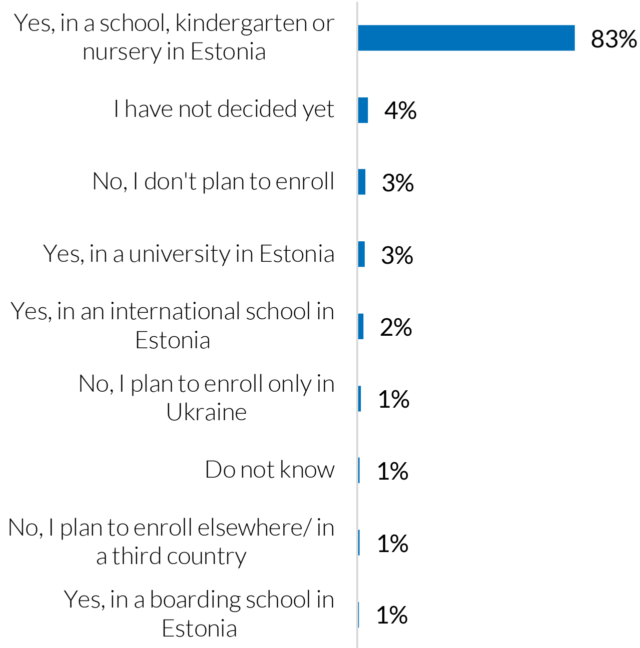
studied remotely, compared to 20% among primary-level students. The most common arrangement was children enrolled in Estonian schools while simultaneously completing a condensed Ukrainian curriculum online, followed by other forms of online instruction.

Distribution of school-aged children by type of on-line learning



With regard to the **next academic year** 2025/26, SEIS projections indicate that approximately 86% of school-aged refugee children intend to be enrolled in Estonia's national education system, including at the tertiary level. A further 3% plan to attend international schools or boarding schools within the country. A small share of families remains undecided or reported having no clear plans for enrollment.

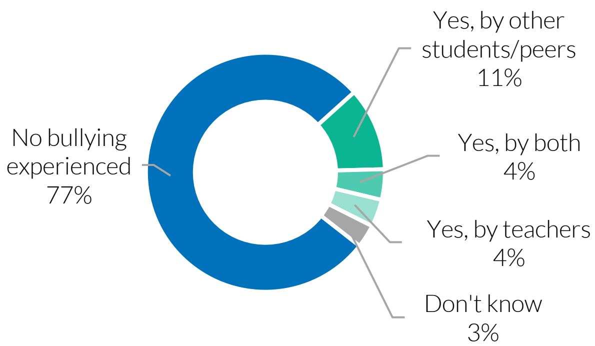
Distribution of HHs intended to enrol children into host country education system for the next school year (2025/2026)



With regard to **higher education**, household members aged 16 to 24 were asked about their intentions to pursue university studies in Estonia. One quarter (25%) indicated plans to enroll in an Estonian university, while nearly half (48%) reported no such intention. The remaining respondents were undecided.

Finally, the survey explored **experiences of bullying** within educational settings. Overall, 19% of school-aged children were reported to have experienced bullying by peers or teachers, with 4% specifically identifying teachers as the source. These findings are concerning and highlight the ongoing need to prioritize children's social and emotional well-being within schools.

Distribution of school aged children/young HH members experiencing bullying at school



➔ Education trends observed | 2024-2025:

Reported enrollment for refugee children from Ukraine improved, rising from 93% in 2024 to 99% in 2025, signaling progress in educational inclusion. Participation in extracurricular activities also increased, from 63% in 2024 to 72% in 2025, while remote learning remained relatively stable at 28% and 30%, respectively.

Looking ahead, intentions to enroll in school, kindergarten, or nursery in Estonia for the next academic year strengthened slightly, rising from 79% in 2024 to 83% in 2025; suggesting a modest but positive trend. The increase in extracurricular engagement further reflects efforts to promote social integration and holistic development, complementing the strong enrollment figures and signaling a positive trajectory for educational outcomes.

Socio-economic inclusion & livelihoods

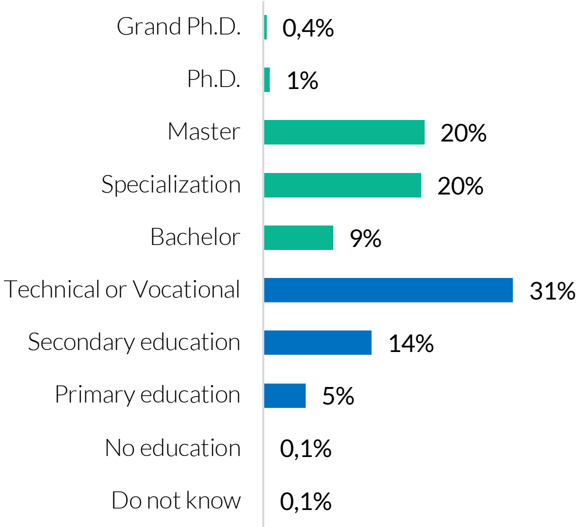
This section outlines the socio-economic characteristics of surveyed households, with a particular focus on livelihoods, employment, and economic capacity. It also examines key vulnerability indicators related to access to food, income, and other essential resources, providing insight into the degree of hardship experienced by households.

Livelihoods and inclusion

Educational attainment among working-age[11] household members was relatively high. Half of respondents (50%) reported holding a university degree, closely aligned with the 51% recorded in 2024. A further 31% had completed technical or vocational training, while 14% had finished secondary education. Less than 1% reported having no formal education. These findings suggest strong employability within the refugee population and highlight their potential contribution to the labor market, including in skilled and professional roles that could help address longer-term workforce gaps. Clear gender differences were observed: 58% of working-age women reported having completing university education, compared to 34% of men. A similar trend appeared when employment status was considered, with 55% of employed respondents holding a university degree, compared to 27% among those outside the labor force. No significant difference was observed among unemployed respondents, 52% of whom reported having a university degree.

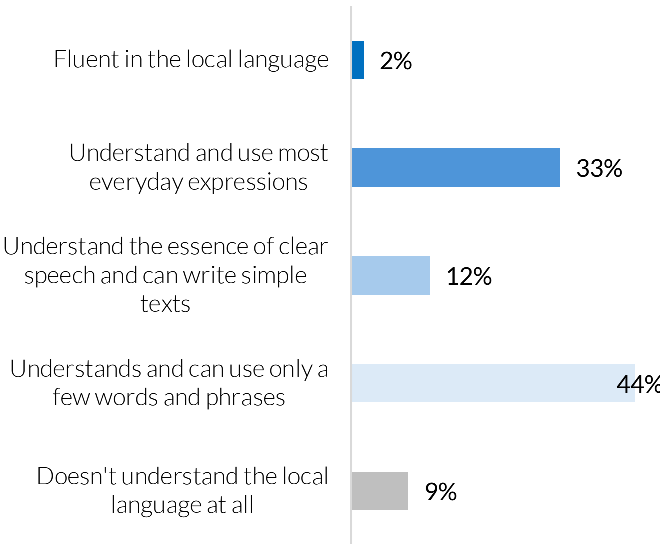
[11] *Working age refers to the age range of 15-65 years old.*

Distribution of HH members by highest education level achieved



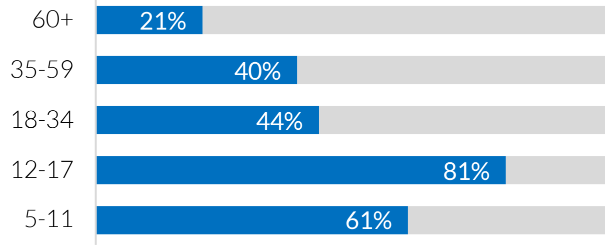
Estonian **language proficiency** varied considerably. Overall, 44% of household members reported beginner-level skills, 12% intermediate proficiency, and 33% advanced proficiency, while only 2% described themselves as fluent. In contrast, 9% reported being unable to understand or communicate in Estonian.

Distribution of HH members by knowledge of local language



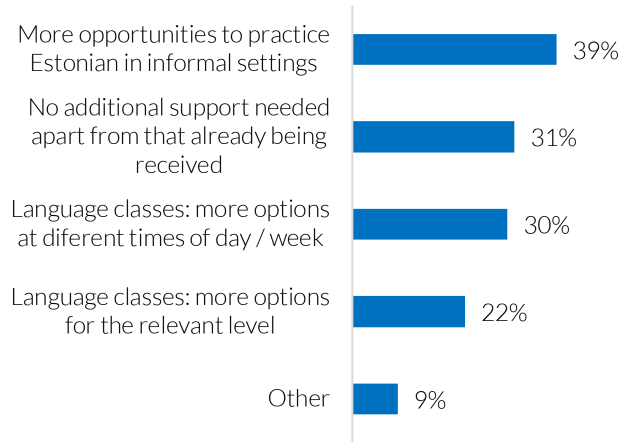
When disaggregated by age, a pattern emerged, with younger household members demonstrating higher language proficiency, which steadily declined among older age groups.

Distribution of HH members reported being able to communicate in local language by age



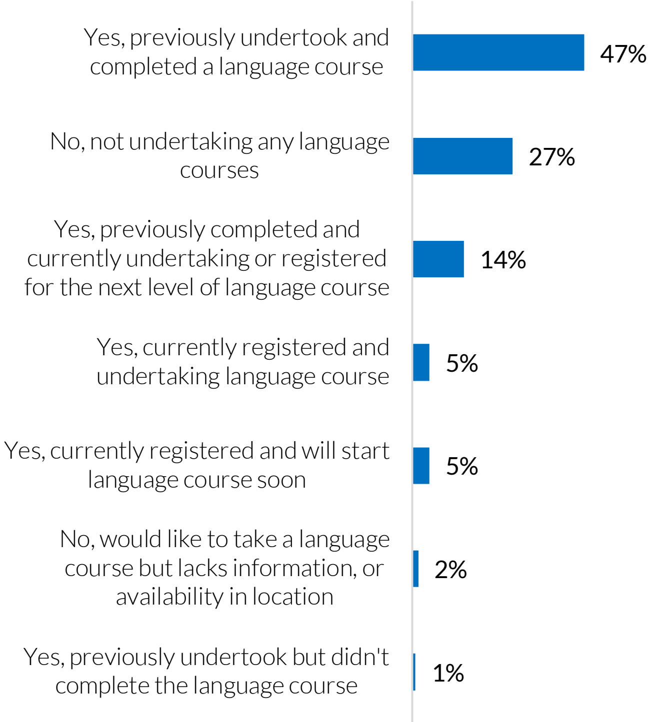
Respondents were also asked about additional support needed to achieve their language-learning goals. More than half of individuals (52%) reported a need for language courses offering greater flexibility in scheduling and more appropriate proficiency levels. Meanwhile, 31% indicated that they did not require any additional support beyond what they were already receiving.

Distribution of HH members by additional support needed to achieve their language learning goal



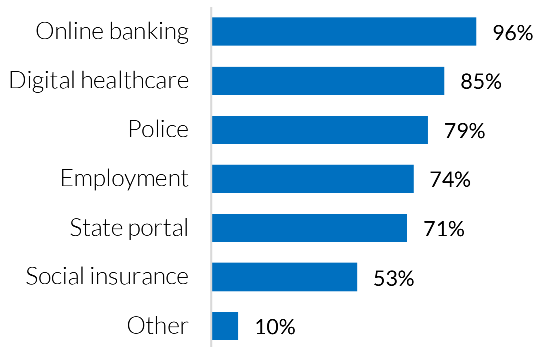
In terms of current engagement, 71% of household members reported being enrolled in, or having previously been enrolled in Estonian language courses.

Distribution of HH members by registration in local language courses



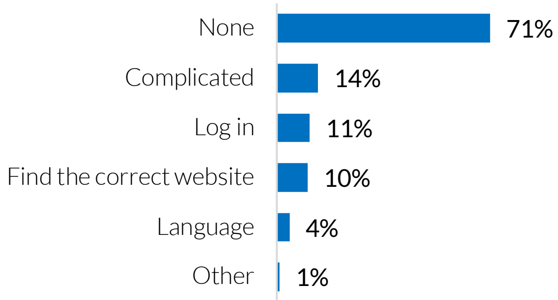
Additional information on integration and inclusion was asked of respondents, with a particular focus on the **use of digital services** in the country. Overall, the reported usage of these services was remarkably high. Most respondents, 96%, indicated that they had used online banking, while 85% reported using digital healthcare services. These figures suggest that digital tools have become an integral part of everyday life for the majority of people.

Distribution of respondents by reported use of digital services in Estonia [MCQ]



When exploring potential challenges in using these services, the findings revealed a generally positive experience. Nearly three-quarters of respondents (71%) stated that they did not encounter any difficulties, highlighting a strong sense of ease and familiarity with digital platforms. However, 14% of respondents admitted that they found these services complicated to use, indicating that while digital adoption is widespread, there remains a segment of the population that struggles with accessibility or usability.

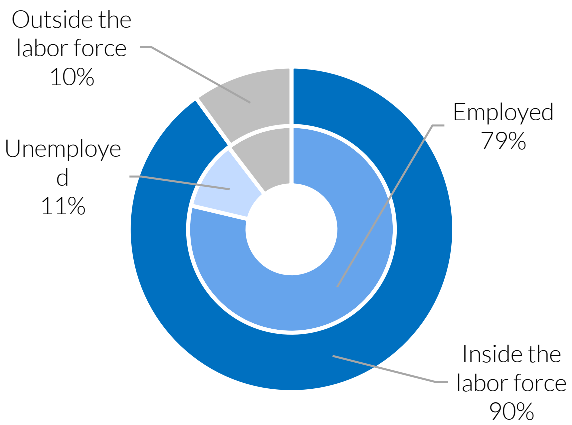
Distribution of respondents by difficulties using digital services



Finally, respondents were asked about their perceived need to improve their skills in order to better manage daily life through digital tools. A significant majority (68%) felt no need for improvement, reflecting confidence in their current abilities. Among those who expressed a desire to enhance their skills, 18% focused on improving safety when using digital services, 16% wanted to strengthen their overall digital service usage, and 9% highlighted the need to better understand and use digital IDs.

Labor market participation among working-age household members was high. Overall, 90% were active in the Estonian labor force,[12] while 10% were not. Among those of working age, 79% were employed.[13] The most common employment sectors included manufacturing (16%), accommodation and food services (15%), and personal or domestic services (13%). Within the labor force, 11% reported being unemployed. In addition, 15% of respondents indicated that they were currently running, or had recently run, a business within the previous seven days.

Distribution of respondents (aged 18 and older) by employment status (employed, unemployed, outside labor force)



Further analysis explored how well respondents' current occupations aligned with their professional skills and qualifications. Among employed working-age individuals, 48% felt their job adequately matched their qualifications. However, 45% reported being overqualified, indicating that their skills exceeded the requirements of their current role.

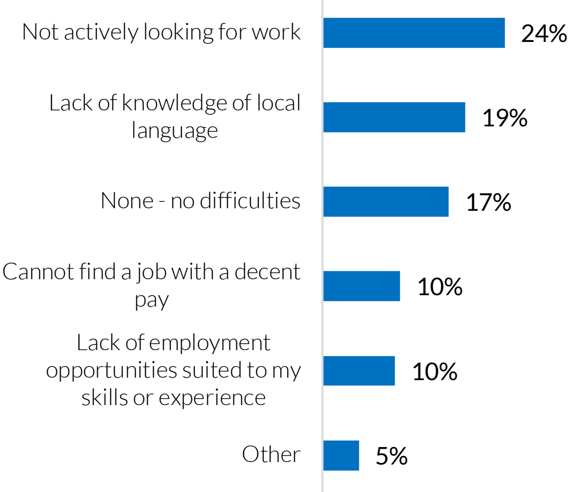
Employment arrangements were generally formal. Of those employed, 91% reported having a written contract, while 7% were engaged in informal work arrangements, and 2% chose not to disclose this information. Regarding work modality, most respondents (93%) were employed within Estonia. Smaller proportions reported hybrid arrangements in Estonia (2%), others continued their Ukrainian employment remotely (2%), or working remotely with employers in other countries while residing in Estonia (1%).

The average reported workload was 37 hours per week. In terms of remuneration, 58% of employed respondents received a monthly salary, while 41% were paid on an hourly basis. The average hourly wage was €7, and the mean monthly income from employment was €1,300 (net salary).

Among working-age household members who were either unemployed (11%) or outside the labor force (10%) at the time of the survey, 68% reported that they had not sought employment or attempted to start a business in the previous month. The most frequently cited reasons included ongoing studies (35%), retirement (28%), and disability or injury (9%). Family responsibilities, such as caring for children or older household members, were mentioned by 14%.

When asked about **challenges encountered** while seeking employment in Estonia, 17% reported experiencing no difficulties. Among those who did face barriers, the most common reasons cited were not actively seeking work (24%), limited knowledge of the local language (19%), and low salary levels (10%).

Main reported reasons of HH members on difficulty finding work in Estonia [n=721]



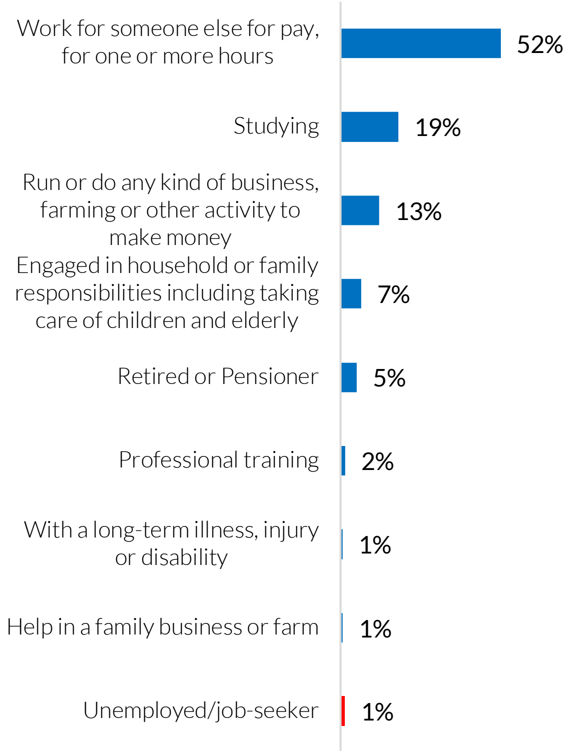
Prior to leaving Ukraine, more than half (52%) of working-age household members reported being

[12] *Inside Labor force: Individuals of working age employed or unemployed. Outside labor force: Individuals of working age with serious medical condition, on parental leave or studying.*

[13] *With an employment in the last 7 days.*

employed, while 19% were studying and 13% were self-employed. Only 1% reported being unemployed. The sectors most frequently mentioned included education, trade, and manufacturing.

Distribution of HH members by main activity before leaving Ukraine



The assessment also examined the proportion of youth classified as NEET (Not in Education, Employment, or Training), a group considered at heightened risk of future vulnerability. Among youth aged 15 to 24, 3% were identified as NEET at the time of data collection. Disaggregated data showed a higher prevalence among males, who accounted for 5% of NEET youth.

Severe material and social deprivation

This section assesses the extent of material and social deprivation among surveyed households, focusing on their ability to meet basic needs, maintain adequate living conditions, and engage in social and cultural activities. Overall, 9% of households were identified as experiencing severe material and social deprivation, with higher levels observed among households headed by female adults with children (15%).

Material deprivation indicators revealed that 95% of households could afford a meal containing meat, chicken, fish, or a vegetarian equivalent at least every second day. Regarding housing conditions, 98% reported being able to heat their homes adequately. However, only 32% indicated that they could afford to replace worn-out furniture, suggesting limited capacity for household upkeep. By contrast, 89% reported regularly replacing worn-out clothing, and 97% had access to at least two pairs of properly fitting shoes, including one suitable for all weather conditions.

Access to transportation was relatively high, with 77% of respondents reporting access to a private car or van, while the remaining 23% relied on public transportation or other alternatives.

Households' financial resilience was assessed through their ability to **manage unexpected expenses**. Fewer than half (46%) reported being able to cover an unforeseen expense of €800[14] without borrowing or paying in instalments. Additionally, 11% of households reported being unable to pay rent on time, and 8% had fallen behind on utility payments.

Indicators of **social deprivation** showed that 16% of respondents were unable to spend small amounts of money on themselves on a weekly basis. Participation in paid leisure activities outside the home—such as attending cultural events or engaging in sports—was reported by 80% of respondents, leaving 20% with limited access to such activities. Digital inclusion remained high, with 99% reporting access to the internet for personal use.

Economic strain also appeared to affect social interaction. While 90% of respondents reported meeting with family or friends for food or drinks at least once a month, the remaining 10% may experience some degree of social isolation linked to financial constraints.

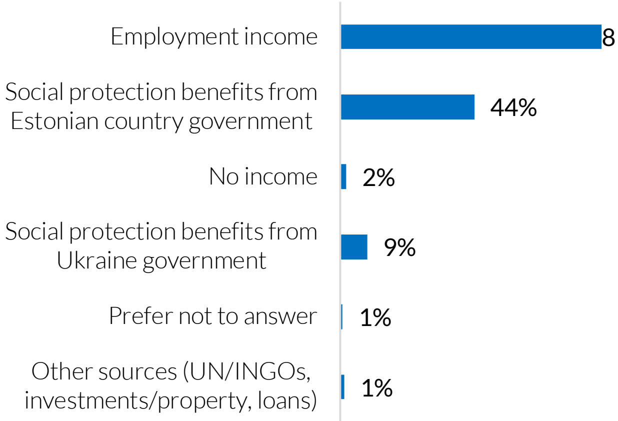
Economic capacity

[14] *Estonia's 2024; monthly "at-risk-of-poverty" threshold, based on the income and living conditions indicator. Source: EU-SILC (EU Statistics on Income and Living Conditions) - link*

This section focuses on household income, expenditure, and overall financial sufficiency.

In the 30 days preceding the survey, employment was the **primary source of income** for 86% of households. Among these households, the average HH net income from employment was reported at €1,700 per month, indicating relatively stable earnings for those engaged in work.

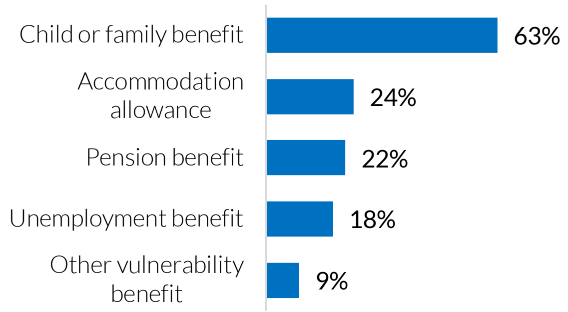
Distribution of HH by main source of income in the 30 days



In addition to employment income, households reported receiving public assistance. Specifically, 44% received social protection benefits from the Estonian government, while 9% reported financial support from the Ukrainian government. A small proportion (2%) reported having no income during the previous 30 days.

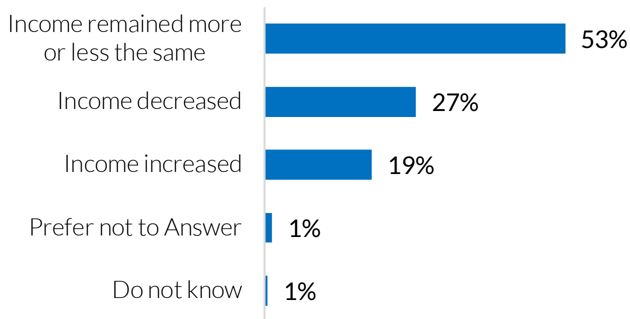
Among households receiving Estonian social protection benefits, 63% reported receiving child or family-related benefits. Other commonly reported forms of assistance included accommodation allowances (24%), pensions (22%), and unemployment benefits (18%).

Distribution of HH by main types of social protection benefits received from Estonian government [n=175 |MCQ]



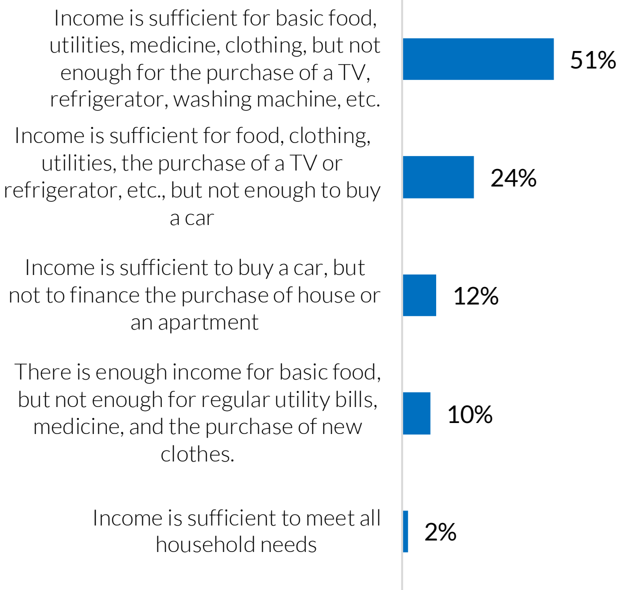
When asked about changes in household income over the past 12 months, just over half of respondents (53%) reported no change, while 19% experienced an increase. However, 27% indicated that their income had declined, suggesting growing financial pressure for a significant share of households.

Distribution of HHs reporting a change in household income in the past 12 months

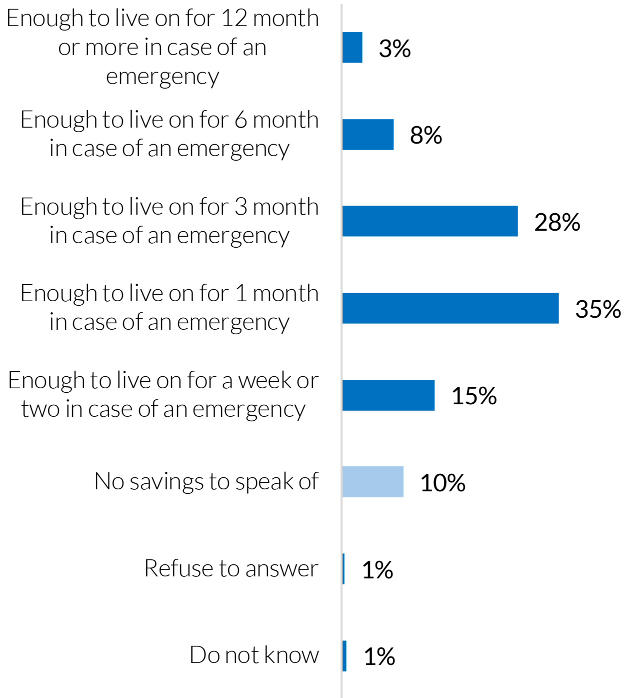


Overall, dissatisfaction with income levels was high, with 62% of respondents expressing dissatisfaction. Just over half of households (51%) reported having sufficient income to cover basic needs—such as food, utilities, healthcare, and clothing—but not larger purchases. An additional 36% stated that their income covered both essential expenses and some non-essential items. However, 2% reported that their income was insufficient to meet even basic food needs. These findings point to ongoing financial challenges, particularly in light of the reported average monthly household expenditure of €1,300 on food, housing, healthcare, and other essential costs.

Distribution of HH by level of basic needs



Distribution of HH by how they characterize the amount of savings their HH possesses



Access to formal financial services was reported by 99% of households, owning a bank account in Estonia.

Finally, savings and financial buffers varied considerably across households. Just over a third of respondents (35%) reported having enough savings to cover one month of living expenses in an emergency, while 40% reported having reserves sufficient to last between three months and over a year. In contrast, 10% reported having no savings at all, underscoring the continued vulnerability of some households to economic shocks.

➔ Socio-economic inclusion and livelihoods trends observed | 2024-2025:

Educational attainment among refugee households remained stable, with 51% holding a university degree or higher in 2024 compared to 50% in 2025. Language proficiency showed improvement, as the share of individuals able to communicate in the local language rose from 38% to 47%, signaling progress in integration efforts. Employment among refugees of working age increased significantly, from 69% in 2024 to 79% in 2025, while those outside the labor force dropped from 21% to 10%. NEET rates also declined, from 10% to 3%, reflecting stronger engagement in work or education. Despite these gains, the main barriers to employment—language limitations and securing decent pay—persisted across both years. Working modalities remained unchanged, with 95% employed in Estonia and only 2% working for Ukrainian employers; and income sources were consistent, dominated by salaries (86%) and government protection benefits (44–45%).

These trends suggest a positive trajectory in economic participation and language acquisition, which are critical for long-term self-reliance. However, existing barriers highlight the need for targeted language training and fair employment opportunities to sustain progress.

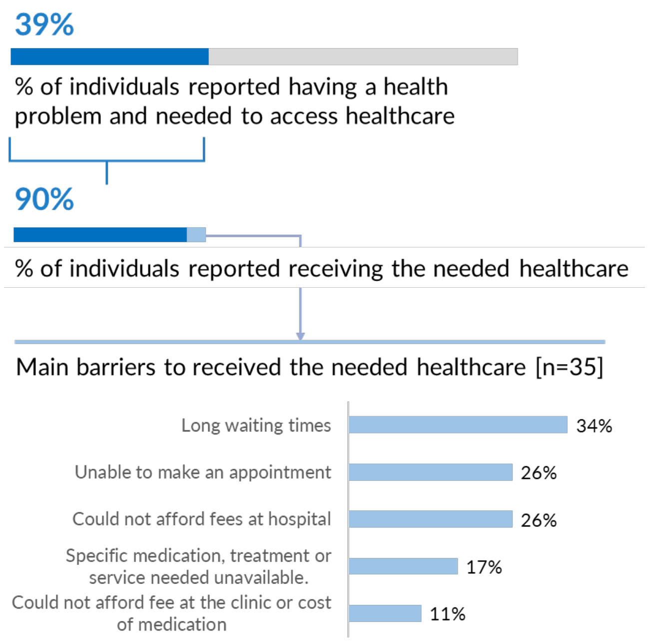
Health

This section provides an overview of key health-related topics, covering various dimensions of well-being. It examines access to healthcare services, child health and nutrition, mental health and psychosocial support (MHPSS), as well as health-related expenditures and levels of awareness. Each of these areas is essential for understanding the broader health landscape and identifying both challenges and opportunities for improvement.

Access

Overall, 23% of household members were reported to be living with a chronic health condition, and 43% of households indicated that at least one member was affected. Chronic illness was particularly prevalent among older individuals, with 76% of those aged 60 and above reported to have such conditions, underscoring the need for targeted interventions for older adults.

In the month preceding the survey, 39% of household members experienced a health issue requiring medical attention. Among this group, 90% were able to access the necessary healthcare services. However, 9% reported being unable to receive the required care, while 1% chose not to respond. The most frequently cited obstacle to access was long waiting times, reported by 34% of those unable to obtain care. In addition, 26% reported difficulties securing a medical appointment, and another 26% cited unaffordable costs as a barrier.



Women of reproductive age, defined as those aged 10 to 55, were asked specifically about access to sexual and reproductive health services. A small proportion (nearly 2%, or seven women) reported facing barriers. The challenges identified were similar to those reported for general healthcare access, primarily long waiting times and difficulties in obtaining appointments.

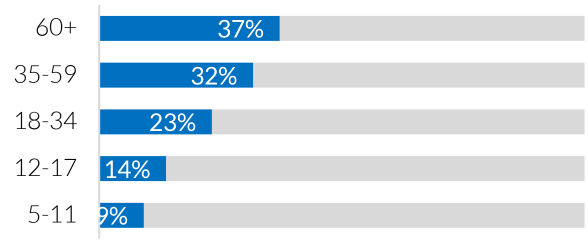
With regard to child health, 86% of children aged between 9 months and 5 years were reported to have received a measles-containing vaccine.

Mental health & psychosocial support

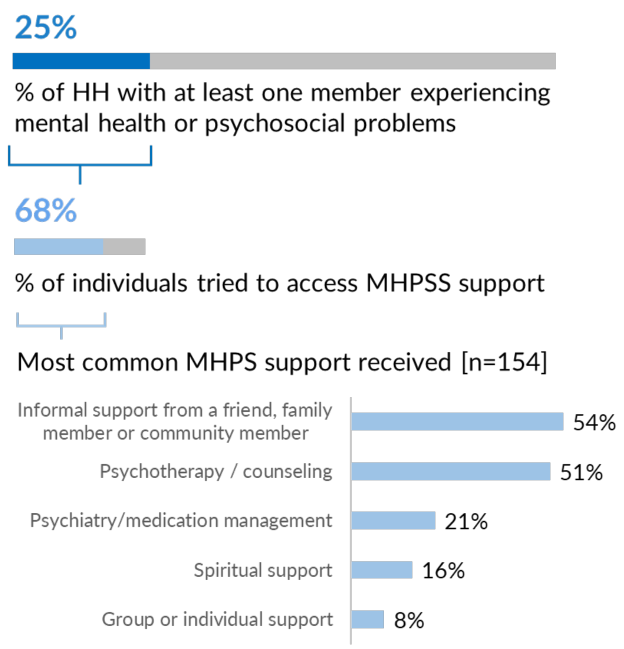
This section examines mental health and psychosocial well-being among surveyed households. Nearly 40% of households reported having at least one member experiencing mental health or psychosocial difficulties. At the individual level, 25% of household members were reported to have experienced symptoms such as anxiety, distress, agitation, anger, or depression.

Gender-disaggregated findings showed a higher prevalence among women, with 31% of female household members reported to experience such challenges, compared to 15% among males. Age-based analysis revealed the highest prevalence among individuals aged 60 and above (37%), with rates gradually decreasing among younger age groups.

Distribution of HH members experiencing mental health or psychosocial problems by age group



Among those identified as experiencing mental health or psychosocial challenges, 68% sought some form of MHPSS services. Access to these services was largely beneficial, as 91% of respondents reported either significant or moderate improvements in their mental well-being. The most commonly accessed forms of support included informal assistance from family or friends, as well as professional psychotherapy or counseling services.



Household composition was also associated with reported MHPSS challenges. Single-adult households with dependents showed the highest prevalence, with 43% reporting at least one household member experiencing mental health or psychosocial difficulties.

Expenditure and awareness

Over the six months prior to the survey, respondents reported average monthly expenditures of €30 per person on health services (excluding medication) and €40 per person on medicines and health-related products. Combined, average household spending on healthcare services, medications, and health products amounted to approximately €70 per month.

Health insurance coverage was relatively high. Overall, 89% of respondents indicated that all eligible household members were insured. Among households lacking full coverage, the most commonly cited reasons included insufficient income from employment to afford insurance, unemployment and inability to cover costs, and ineligibility for enrollment in the national health insurance scheme.

➔ Health and MHPSS trends observed | 2024-2025:

Access to healthcare improved slightly, with 90% of respondents in 2025 able to obtain needed assistance compared to 88% in 2024. Yet, barriers such as long waiting times and difficulties in making appointments continued to affect service utilization.

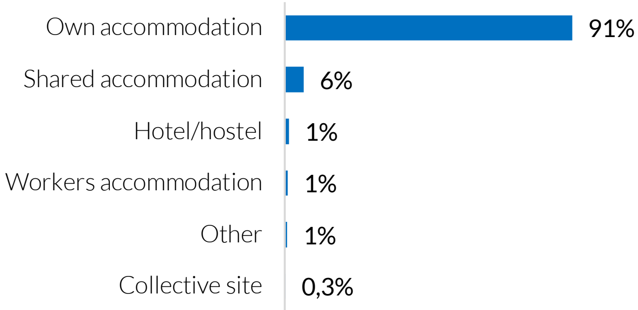
Mental health and psychosocial support needs were reported by a growing share of refugees, rising from 20% in 2024 to 25% in 2025. Encouragingly, attempts to access MHPSS services increased substantially, from 44% to 68%, suggesting greater willingness to seek help and possibly improved availability. Despite this progress, informal support from family and friends remained the most common form of assistance, underscoring gaps in accessing formal service provision. The rise in reported MHPSS needs may reflect both heightened stressors and increased comfort in disclosing mental health concerns.

Accommodation

This section describes current housing conditions, including accommodation types, related expenditures, and security of tenure.

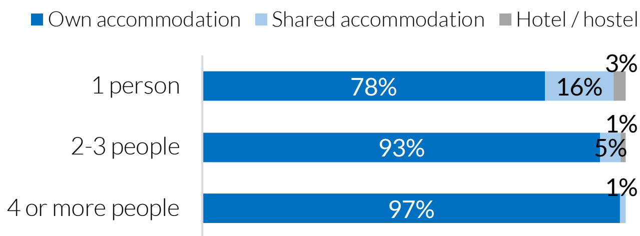
At the time of data collection, the majority of households (91%) reported living in their own accommodation, defined as a separate apartment or house. This represents a notable increase compared to the previous year, when 81% reported the same arrangement. A smaller proportion of households (6%) shared accommodation with others, while 1% resided in hotels or hostels. Fewer than 1% reported living in collective sites, such as accommodation centers.

Distribution of HHs by accommodation type



Further analysis indicated that household size influenced accommodation arrangements, with larger households more likely to live in their own accommodation.

Distribution of HH by main accommodation arrangement and HH size

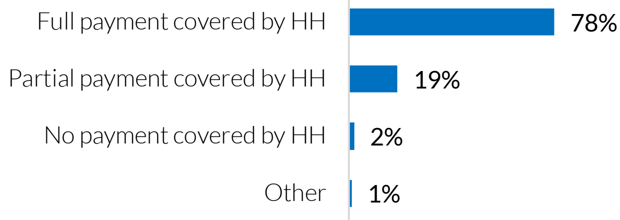


Expenditure and Security of Tenure

On average, households reported spending approximately €380 on accommodation in the month preceding the survey.

Most respondents (78%) reported fully covering their housing costs, while 19% indicated that costs were partially covered through support such as government or NGO subsidies. A small proportion (2%) reported not contributing financially to accommodation costs, with expenses covered by employers, government assistance, or support from friends or family.

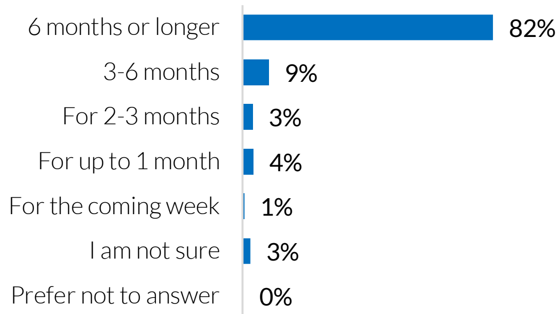
Distribution of HH y accommodation payment arragangement



In terms of tenure arrangements, 91% of respondents reported having a written agreement confirming their right to occupy their accommodation. An additional 8% relied on verbal agreements, while the remaining respondents reported having no formal or informal agreement.

Housing stability appeared strong. Only 3% of households reported uncertainty regarding how long they would be able to remain in their current accommodation. The majority (82%) stated that they could stay for six months or longer. For others, the expected duration was shorter: 9% anticipated staying for three to six months, 3% for two to three months, and 1% believed their accommodation was secure only for the coming week.

Distribution of HHs by perceived length they can stay in current accommodation



Households expecting to remain in their accommodation for six months or less were asked whether they felt pressure to leave. Overall, 10% reported experiencing such pressure, primarily due to landlords withdrawing properties from the market or rising living costs.

Regarding living conditions, most respondents (81%) reported no major issues. Among those who did report concerns, the most frequently cited problem was a lack of privacy, particularly among households living in shared accommodation or collective sites.

➔ Accommodation trends observed | 2024-2025:

Housing conditions for refugees showed clear improvement over the reporting period, with a notable increase in the share of households living in their own accommodation, rising from 81% in 2024 to 91% in 2025. At the same time, reliance on shared housing arrangements declined from 9% to 6%, pointing to greater residential autonomy and improved access to independent housing options. This shift suggests progress in both economic self-reliance and integration into the local housing market.

Despite these positive developments, financial responsibility for housing remained largely unchanged. Approximately 78–79% of households continued to cover their accommodation costs in full, indicating a sustained level of financial commitment but also highlighting the ongoing burden of housing expenses for many families. In parallel, perceptions of housing stability showed only marginal improvement. The proportion of households reporting pressure to leave their current accommodation increased slightly from 8% to 10%, suggesting that challenges related to tenure security persist, particularly in the context of rising living costs and limited housing availability.

Overall, the trend toward independent accommodation reflects meaningful progress in refugees' living conditions and longer-term settlement prospects

Summary: 2024 and 2025 findings

	2024	2025
HH reporting having priority needs	77%	73%
HH reporting holding TP status or having applied	92%	93%
HH having experienced hostile behavior from host community	39%	30%
HH planning to remain in Estonia for, at least, the next year	78%	83%
HH school-age children participating in extra-curricular activities	63%	72%
HH reporting living in shared accommodation	9%	6%
HH members reporting being able to communicate in local language	38%	47%
HH members being employed in the last week	69%	79%
HH members with health issues accessing healthcare services	88%	90%
HH members with MHPSS issues, accessing the required assistance	44%	68%

Conclusions

In Estonia, nearly 35,000 refugees from Ukraine hold temporary protection, while almost 6,400 have been granted subsidiary protection. Most refugees are women and children. For the 2025 SEIS report, 399 households, covering 990 individuals, were interviewed. The majority of these households reported originating from the eastern regions of Ukraine, notably Kharkivska Oblast and Donetsk Oblast. The assessment shows that vulnerability is highest among single-adult households, households with older persons, and those including a person with a disability, all of whom reported significantly more priority needs.

The 2025 findings reflect significant progress in several areas of refugee integration and well-being, while also highlighting challenges that require continued attention.

In 2025, priority needs were reported by 73% of households, with employment, language courses, and adult education or training emerging as the most pressing areas. This reflects a strong demand for opportunities that support self-reliance and integration into the labor market. Compared to 2024, when 77% of households identified language courses, employment, and healthcare as their main priorities, the shift toward adult education and training suggests an increasing focus on long-term skills development rather than immediate basic needs concerns.

Legal protection remains strong, with 91% of households holding Temporary Protection status, ensuring stability and access to rights. Most households expressed positive relations with host communities (71%), and reports of hostile behavior decreased to 30%, indicating improving social cohesion. A large majority (83%) intend to remain in their current location, reinforcing a growing sense of permanence, even as temporary visits to Ukraine remain common (44%), reflecting enduring ties to the country of origin.

Education outcomes are encouraging: 99% of refugee children were reported being enrolled in schools in Estonia, extracurricular participation has grown, and intentions to enrol in school, kindergarten, or nursery in Estonia for the next academic year reached 83%, signalling strong integration into local education.

Socioeconomic indicators show notable improvement. Employment among working-age refugees rose to 79%, inactivity dropped to 10%, and NEET rates fell to 3%, reflecting greater labor force engagement. Language proficiency improved to 47%, though language and fair pay remain key barriers. Income sources remain stable, dominated by salaries and government benefits.

Health access is impressive, with 90% able to obtain needed care, and attempts to access mental health and psychosocial support increased significantly to 68%, even as informal networks remain the primary source of assistance. Reported mental health needs rose to 25%, suggesting both heightened stress and greater openness to seeking help.

Housing conditions improved markedly, with 91% of households living in their own accommodation and fewer in shared housing. However, affordability pressures persist, as nearly 79% pay full housing costs and 10% report pressure to leave their current accommodation.

Overall, the 2025 results point to a trajectory of progress in protection, education, employment, and housing, while emphasizing the need for continued investment in integration and inclusion services, such as language support and training/education for adults, to ensure sustainable integration and well-being.

Regional Refugee Response for the Ukraine Situation

ESTONIA

SOCIO-ECONOMIC INSIGHTS SURVEY

Final Report | 2025

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