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Implementation of Social Work and Healthcare in the Context of Service Provision during Wartime

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Abstract

This study addresses the complex challenge of meeting social and medical needs in wartime by examining the scientifically grounded implementation of integrated service approaches. The aim of the study was to examine the peculiarities of implementing social work and the provision of social services in the healthcare system under wartime conditions. The research methodology was based on a systematic analysis of 65 scientific publications published between 2021 and 2025 on social work, social services, and healthcare in wartime settings. This was followed by the theoretical systematization of organizational, functional, and intersectoral factors that shape the implementation of integrated care models. The findings indicate that the effectiveness of social and medical assistance depends not only on the availability of separate services, but also on their integration into a coordinated system. Particular importance is attached to the consistency of interactions between institutions, the clarity of procedures, and the continuity of support. The study showed that social work performs a central integrative function within this system by linking medical, psychological, and social assistance. Where coordination between services is ensured, service users do not need to repeatedly explain their circumstances or navigate fragmented support pathways. This integration facilitates more streamlined and effective service delivery, especially for individuals who have lost their homes or sustained war-related injuries. The findings also demonstrated that interinstitutional cooperation is not only desirable but essential in unstable wartime conditions. When decisions are poorly coordinated, the support system becomes fragmented and less effective than an integrated model of

care. This study may be useful for government agencies, managers of social and medical institutions, and practitioners in planning models for the integration of such services in crisis situations.

Keywords: cross-sectoral cooperation, integrated care models, humanitarian conditions, psychosocial support, coordination mechanisms, assistance systems.

Introduction

Within wartime conditions, social services and healthcare systems undergo transformations that intensify the need for coordinated assistance within the overall service provision system. Armed conflicts often destroy medical infrastructure and cause mass displacement, thereby increasing the demand for medical and social support among internally displaced persons, refugees, veterans, persons with disabilities, and individuals with war-related psychological trauma. Under these circumstances, insufficient coordination between healthcare and social services creates substantial barriers to access, continuity, and effectiveness of assistance, with long-term consequences for affected populations. For this reason, these sectors should be viewed as interdependent components of wartime support systems rather than as separate areas of intervention.

Recent research has increasingly emphasized the importance of integrating social work and healthcare as a response to fragmented systems of assistance in crisis settings. Improved outcomes in public health emergencies have been associated with closer interaction between health and social support structures. It has also been shown that cross-sectoral integration enables more targeted responses to social and health inequalities, while the coordination of these services depends on specific institutional mechanisms and tools (Najafi et al., 2023). At the same time, successful integration is shaped not only by the willingness of organizations to cooperate, but also by governance arrangements and institutional capacity (Lanford et al., 2022).

International scholarship further demonstrates that integration may take different organizational and conceptual forms. A conceptual framework for coordinating care in community settings was proposed by Thiam et al. (2021). In turn, the classification of major integrated care models has shown that more comprehensive configurations are generally associated with stronger responses to complex social needs. Cross-national evidence likewise indicates that institutionally embedded models tend to ensure more effective interaction between social work and healthcare services (Matos et al., 2025). These findings are important for understanding the functioning of integrated support systems in fragile and conflict-affected settings.

The significance of interaction between social work and healthcare becomes particularly evident in wartime assistance systems. In humanitarian settings, weak social work support can undermine the quality of healthcare delivery. Health systems operating in fragile and conflict-affected environments also depend on social work

interventions to address multidimensional population needs (Truppa et al., 2024). In the case of Ukraine, the full-scale war has substantially increased the need for long-term integration of medical and social support systems (Roborgh et al., 2022; Spiegel et al., 2023). Social work in Ukraine has assumed important coordinating, reintegrative, and psychosocial functions in relation to veterans, displaced persons, and other war-affected groups.

However, the available literature suggests that the main difficulty lies not in the formal existence of healthcare and social services, but in the coordination between them. This problem is especially visible in protracted crisis settings, where governance conditions directly affect the accessibility and continuity of services (Alaref et al., 2023). In addition, the degree of coordination between sectors is shaped by power relations among institutional actors (Aivalli et al., 2025). Accordingly, the implementation of integrated social and health services in wartime should be explained through governance, organizational, and functional conditions that influence observed outcomes.

The theoretical framework of this study is based on three perspectives: intersectoral crisis governance, trauma-informed care, and street-level implementation of services. The first perspective makes it possible to examine healthcare and social service coordination through the prism of regulation, institutional authority, and crisis decision-making (Aivalli et al., 2025; Alaref et al., 2023). The second draws attention to the effects of trauma on war-affected populations and to the need to integrate psychological and social support into assistance systems (Bangpan et al., 2024). The third perspective focuses on the practical role of social workers and mental health professionals in the everyday implementation of integrated services. Taken together, these perspectives make it possible to analyze wartime healthcare and social services as a coordinated system rather than as a set of isolated interventions.

Despite the growing body of research, important gaps remain. Most studies focus on general integrated care models, individual aspects of psychosocial or medical support, or the broader consequences of war for health systems. However, the operational integration of social work, social services, and healthcare in wartime remains insufficiently explored. In particular, limited attention has been given to coordination mechanisms, the distribution of institutional responsibilities, and integrated care pathways. There is also insufficient evidence on how these processes function under prolonged crisis conditions. The role of social work in ensuring continuity across medical, psychosocial, and social interventions remains underexplored.

The aim of this study was to identify and analyze the implementation patterns of social work and social services in conjunction with healthcare in wartime conditions. The objectives of the study were as follows: to examine contemporary scientific approaches to the integration of social and medical services; to characterize models of cross-sectoral cooperation in crisis settings; and to identify the main challenges and

limitations affecting the implementation of integrated social and medical service provision during wartime.

Literature Review

Recent scientific publications consider the integration of social and medical assistance an important means of overcoming the fragmentation of support systems for people with complex social and medical needs. Some studies suggest that when hospitals and other medical institutions cooperate with organizations outside the healthcare sector, access to needed support becomes more effective. However, the effectiveness of such cooperation depends largely on its organization. This includes the distribution of responsibilities and decision-making authority. In such cases, efforts are usually made to combine several dimensions of assistance, including clinical care, administrative coordination, and social support (Amelung et al., 2021).

Cross-sectoral cooperation remains a major challenge for healthcare systems, particularly under conditions of increased demand, workforce pressure, and organizational instability. Insufficient coordination between healthcare providers and social workers leads to discontinuity of support. It also causes duplication or omission of functions and reduces the overall effectiveness of assistance delivery (Tancred et al., 2024). For this reason, integration is increasingly interpreted not as an additional managerial advantage, but as a necessary condition for the functioning of support systems in unstable environments. In crisis settings, the involvement of social workers in healthcare improves care coordination and patient navigation across different forms of assistance without substituting for clinical roles.

The theoretical foundation for integrating social work into healthcare is further strengthened by research showing that health outcomes are determined not only by biological processes and treatment measures, but also by social conditions that affect recovery, adaptation, and long-term well-being (Di Rosa, 2022). This perspective broadens the understanding of healthcare beyond narrowly clinical intervention and substantiates the role of social work in treatment and rehabilitation processes. Such an approach is consistent with the biopsychosocial model, which conceptualizes health and illness through the interaction of medical, psychological, and social dimensions rather than as isolated categories. Accordingly, the integration of social and medical assistance is supported not only by practical necessity, but also by broader theoretical developments in the interpretation of health, illness, and rehabilitation.

The significance of this integrated perspective becomes particularly evident in the context of war and humanitarian crisis. Armed conflict substantially complicates access to healthcare and simultaneously transforms the structure of population needs. Medical service delivery in conflict zones is constrained not only by direct security threats. It is also affected by displacement, destruction of infrastructure, loss of support networks, and the weakening of local institutions (Debarre, 2022). As a result, the demand for assistance extends beyond treatment in the narrow clinical

sense and increasingly includes psychosocial support, social protection, and coordinated access to services. The literature indicates that crisis conditions intensify the need for combined medical and social assistance. This is because the consequences of war are multidimensional and prolonged. Alongside physical trauma and disease, conflict produces psychological stress, economic vulnerability, family disruption, and social dislocation. Together, these factors generate complex configurations of need.

From the perspective of mental health, social work plays an important role in supporting refugees, internally displaced persons, and other war-affected populations who require sustained psychosocial assistance rather than isolated short-term interventions (Ventevogel & Whitney, 2022). Evidence from other conflict-affected settings also shows that mental health policies and support systems are less effective when healthcare and social services are poorly coordinated. Their effectiveness is also reduced when support remains fragmented or weakly embedded in broader structures of care (Quirke et al., 2022). These findings suggest that the wartime transformation of support systems should be analyzed through the interaction of medical, social, and psychosocial dimensions. It should not be examined within the boundaries of separate sectors.

The Ukrainian context provides a particularly relevant illustration of these processes. The full-scale war has significantly altered the functioning of both the healthcare and social service sectors, increasing the need for coordination between them and expanding the practical responsibilities of social workers. In response to wartime challenges, social work in Ukraine has become more closely linked with case coordination and interaction with medical institutions. It also provides support for populations affected by displacement, trauma, and social instability. Related evidence also indicates that integrated approaches are more effective than fragmented ones for groups with complex needs, including internally displaced persons who require both medical and social support within a continuous trajectory of care (Chaykovska et al., 2021). At the systemic level, the consequences of war for the Ukrainian healthcare system demonstrate that separate institutional responses are insufficient under conditions of prolonged crisis. The scale of disruption, the growth of vulnerable groups, and the accumulation of medical, psychological, and social needs require coordinated action. Such action must involve healthcare, social protection, and administrative sectors (Spiegel et al., 2023; Roborgh et al., 2022).

Thus, the review of the scientific literature showed that the integration of social work, social services, and the medical sphere was mainly assessed in terms of intersectoral contact, multidisciplinary approaches, and the adaptation of support systems to crisis and war conditions. However, most studies focused on general conceptual approaches to integrated care or on individual elements of social and medical support. They paid limited attention to the actual operational mechanisms functioning in wartime conditions. This calls for a better understanding and

clarification of how social work and healthcare relate to integrated service delivery systems in wartime and how their transformation has been implemented.

Research objectives

This study provides a theoretical foundation for understanding the patterns of interaction between social work, social services, and the medical sector in wartime to ensure the integrity and continuity of assistance to the population. The study aimed to systematize scientific approaches to the coordination of medical and social services and to determine their role in providing support to war-affected populations. The relevance of this objective is determined by the substantial transformation of assistance systems under wartime conditions and the need to clarify the factors underlying these changes and their relationship to war-related challenges.

The achievement of this aim required addressing a set of interrelated research objectives related to the heterogeneity of the integration of social work and medical care in crisis conditions. In particular, the study sought to clarify the role of social services within the structure of comprehensive social and medical support and to determine their place in cross-sectoral models of assistance provision. Particular attention was devoted to the theoretical analysis of coordination mechanisms that ensure the consistency of actions between social and medical institutions during wartime.

Materials and Methods

This study was designed as a theoretical qualitative study in the form of a structured literature-based analysis. It was based on systematic analysis, comparative generalization, and the analysis of scientific sources. Sources were searched for and selected in international scientometric databases (Scopus, Web of Science, PubMed, and Google Scholar) and in open institutional repositories of universities and scientific institutions. The methodological design of the study was aimed at identifying, selecting, systematizing, and interpreting scientific publications addressing the integration of social work, social services, and healthcare in wartime and crisis conditions.

The search strategy was based on Ukrainian and English keywords related to the coordination of social work, social services, and medicine in wartime. Examples of Ukrainian terminology used for the search include: social work, social services, medical assistance, integration of social and medical services, intersectoral collaboration, wartime, armed conflict, and humanitarian conditions. The English-language search included the following keywords and phrases: social work, social services, healthcare, health and social care integration, intersectoral collaboration, wartime, armed conflict, and humanitarian settings. Search combinations were constructed as thematic full-text queries adapted to the logic of each database.

First, a general search was conducted to identify the overall scope and thematic contours of the problem. Subsequently, publications were selected on the basis of

their titles and short descriptions for potential relevance to the research question. The second step involved a full-text analysis of the selected articles based on their content and relevance to the research questions. Thus, the source selection procedure included three consecutive stages: preliminary identification of potentially relevant materials, screening by title and abstract or short description, and in-depth full-text assessment of selected publications.

To facilitate source selection, inclusion and exclusion criteria were defined. The inclusion criteria were: thematic relevance to the integration of social work, social services, and the medical sphere in the military/crisis functioning of assistance systems; publication in peer-reviewed journals or official academic repositories; clear methodological or theoretical arguments; availability of the full text; and publication in Ukrainian or English. The exclusion criteria were: descriptive or journalistic publications; texts unrelated to military or crisis environments; publications outside peer-reviewed scientific outlets; and unavailable full-text versions. These criteria ensured conceptual relevance, academic quality, and analytical consistency of the selected source base.

After independent review, 65 scientific publications from 2021–2025 were selected to form the analytical basis of this study. Since the study was theoretical and literature-based, no human participants, interviews, surveys, or clinical cases were involved. Accordingly, the empirical unit of analysis was the scientific publication, treated as a source of conceptual, analytical, and practice-oriented evidence.

The analysis focused on the organizational, functional, and cross-sectoral dimensions of social work, social services, and healthcare during wartime. Organizational aspects included models of coordination between social and medical institutions, mechanisms for interagency interaction, the distribution of roles among specialists with mixed profiles, and the availability of integrated teams. Functional aspects covered the availability of social and medical services, the coordination of service routes, and support for IDPs, veterans, and other vulnerable groups, including veterans' families and war-affected civilians. They also included the integration of medical and psychosocial support. Cross-sectoral dimensions concerned the regulatory and organizational foundations of cooperation. They also included shared information resources, coordinated management decisions, and the adaptation of integrated service formats to military and humanitarian challenges.

Given the nature of the topic, general scientific methods were employed. Analysis was used to identify the structural elements of interaction between social work, social services, and healthcare. Synthesis made it possible to integrate different scholarly positions into a comprehensive view of assistance integration during wartime. Induction and deduction supported the transition from observations in individual studies to broader conclusions and the interpretation of specific findings in light of general assumptions. Comparative analysis was used to identify common and distinctive features of integration models across countries and regions.

Conceptualization and abstraction enabled the formulation of general propositions regarding the role of social work in the provision of social and medical assistance during wartime. A systems approach made it possible to examine these phenomena as components of a unified assistance system rather than as isolated processes.

The research did not involve interaction with human participants, the collection of personal data, or field research in the areas where the described phenomena occurred. Therefore, obtaining participant consent and ethical approval was not required. However, ethical aspects were taken into account during the stages of source selection and interpretation of results. All sources used were publicly available scientific materials and contained no personal data about the individuals involved in the described phenomena. Given the nature of the subject matter, particular sensitivity was required in the interpretation of the findings.

Results

Organizational models for integrating social and health services

The analysis showed that the integration of social and medical services in wartime is realized through several relatively stable organizational forms that differ in the degree of institutional interaction, management strategy, and the functional role of social workers. These models developed under conditions of sharply increasing social and medical demand caused by mass population displacement, disability, loss of employment, and limited access to medical infrastructure. Under such conditions, the isolated functioning of social and medical structures became insufficient, creating the need for integrated organizational approaches. The quantitative indicators reflecting the scale of these challenges and their influence on the priorities of social work in wartime are presented in Table 1.

The data in Table 1 suggest that wartime social work faces a simultaneous increase in several categories of workload. First, mass internal and external displacement creates sustained demand for social support, coordination of access to medical services, and assistance with adaptation in new communities. Second, the growing number of persons with disabilities, including children, increases the importance of long-term care, rehabilitation, and family-oriented interventions. Third, high unemployment and the economic vulnerability of households increase the population’s dependence on the social protection system. Taken together, these factors explain why, under wartime conditions, social work cannot function in isolation and requires organizational integration with the medical sector.

Table 1. Key quantitative indicators that determine the priorities of social work in wartime

Indicator	Value	Period / as of	Source organization	Significance for social work
Internally displaced persons	≈ 3.7 million people	2024–2025	UNHCR	Social support, case management, routing to medical and social services
Refugees from Ukraine (abroad)	> 5.8 million people	2024–2025	UNHCR	Inter-sectoral and cross-border coordination, family support, reunification
Persons in need of humanitarian assistance in Ukraine	> 10–12 million people	2024–2026 (estimates)	UNHCR / UNICEF	Overburdened care system, need for integrated social and medical approaches
Persons with disabilities (total)	> 3.0 million people	2023	UNICEF / KSE Institute	Rehabilitation, long-term care, social adaptation
Children with disabilities	≈ 231 thousand people	2023	UNICEF / KSE Institute	Family-oriented services, psychosocial support
Damaged health facilities	≥ 1,242 institutions	2022–2023	UN in Ukraine / UNICEF	Disruption of continuity of care, increasing role of social work in patient navigation
Unemployment rate (estimate)	14–16%	2024–2025	Center for Economic Strategy (Info Sapiens)	Poverty risks, dependence on the social protection system
Households forced to cut food spending	> 20%	2024–2025	Center for Economic Strategy	Social support, targeted payments, crisis intervention

Source: compiled by the author during the analysis of scientific sources (United Nations High Commissioner for Refugees, 2025; United Nations Children's Fund, 2024; United

Nations Children's Fund, 2023a; United Nations Children's Fund, 2023b; United Nations in Ukraine, 2024; KSE Institute, 2024)

In this context, integrated models, which combine social work and medical services within a single functional structure, are of particular importance. Within such models, social workers act as members of multidisciplinary teams, contribute to care planning, and address social and psychosocial needs (Matos et al., 2025). International experience indicates that institutionally integrated approaches make it possible to combine treatment with longer-term social support within continuous care pathways (Matos et al., 2025). In Ukraine, the integration of social services into healthcare has also been associated with improved continuity of care and more consistent support during treatment and recovery.

In such models, each institution—both medical and social—continues to operate independently, but interaction is organized through referral systems, agreed protocols, and a clearly defined division of functions between sectors. In crisis situations, these arrangements remain relatively flexible and allow services to adapt more rapidly to changing community needs. However, evidence from European countries shows that the effectiveness of coordination models depends on clear governance arrangements and well-defined institutional responsibilities.

Network-based integration models are structured as horizontal linkages among medical institutions, social services, local authorities, and community organizations. Such arrangements improve the allocation of resources and enhance the responsiveness of assistance systems to complex wartime and humanitarian challenges. Experience in supporting populations affected by war or living near frontline areas shows that assistance delivered through local community structures is more accessible to displaced persons (United Nations Children's Fund, 2024). Informal networks, including local communities and other forms of social support, also contribute to the adaptation and stabilization of displaced populations.

Across all these models, multidisciplinary teams composed of medical professionals, social workers, and psychologists play a central role. In such formats, social workers coordinate interaction across services and support continuity of care at the community level. A comparison of the main models of integration of social and medical services (see Table 2) is presented below to summarize the main characteristics of these organizational approaches.

A comparison of organizational models demonstrates the diversity of approaches to integrating social work, social services, and the medical sector during wartime, indicating that no single universal model is applicable across all contexts of care provision. Integrated models are characterized by structural coherence between sectors and embedding within the relevant institutional environment.

Table 2. Comparative characteristics of organizational models of integration of social and medical

Integration model	Organizational characteristics	The functional role of social work	Institutional conditions for implementation	Structural conditions of efficiency
Integrated	Joint structures or functionally combined units	Participation in the planning and implementation of medical and social care as part of a multidisciplinary team	The presence of a single management and regulatory space	Institutional readiness for intersectoral integration
Coordination	Formalized interaction of autonomous institutions	Coordination of routes for receiving social and medical services	Functioning of agreed interaction protocols	Clarity of management authority and responsibility
Network	Horizontal cross-sectoral linkages between different actors	Mediation between sectors and public resources	Involvement of institutions of different ownership forms and levels	Stability of coordination mechanisms between participants

Source: compiled by the author during the analysis of scientific sources (Matos et al., 2025; Lanford et al., 2022; Semigina et al., 2025)

Coordination models are implemented through formalized mechanisms of interaction between autonomous institutions and require clarity of executive decision-making and responsibility distribution. Network models are based on horizontal cross-sectoral linkages and depend on stable coordination mechanisms among participants.

The findings suggest that the contextual combination of elements from different organizational models is most relevant for the development of integrated social and medical approaches during wartime.

Functional mechanisms for providing integrated social services

At the level of support for people with complex needs, both social services and medical care require functional integration. In wartime, this integration reflects the practical implementation of cross-sectoral cooperation through coordinated interventions rather than through organizational arrangements alone. Functional mechanisms describe not the organizational form of the system, but the logic of assistance delivery, the sequence of interventions, and the nature of cooperation

among service providers in specific cases. In this regard, the operational capacity of the social services system during crisis determines whether stable support can be maintained under conditions of high population mobility and rapidly changing demands.

One of these basic mechanisms is the continuity of social and medical support, namely, the preservation of support integrity during transitions between institutions, sectors, or levels of care. Medical and social assistance must therefore function in coordination. Fragmented interventions that ignore the broader living conditions of the service recipient reduce the overall effectiveness of support. Functional continuity depends not only on formalized procedures but also on direct communication with service recipients and active coordination of care processes (Lanford et al., 2022).

A complementary element of functional integration is the establishment of coordinated pathways to care that define referral procedures, directions of referral, and responsibility at each stage. Clear routing minimizes service fragmentation and facilitates timely intervention, particularly for persons with multiple and interrelated needs. Where coordination between services is weak, continuity of support deteriorates and overall service performance declines (Scott et al., 2023). Another important component of continuity is information exchange between sectors and the use of shared data across different stages of support.

During wartime, one of the most practical forms of functional integration is the combination of medical care and psychosocial support within a unified system of assistance. In such conditions, the effectiveness of treatment depends not only on clinical intervention, but also on psychological condition, social stability, and the disruption of everyday life caused by war. Accordingly, the role of social workers extends beyond auxiliary support and includes the coordination of psychosocial and social dimensions of care alongside medical treatment (Di Rosa, 2022). Within approaches that incorporate medical, psychological, and social components, the objective is not limited to symptom reduction. It also includes emotional stabilization, recovery after traumatic experience, and the gradual restoration of social functioning and everyday roles.

These mechanisms are especially important for displaced persons, veterans, and other war-affected groups who require ongoing support combining medical care, psychosocial stabilization, and social integration. In this context, social services contribute to the restoration of social ties, community inclusion, and adaptation to new living conditions, which directly influences psychosocial well-being among forced migrants. Thus, the functional integration of social and medical assistance in wartime is based on continuity of care, coordinated service pathways, information exchange, and the combination of clinical and psychosocial interventions. Within such arrangements, social work performs a central coordinating role that supports the integrity of service delivery and the adaptation of assistance systems to military and humanitarian conditions.

Cross-sectoral cooperation in the military context of providing assistance

Cross-sectoral interaction in wartime constitutes a systemic mechanism for coordinating the activities of the health sector, social work, social services, public administration, and humanitarian actors. Theoretical generalizations indicate that the effectiveness of such cooperation depends not only on formal contacts between sectors, but also on joint planning, policy coordination, and institutional accountability. From a systemic perspective, intersectoral cooperation can be understood as a process of interdependence through which managerial, regulatory, and informational components are integrated into a unified logic of assistance provision (Amelung et al., 2021).

The regulatory and organizational foundations of cross-sectoral interaction form the basis for the coordination of social and health services. Research has shown that the absence of established rules for interagency cooperation complicates coordination between sectors and negatively affects the consistency of support for people with complex needs (Lanford et al., 2022). Accordingly, the formalization of cooperation through interagency agreements, joint protocols, and coordination platforms creates conditions for shared decision-making and reduces the risk of fragmented assistance.

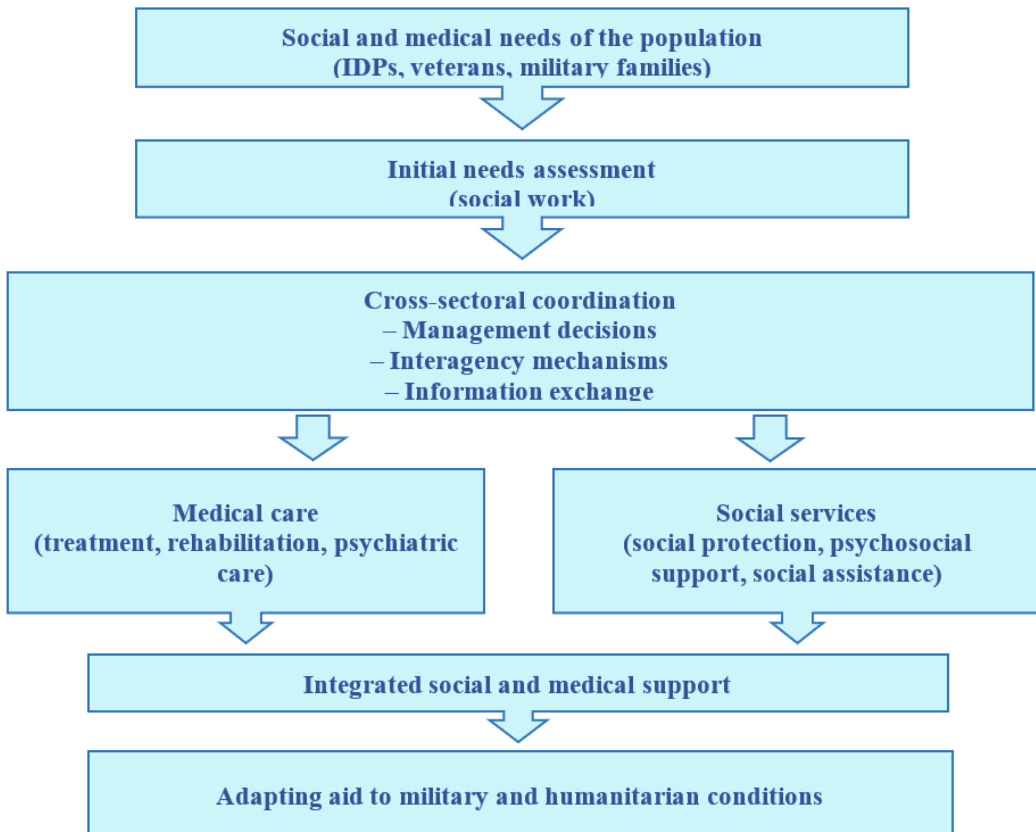
In the context of armed conflict, cross-sectoral cooperation takes on particular managerial significance due to the need for rapid decision-making in highly dynamic and uncertain situations (Amelung et al., 2021). Its effectiveness depends on both vertical and horizontal coordination mechanisms. Vertical mechanisms ensure regulatory clarity and the distribution of responsibility. Horizontal links coordinate action across sectors and institutions. Under such conditions, interaction becomes a form of joint management of resources, information flows, and risks. This reduces gaps in assistance provision at different stages and strengthens the management dimension of complex support cases.

In this system, social work performs a bridging function between healthcare, social services, and psychosocial support structures. Its role extends beyond narrowly medical tasks and includes attention to the broader social conditions affecting service recipients. For this reason, effective cross-sectoral cooperation is particularly important in cases involving mental health needs, psychosocial vulnerability, and multidimensional forms of social maladjustment. When these mechanisms operate consistently, they contribute to the coherence and stability of support systems even under crisis conditions (Di Rosa, 2022).

In the context of the Ukrainian-Russian conflict, cross-sectoral action has revealed systemic challenges associated with rapid institutional transformation and the growing complexity of social and medical needs among the population. Mass internal displacement, war-related injuries, chronic diseases, and psychological trauma have required a comprehensive system of interaction between health care, social protection, local authorities, and humanitarian actors (Roborgh et al., 2022; Spiegel et al., 2023). In the absence of a unified interaction system, support often remained

fragmented across services. Social services, medical care, and psychosocial support frequently operated in parallel rather than within a common framework (Semigina et al., 2025). Such fragmentation reduced the effectiveness of assistance for displaced persons, veterans, and their families. Figure 1 summarizes the key components of cross-sectoral coordination in wartime and illustrates the sequence through which social work, healthcare, and social services are integrated into a unified model of assistance adapted to military and humanitarian conditions.

Figure 1. Scheme of coordination of social and medical services in wartime



Source: created by the author based on analyzed data (Spiegel et al., 2023; Roborgh et al., 2022; Lanford et al., 2022; Semigina et al., 2025)

The diagram illustrates the systemic dimension of cross-sectoral interaction, in which social work performs a coordinating role between healthcare, social services, and administrative structures. The coordination component is positioned at the center, emphasizing the importance of administrative and information mechanisms for ensuring effective interaction between sectors. At this level, clinical, social, and psychosocial interventions are integrated, making it possible to adapt support to

wartime and humanitarian conditions. This generalization of cross-sectoral interaction shows that, in a military context, its effectiveness depends on regulatory certainty, the stability of administrative mechanisms, and the consistency of institutional decision-making. Thus, the interaction of these elements supports the continuity of social and healthcare services and provides the foundation for the functioning of integrated assistance models in protracted crises.

Factors influencing the implementation of integrated social and medical care systems

In the context of crisis and wartime transformation, the implementation of integrated social and medical assistance depends on a set of factors that determine the possibilities and limitations of joint service provision. At the level of theoretical generalization, these factors should be considered as a multidimensional system that includes organizational conditions, functional mechanisms, and cross-sectoral principles of interaction. The combination of these elements enables the transition from fragmented forms of care to comprehensive models of social and medical assistance capable of functioning under prolonged crisis conditions.

Organizational factors form the institutional basis for the implementation of integrated care models by regulating the degree of structural alignment between social services and healthcare systems. These factors include hierarchical, coordination, and network management modalities, as well as the level of formalization of inter-institutional interaction. They also cover the distribution of responsibilities among care providers and the institutional embedding of social work within the medical environment. Organization-specific coordination mechanisms, including protocols, coordination units, and integration teams, create the conditions for coordinated care planning. In addition, they reduce functional duplication and support the rational use of resources, particularly at the primary healthcare level and within territorial communities (Chaykovska et al., 2021). Conversely, insufficient integration of social work into the healthcare system may lead to divided responsibilities, fragmented decision-making, and a reduced capacity to respond comprehensively to multidimensional needs (Scott et al., 2023). Under such conditions, integration becomes situational and depends largely on the individual efforts of specific professionals or institutions.

Functional factors relate to the practical implementation of integration in service delivery and describe the interaction between medical and social components of assistance. These factors include continuity of social and medical support, coordinated service pathways, the combination of clinical, social, and psychosocial interventions, and the flexibility of the system in responding to changing and long-term population needs. Functionally, social services act as a mechanism for adapting medical care to the broader social context, thereby supporting links between treatment, rehabilitation, and social integration. Where coordination between services is ensured and gaps in care are minimized, support, particularly psychosocial

support, becomes more stable and easier to maintain. By contrast, weak coordination can lead to interruptions in assistance, loss of information between stages of care, and lower effectiveness of support for people with complex medical and social needs.

Cross-sectoral factors are expressed in the capacity of the assistance system to operate in a coordinated and integrated manner under conditions of heightened complexity and instability. They include the regulatory and organizational foundations of cooperation between sectors, stable coordination mechanisms, resource integration for information exchange, and consistency of decision-making across different institutional levels. In this dimension, social work performs a connecting role between social services, healthcare, and other institutional actors, while also drawing attention to the social determinants of health and the long-term consequences of crisis (Semigina et al., 2025).

Examples of interaction among social, medical, and administrative sectors demonstrate that cooperation between services facilitates the transition from fragmented actions to a more coordinated model in which responsibility and resources are shared. Such cooperation is especially important in situations of prolonged institutional pressure, systemic transformation, and sustained crisis conditions (Zaiats & Kraievska, 2024). To summarize the structure of this joint model, Table 3 presents the main elements that support the implementation of integrated social and medical assistance systems.

The presented systematization indicates that none of these categories of factors, taken separately, determines the implementation of integrated social and health systems. Organizational conditions create the institutional foundation for integration, functional mechanisms ensure its practical implementation, and the ability of the system to maintain integrity in a changing environment depends on intersectoral coordination. The lack of coordination in at least one of these categories reduces the effectiveness of integration and weakens the sustainability of support models. In conclusion, the implementation of integrated social and health systems in crisis settings is a multi-layered process that depends on the systemic interaction of organizational, functional, and intersectoral dimensions. This systematization provides an analytical framework for understanding the conditions that sustain integrated models and the role of social work and social services in ensuring comprehensive support for the population.

Table 3. Analytical characteristics of the factors of implementation of integrated social and medical assistance systems

Group of factors	Key parameters	Functional impact	Potential consequences for the system
Organizational	Management models, formalization of interaction, distribution of roles	Ensuring structural consistency	Reducing fragmentation or increasing it
Functional	Continuity of support, routing, combination of interventions	Improving the integrity of aid	Stability or support gaps
Intersectoral	Regulatory framework, management coordination, data exchange	System adaptability	Stability or vulnerability of models

Source: compiled by the author during the analysis of scientific sources (Chaykovska et al., 2021; Lanford et al., 2022; Semigina et al., 2025; Scott et al., 2023; Zaiats & Kraievska, 2024)

Discussion

The findings of the study indicate that the integration of social and medical approaches in wartime depends on the alignment of these services within a unified framework of assistance provision. Thus, the objectives of the study have been achieved by demonstrating that the organization of social work, social services, and medical care can be systematized to support war-affected populations. The results suggest that the integration of these services into a coherent system improves the capacity to meet complex needs, provided that appropriate organizational conditions are in place.

Moreover, the organizational dimension of the findings indicates that the integration of social work within health and social assistance systems is more effective than its isolated inclusion in other service domains. Evidence from Ukraine supports this conclusion, showing that the social integration of displaced populations depends on coordination between social services and access to basic forms of support (Popova & Marushchak, 2024). Similarly, legal and regulatory findings emphasize that the realization of social rights during wartime depends on coordinated service provision supported by appropriate regulatory frameworks (Burlaka et al., 2023). These

systems therefore perform an important protective function for populations requiring assistance under wartime conditions.

These organizational findings also extend beyond the Ukrainian context. For example, research on wartime Syria demonstrates that governance structures directly influence the availability and accessibility of health services (Alaref et al., 2023). Research in fragile and humanitarian settings has also shown that the implementation of integrated aid models depends on appropriate institutional arrangements and governance mechanisms (Bogale et al., 2024). Thus, international evidence suggests that the Ukrainian case reflects broader patterns applicable to other conflict-affected settings.

The findings related to the organization and routing of support are also consistent with the principles of integrated service provision during evacuation. Effective coordination of security, healthcare, psychological, and social services is essential to ensure continuity of care under conditions of martial law. At the same time, the provision of mental and psychosocial services in wartime Ukraine has been associated with coordination challenges between psychological, psychiatric, and social services, which may limit the effectiveness of assistance delivery (Nalyvaiko et al., 2025). These results highlight the importance of street-level social work. In such cases, continuity of care depends not only on formal regulations but also on the coordination practices of frontline professionals.

These findings are also consistent with studies emphasizing the importance of vertical and horizontal coordination. Research on collaboration between health and social service providers shows that effective coordination depends not only on shared goals but also on governance structures and institutional arrangements. This is particularly relevant for Ukraine, where war-related pressures have significantly affected both healthcare delivery and the organization of social support systems (Roborgh et al., 2022; Zaiats & Kraievska, 2024).

Particular attention should be paid to the psychosocial consequences of war, which reveal the limitations of a purely biomedical approach. Effective assistance requires attention not only to psychological trauma but also to the broader social and economic consequences of conflict. Research conducted in Ukraine has highlighted the need for comprehensive mental health and psychosocial support for war-affected populations. These findings also underline the importance of coordinated cooperation among medical professionals, psychologists, and social workers. International evidence supports this interpretation. Research from Ethiopia shows that mental health and psychosocial programmes for war survivors are more effective when integrated into broader service systems rather than implemented as isolated interventions (Yigzaw et al., 2023). Review of humanitarian assistance also demonstrate that mental health and psychosocial services achieve better outcomes when embedded within integrated support frameworks (Bangpan et al., 2024). Overall, the evidence consistently shows that mental health and medical

interventions are most effective when combined with broader social support within integrated frameworks that address the multidimensional impact of war.

The implications of these findings extend beyond Ukraine and are applicable to a wide range of conflict-affected settings worldwide. They may inform the development of policies and practices aimed at improving the organization and delivery of assistance in wartime conditions. In particular, these findings can support decision-making related to governance structures, the provision of services to civilian populations, and the implementation of integrated assistance strategies across different institutional levels.

This study has several limitations. As a theoretical and literature-based analysis, it did not include direct empirical observation, field interviews, or case-based comparison at the programmatic level. Therefore, it does not allow for a definitive assessment of the relative effectiveness of specific models in particular institutional or territorial contexts. Nevertheless, the analytical generalizations presented here may be useful for decision-makers, service managers, social workers, healthcare professionals, and humanitarian coordinators involved in designing integrated support systems in wartime and prolonged crisis settings. Future research should focus on empirically testing these findings across different conflict-affected regions and identifying which combinations of governance, psychosocial, and service-delivery mechanisms are most sustainable in practice.

Conclusions

The results of the analytical synthesis indicate that the effective implementation of integrated social and medical care systems during wartime is a complex, multi-level process in which the key determinant is not the mere availability of individual social or medical services, but the degree of their structural and functional coordination. It was found that organizational factors (management models, institutional embedding of social work, formalization of interagency interaction), functional drivers (continuity of support, coordinated service pathways, integration of medical and psychosocial interventions), and cross-sectoral conditions (regulatory certainty, management coordination, information integration) do not operate independently but reinforce one another. The effectiveness of assistance in military and humanitarian crises depends primarily on whether the system functions as an integrated structure oriented toward long-term social and medical outcomes rather than short-term emergency needs. The novelty of the study lies in its conceptual contribution, shifting from the description of isolated practices to an analytical framework that enables the categorization of elements within integrated approaches and highlights social work as a critical component linking social services, healthcare, and administrative decision-making.

These conclusions are relevant not only for the Ukrainian wartime context but also for international policy and practice in fragile, conflict-affected, and post-conflict settings. The findings suggest that policymakers, humanitarian actors, healthcare

managers, and social work practitioners should approach wartime assistance as an integrated governance challenge requiring institutional coordination, continuity of care, and the incorporation of psychosocial support into broader service systems. In this regard, the study provides transferable insights for the design of integrated service delivery models capable of addressing complex and long-term needs rather than only short-term emergency demands.

From a practical perspective, the results can be used to develop intersectoral coordination mechanisms, referral pathways, and trauma-informed support models for vulnerable populations affected by war, displacement, and prolonged crisis. They may also inform decision-making aimed at strengthening the institutional role of social work within healthcare and humanitarian response systems. Future research should focus on empirically testing the proposed factors at programmatic and territorial levels, with particular attention to the long-term psychosocial consequences of war and their impact on the sustainability of integrated social and health systems in the post-crisis period. Comparative studies across different conflict-affected regions would further help identify which combinations of governance, psychosocial, and service-delivery mechanisms are most sustainable across contexts.

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