



**Development of Community-Based Prevention Programs in Ukraine: Training Seminars for Child Welfare Officials and Professionals**

<b>Journal:</b>	Professional Development: The International Journal of Continuing Social Work Education
<b>Article Title:</b>	Development of Community-Based Prevention Programs in Ukraine: Training Seminars for Child Welfare Officials and Professionals
<b>Author(s):</b>	<i>Elena Bogolyubova and Daniel W. Close</i>
<b>Volume and Issue Number:</b>	<i>Vol.18 No.1</i>
<b>Manuscript ID:</b>	<i>181025</i>
<b>Page Number:</b>	<i>25</i>
<b>Year:</b>	<i>2015</i>

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social and Behavioral Research.

Professional Development: The International Journal of Continuing Social Work Education is published two times a year (Spring and Winter) by the Center for Social and Behavioral Research at 1923 San Jacinto, D3500 Austin, TX 78712. Our website at [www.profdevjournal.org](http://www.profdevjournal.org) contains additional information regarding submission of publications and subscriptions.

Copyright © by The University of Texas at Austin's School of Social Work's Center for Social and Behavioral Research. All rights reserved. Printed in the U.S.A.

ISSN: 1097-4911

**URL:** [www.profdevjournal.org](http://www.profdevjournal.org)

**Email:** [www.profdevjournal.org/contact](mailto:www.profdevjournal.org/contact)

# Development of Community-Based Prevention Programs in Ukraine: Training Seminars for Child Welfare Officials and Professionals

---

*Elena Bogolyubova and Daniel W. Close*

## **Child Welfare and Social Work Reform in Ukraine**

The complex socio-economic and political changes that followed the collapse of the Soviet Union and its independence in 1991 had significant effects on many aspects of life in Ukraine. The number of abandoned infants, social orphans, and street children grew dramatically during the transition period to a market economy. Historically, orphans and children without parenting care in Ukraine were placed into state-run institutions such as baby homes, orphanages, and boarding schools. Institutional care had been the primary child welfare policy in the former Soviet Union and after its independence in Ukraine (EveryChild, 2005).

The numbers of children deprived of family care and placed in institutional care increased drastically since 1991 (Ukraine State Statistic Committee, 2001). Government reports indicated that more than 100,000 children in Ukraine lacked family care (Ministry of Family, Youth and Sport of Ukraine, 2007). According to Groza, Komarova, Galchinskaya, Gerasimova, and Volynets (2010), the primary reasons for the large number of institutions caring for children in Ukraine are socio-economic, e.g., extreme poverty, domestic violence, parental substance abuse, and termination of parental rights in cases of child abuse or neglect.

From 2002 to 2010, Ukraine was engaged in a major effort to reform its child welfare policies and social work practices for children who are orphaned, abandoned, abused, or neglected by their biological parents. During this period, the government addressed the most crucial issues of the well-being of families and children, such as overcoming poverty, improving mother/child health, fighting HIV/AIDS, ensuring access to quality education, protecting the rights of orphans and children devoid of parental care, child trafficking, and encouraging local community initiatives to improve the

general welfare of children rights (Ministry of Family, Youth and Sport of Ukraine, 2007).

However, these goals in child welfare policy and family well-being could not be achieved without the development of professional social work practices focused on the prevention models rather the termination of parents' rights.

## **Focus on the Prevention Strategy**

The primary objective of the prevention strategy is to change the system from the old institutional/orphanage model to one that focuses on support for families within the community. Key outcomes of the prevention strategy include increase in the quality of life for families and decrease in the number of children without parental care. One goal of this strategy is to provide preventive services and supports in the form of parent training, early childhood education, and emergency assistance during periods of crisis and family instability. Another goal is to decrease the costs associated with institutional care. Finally, it is critical to prevent developmental damage to children, which frequently occurs in institutional care (Landesman Ramey & Sackett, 2000).

Implementation of the prevention strategy requires professional expertise that delivers high quality social work services to needed families. To address this situation in Ukraine, the Families for Children Program (FCP) was organized and developed in conjunction with the U.S. Agency for International Development (USAID).

## **Families for Children Program**

Holt International Children's Services in Eugene, Oregon designed this five-year project through the Family for Children Program (FCP) in Ukraine. The FCP was developed with fiscal support from USAID (\$3,930,000 for 5 years). This funding allowed the Ministry of Family, Youth and Sport of Ukraine and Holt International Children's Services to initiate several projects to modernize child welfare in Ukraine. The FCP

---

*Elene Bogolyubova, MA, MPA, is an Adjunct Instructor in the Department of Counseling Psychology and Human Services at the University of Oregon*

*Daniel W. Close, PhD, is an Associate Professor in the Department of Counseling Psychology and Human Services at the University of Oregon*

was part of the Ukraine government's overall goal of reforming the child welfare sector. One of the important objectives of the Ukraine government was to improve and expand community-based alternatives to institutional care, including foster care, family-style homes, and domestic adoption, and to develop new initiatives for community-based prevention services for children and families.

To accomplish this goal, the FCP provided a framework for organizing a comprehensive system of training and technical assistance for government officials and social workers. This training included information on child welfare policies, public health, early childhood development, foster care, parent training, child abuse or neglect prevention, and intervention. The plan was to conduct training through Holt International in Eugene and in five regions in Ukraine.

The specific focus of this article is to describe the outcomes of the training and technical assistance related to the development of the community-based prevention programs in Ukraine. The research question was: Were the trainees from Ukraine given the appropriate training and technical assistance needed to develop community-

based prevention programs for children at risk for institutional placement?

### Training Seminars

#### Participants

The FCP selected participants from a broad range of communities throughout Ukraine. In total, six communities in five regions were selected (see Table 1). These communities were located in the Kyiv, Cherkassy, Dnipropetrovsk, Donetsk, and Odessa regions (Holt International, 2005). Participant communities had no community-based prevention programs and a high number of children living without parental care (Close, 2006).

The FCP worked with government representatives at the local, regional, and national levels to create policies and programs to prevent children from losing parental support and care (Close, 2006).

One of the major efforts of the FCP has been to organize training seminars on child welfare policy and service delivery for Ukrainian social workers in Eugene, Oregon. Beginning in December 2005, several well-known Oregon-based public and nonprofit organizations, such as Relief Nursery, Birth to Three, Looking Glass Youth &

Table 1

*List of the Pilot Community-based Programs in Ukraine*

Regions in Ukraine	Pilot community-based programs
Cherkassy	Uman City Center for Social Services
Kyiv	Novy Petrivtsi Village Center for Social Services
Dnipropetrovsk	Pereshipino Village Center for Social Services
Donetsk	Gorlivka City Center for Social Services
Odessa	Mologi Village Center for Social Services Primorskii Village Center for Social Services

## Development of Community-Based Programs in Ukraine

---

Family Services, HIV Alliance, EC CARES, and the Oregon Department of Human Services/Child Welfare participated in training seminars for Ukrainian representatives twice a year. The Oregon-based training curriculum targeted two groups, Ukrainian officials and professionals who work in the field of social and child welfare. The training seminars for the government representatives included presentations and site visits to Oregon-based public and nonprofit organizations that provide parenting training and presentations on child abuse prevention, early childhood special education, youth services, public health, and child protection services. This effort was focused on a range of policy, research, and program development issues in the areas of domestic adoption, the development of community-based prevention programs for children and families, and alternatives to institutional care for children without parental support (Close, 2006; Groza, Komarova, Galchinskaya, Gerasimova, & Volynets, 2010).

In addition, the training seminars and technical assistance program were designed for child welfare professionals in the selected communities who work as social workers, teachers, or instructors and communicate directly with children and families in crisis. These seminars included information on how to organize therapeutic groups for children from families in crisis, how to recruit families and children for the programs, and how to publicize program efforts in the community. Moreover, the training seminars for professionals provided in-depth information on how to design and teach parenting classes for biological, foster, and adoptive parents.

### **Community-Based Prevention Model**

The main components of the community-based prevention model that was selected by the Ukrainian social workers for its replication in Ukraine are based on the work of the two private nonprofit organizations, Birth to Three (Parenting Now) and Relief Nursery, located in Eugene, Oregon. Birth to Three (Parenting Now) provides training, materials, and internationally recognized training curricula for the development of low-cost community-based programs. Relief Nursery targets low-income families with children under the age of 6

years who are at risk for or have a history of abuse or neglect. The main components of the Relief Nursery model are therapeutic classes for children, educational classes for parents, and home visits. Alcohol and drug recovery support and mental health and special education programs also are available. Providing "all services under one roof" (Relief Nursery, 2006) led to excellent outcomes for children and their families. This model has been successfully replicated at more than ten sites across the United States (Relief Nursery, 2006).

### **Development of Program Implementation and Replication Materials**

After the initial training workshops, FCP staff developed a series of training materials in the areas of community-based prevention programs, parent training, and family support. The training manuals included information provided by the Relief Nursery (Relief Nursery, 2006). The Birth to Three Making Parenting a Pleasure curriculum (Birth to Three, 2005) was adapted by FCP staff as a model for parenting classes, especially for those families dealing with stress. A training and technical assistance curriculum was organized to provide local in-service training workshops based on the community-based prevention model. These regional training seminars were designed for future instructors of the parenting classes "Training of Trainer" (Holt International, 2008).

### **Research Methods**

To assess the quality, effectiveness, and outcomes of the FCP training curricula, a methodological approach based on the perception and participation of the trainees, community members, and clients was used. This method integrated both quantitative and qualitative data from a range of sources, including program documentation, observation during training seminars, surveys, focus groups, and interviews. Short-term, intermediate and long-term training outcomes were identified and used for creating the survey, focus groups, and interviews questions. External factors such as cultural and socioeconomic differences between the United States and Ukraine were taken into account (McLaughlin & Jordan, 2004).

### Measurement Approach for Trainees

To measure the quality and effectiveness of the training seminars, a modification of the Phillips and Stone (2002) and Kirkpatrick and Kirkpatrick (2006) four-level approach was utilized. The first level, reaction, measured general participant satisfaction with the training. The second level, learning, measured the degree to which participants enhanced their knowledge or improved their skills as a result of training participation. The third level, implementation, measured the degree to which participants applied the knowledge or skills learned during the training to their work in their local communities. The final level, outcomes, measured the short- and long-term outcomes of community-based prevention programs that were replicated in Ukraine.

### Rating Scales

Two rating scales were developed. One measured learning on the major topics presented during training, and the second, the program implementation scale, measured progress in implementing the community-based prevention programs.

**Learning Self-Assessment Rating Scale.** The Learning Self-Assessment Rating Scale was developed to assess the degree to which the project participants acquired information presented during the training and technical assistance project (Phillips & Phillips, 2007). A trainee self-assessment format for the main topics presented during the training activities in Eugene, Oregon and Ukraine was utilized in the rating scale. The two topics included in the rating scale were family prevention programs and child welfare policies and options. See Table 2 for a detailed explanation of the specific topics of information and instruction.

Each of the main training subjects from the Eugene and Ukraine training sessions was rated utilizing a 4-point Likert-like scale. The quantitative results of the ratings were organized into three categories based on the mean score for each of the main training subjects: high = 3.50-4.00; medium = 3.00-3.49; low = 2.50-2.99.

**Program Implementation Rating Scale.** The Program Implementation Rating Scale was developed to assess the steps involved in developing and implementing the community-based prevention

programs in Ukraine. No community-based prevention programs existed before the FCP was established. This rating scale utilized the primary organizational and conceptual aspects of the Relief Nursery and Birth to Three models. Each of the participants was trained and given technical assistance concerning the key aspects of the Relief Nursery and Birth to Three models so that these models could be implemented in Ukraine. See Table 3 for a detailed explanation of the specific information and instruction.

Each category was rated on a 3-point Likert-like scale: 1 indicated a low level of implementation, with just a few of the organizational and conceptual aspects; 2 indicated a moderate level of implementation, with at least half of the organizational and conceptual aspects; and 3 indicated a high level of implementation, with a majority of the organizational and conceptual aspects. Each program was independently observed and rated by both authors during the site visit in 2009.

### Research Periods

The first research period was October 2007 to June 2008. A total of 67 Ukrainian trainees and four Oregon-based public and nonprofit organizations (six trainers) were surveyed. During the first research period, two focus groups were convened and six surveys were administered to the Ukrainian participants and the Oregon-based trainers. Research activities during the first period were held in Eugene, Oregon.

The second research period was May 2009 to September 2010. A total of 12 social and child welfare professionals from the national, regional, and local governmental organizations and 18 social workers were interviewed and surveyed. All research activities were conducted in Ukraine, covering six pilot programs in five regions.

### Results

The results of the training and technical assistance program are organized according to the four levels: reaction, learning, implementation, and outcomes. Results for each of these levels are presented as either qualitative or quantitative data or a combination of both. Information was acquired during the two research periods.

## Development of Community-Based Programs in Ukraine

### Reaction

Reaction measured general satisfaction with the training seminars and general attitudes about whether the training was helpful. Specific questions in the survey were designed to evaluate whether the training met the participants' expectations. According to the results of four surveys conducted during the first research period, 89% of the participants responded positively with either a good or excellent response to all questions regarding their expectations for the training seminars (Bogolyubova, 2009). Especially, all participants

highlighted the usefulness of curricula on therapeutic preschool classes, home visits, and parent education programs (Bogolyubova, 2009).

### Learning

Learning measured the degree to which the participants' knowledge and skills on the subjects of parent skills training, use of home visiting programs, the therapeutic preschool model, and child welfare laws and policies were improved or enhanced as a result of participation in the training seminars. Learning was measured using informal self-assessment on participants' knowledge and

Table 2

*Learning Outcomes for Ukrainian Child Welfare Professionals and Social Workers*

Areas of training	Applicability	Professional development	Replication	Number of observations	Number missing
Community prevention programs					
Parenting skills training	3.58	3.74	3.32	19	0
Use of home visiting programs	3.47	3.76	3.29	19	2
Therapeutic preschool model	3.17	3.42	3.00	19	7
Prevention of child abuse and neglect	3.00	3.53	2.79	19	0
Child welfare policies and options					
Child welfare laws and regulations	3.36	3.55	2.64	19	8
Foster care and family-based homes	3.68	3.74	3.37	19	0

*Note.* Values for the three outcomes: 1 = poor or not helpful; 2 = adequate; 3 = good or helpful; 4 = excellent or outstanding.

skills (Phillips & Stone, 2002). These data are reported from research during the second research period conducted by Bogolyubova (2009; see Table 2). The informal self-assessment utilized three dimensions to measure learning: applicability (the extent to which the knowledge and skills learned during the training had applicability in Ukraine), professional development (the extent to which the knowledge and skills the participant received during the training enhanced their professional competence), and replication (the extent to which the knowledge and skills acquired during the training and technical assistance activities were helpful for facilitating actual program development and replication activities).

The results of the applicability dimension of the training and technical assistance process indicate that several items had direct applicability to Ukraine. Specifically, parenting skills training and use of home visiting programs were rated as highly applicable by program participants. The results also indicate that participants acquired important professional development knowledge and skills as a result of participation in the community-based prevention component of the training. Some of the highest ratings occurred in the professional development dimension. Use of home visiting programs, parenting skills training, prevention of child abuse and neglect, the therapeutic preschool model, child welfare laws and policies, and foster care and family-based homes all rated in the "high" category. Parenting skills training and home visiting were the two areas with the highest ratings. The scores for the replication dimension were lower than those for the applicability and professional development areas. The important content areas of parenting skills training and use of home visiting programs were rated in the "medium" category in the replication dimension of the scale. The mean scores for prevention of child abuse and neglect as well as for child welfare laws and policies remained in the "low" category.

#### **Implementation**

Pre-training visits to all selected communities in 2006 revealed that none of the community-based prevention programs existed before the FCP began. Therefore, implementation measured

the degree to which the key aspects of the program were utilized to develop and replicate the community-based prevention programs in Ukraine. These key aspects were based on the primary organizational and conceptual components of the Relief Nursery and Birth to Three (now Parenting First) models in the United States. All six community-based prevention programs that were replicated after the training were observed and rated independently by both authors during 2009 site visit. The results of these observations are displayed in Table 3.

During the second research period, six community-based prevention programs operating in Ukraine were visited and evaluated for this study. Four programs were located in rural areas, and two programs were located in urban areas. Urban programs have several advantages, including access to public transportation, a larger population from which to draw volunteers and community supporters, and a broader array of professional resources. For example, the community-based prevention program in Gorlivka had an advanced program in virtually all areas of the program model. This program had excellent support from the local city government, a diversified funding base, many volunteers who helped in the therapeutic classrooms and with the families, professionally trained mental health counselors and social workers, and a leadership team that had worked together for many years. Three of the leaders of the program attended the training seminars in Eugene & Springfield, Oregon and were able to implement the program with a high degree of fidelity.

Rural areas had greater challenges but also had strong community support and a dedicated group of community leaders and volunteers. For example, Belgorod-Dnistrovsky Rayon in Odessa Oblast consists of 3,000 villages, and each village has its own village committee and director of the community center. Community-based prevention programs were implemented in two villages, Mologi and Primorskii. Each program was organized to meet its community's needs, and the results were quite different. The program in Primorskii was successful in developing its parenting classes. The director of the community center

## Development of Community-Based Programs in Ukraine

Table 3

*Community-based Prevention Program Observation Schema*

Prevention programs	Components										
	BD	DF	CR	VP	SO	BS	RNC	SE	MT	CL	
<b>Rural location</b>											
Novy Petrivtsi village (Kyiv Oblast)	2	2	3	2	3	2	3	2	2	3	
Pereshipino village (Dnipropetrovsk Oblast)	3	3	3	3	3	2	3	3	3	3	
Mologi village (Odessa Oblast)	3	2	3	2	3	2	3	3	2	3	
Primorskii village (Odessa Oblast)	1	1	3	1	3	1	1	2	2	3	
<b>Urban location</b>											
City of Gorlivka (Donetsk Oblast)	3	2	3	3	3	2	3	3	3	3	
City of Uman (Cherkassy Oblast)	3	3	3	3	3	3	3	3	3	3	

Note. Important components involved in developing and implementing the community-based prevention programs in Ukraine: BD = board of directors. Does the program have an operating, independent Board of Directors? DF = diversified funding base. Does the program have multiple sources of both public and private funding? CR = community relationship. Does the program have high-quality relationships with private citizens, community leaders, and businesses? SO = support from local officials. Does the program have formal, ongoing support from local government officials? VP = volunteer participation. Does the program have a cadre of volunteers who provide assistance with the instructional or teaching program? BS = business support. Does the program have financial and other material support from the business community? RNC = balanced curriculum. Does the program have the key components of home visits, preschool classes, and parent education? SE = setting and environment. Does the program operate services in a setting that is accessible and appropriate for children and families? MT = multidisciplinary team. Does the program operate with a range of professional disciplines, such as speech and language, social work, early childhood education, drug and alcohol counseling, and mental health services? CL = committed leadership. Does the program have a strong leader or leadership team that guides program and fiscal operations? Each category was rated on a 3-point Likert-like scale: 1 = low level of implementation, with just a few of the organizational and conceptual aspects; 2 = moderate level of implementation, with at least half of the organizational and conceptual aspects; 3 = high level of implementation, with a majority of the organizational and conceptual aspects.



stated, "The first group of parents in our parent training program stayed together for four months." The program had difficulty developing home visiting and therapeutic classes for children because of the long distances and community apprehension concerning young children attending programs outside the home. In contrast, the program in Mologi was highly successful in developing a vigorous home-visiting program. The director of the Mologi program said, "The culture of the villages in our region is strongly related to home visiting. I go into the homes, and when I see a family that needs help, I welcome them to our classroom."

All six programs have excellent community relations, committed leadership, and strong support of rayon and local officials, which contribute greatly to their success. The Board of Directors represents local businesses, churches, and agencies who usually are direct resources for development and funding of the programs. The community-based prevention programs that offered therapeutic classes for children created classroom settings and program offerings in close approximation to the Relief Nursery and Birth to Three programs in Eugene, including the use of multidisciplinary teams and the extensive use of volunteers.

### Outcomes

To demonstrate the outcomes of training and technical assistance, three key levels of impacts were assessed: (a) mega-impacts, i.e., societal consequences; (b) macro-impacts, i.e., impacts on developing community-based programs; and (c) micro-impacts, i.e., impacts on families and children (Stokking, 1996).

**Mega-Impacts: Societal Consequences.** Child welfare and social work reform has made progress in the almost two decades since Ukraine independence. Numerous laws protecting the rights of children, providing child welfare options, and guaranteeing child well-being have been passed by the government. Alternatives to institutional care, such as foster care and family-type homes, have expanded. Domestic adoptions also have increased (Groza et al., 2010). The numbers of children residing in baby homes, children's homes, boarding schools, and shelters have been significantly reduced, especially for babies and small children

from 0 to 7 years old (Balym, personal communication, May 11, 2009).

However, because children from 7 to 18 years of age have a smaller chance of being fostered and adopted, institutional care is still needed for many children. These children will be at greatest risk for having at-risk children of their own. Irina Dubinina, Deputy Director of the State Social Service, explained: "What we are trying to do is break the intergenerational cycle we have in Ukraine where children are sent to the orphanage, they leave the orphanage without the skills and knowledge to be good parents, and they send their children to the orphanage."

Equally important are the attitudes of the Ukrainian people, especially the new generation of social workers that have shifted away from institutional models and toward family-based care. Olga, an instructor in a parenting class in the Regional Training Center at Dnipropetrovsk Oblast, declared, "We are trying to change the whole idea and attitude about caring for children. Instead of thinking about taking kids away from families and placing them in orphanages, we think about placing kids in families. We change the lives of many people." At the same time, the older generation of social workers in Ukraine needs retraining. According to Komarova (personal communication, May 11, 2009, head of the Social Work Department, State Institute of Family & Youth, the existing professionals should be retrained in a community development perspective. This perspective differs from the institutional model, which is the orientation of the current generation. "What we need to do is wait for the current generation of social workers to retire and have the new generation come into the field" (Komarova, personal communication, May 11, 2009). Komarova also explained that programs for children and families should start at the local community level. If people in the community understand the goals of the program, then everyone will be interested. "We need communities for children," summarized Komarova (personal communication, May 11, 2009). Therefore, the successful implementation and development of the pilot community-based programs for children and families in Ukraine are critical at this moment.

## Development of Community-Based Programs in Ukraine

---

### **Macro-Impacts: Impacts on Developing the Community-Based Programs Across Ukraine.**

Several pilot community-based prevention programs were replicated in Ukraine to address the need for services for at-risk families and their children. Although this work is still in the early stages of development, much progress has been made. The results of this study provide insight into the components of the training that had the greatest impact on the successful development of the community-based prevention programs and the paramount importance of training participants in this process. Several key findings emerged from the interviews and observations that were conducted during the second research period.

First, the participants reported that before the training in Eugene the idea of preventive programs for families in crisis was unknown in Ukraine and was difficult to understand. Irina Dubinina, Deputy Director of the State Social Service, stated, "When we were in Eugene we learned about the Relief Nursery model to prevent child abuse and neglect. We did not have anything like this in Ukraine." Lyudmila Hrytskiv, Deputy Head of Administration in the Novomoskovky Rayon, added, "Ideas about prevention and working with families are very important for us. During all meetings with social workers and staff within the rayon, I tell my colleagues about our pilot prevention program in Pereshipino. The progress is slow but the ideas are good and people are interested." Natalia Shipitko, Head of the Family Support Unit in Gorlivka, summarized, "One of the important parts of the training in Eugene was to understand that the focus of our program is to support biological families. In the past it was easy to see a family that was in crisis and think that removing the child from the home would make the problems better. We learned in Eugene that giving the family help during the crisis helped and was better for everyone. Now in Gorlivka we put 90% of our effort into supporting biological parents to keep their children."

The second key finding was that the participants who were trained in Eugene developed leadership skills and a strong commitment to implementing, supporting, and advocating prevention programs at home. For example, employees and families of the community-based prevention pro-

gram in Novy Petrivtsi village were very proud with their community leader, Ludmila Nikolaenko (Director of the Regional Center for Social Services, Kyiv Oblast), who trained in Eugene and implemented the prevention program in their village: "With Nikolaenko we had the best information because she was going to all of the trainings. For example, after she would go to training, she would come back and meet with the village leaders and explain how to do the parent training and the classrooms. She knows all of the details and she makes sure the process is ongoing and everything is going smoothly." Similarly, the training of three stakeholders of the program in Gorlivka had a strong impact on its successful development. The program director in Gorlivka stated, "We had three members of our community team in attendance, and each of us learned the roles we would need to play when we returned home from the training in Eugene. Our mayor made sure he understood how the political and business part of the program operated. He met with a mayor from Oregon who told him how to set up the program and get community support. Our teacher took hundreds of pictures of everything that was done in the classroom. We couldn't have imagined a better way to be trained. We think our prevention program is perfect for our community." Natalia Shipitko added, "This is not always easy because what we are doing is very new for Ukraine, and there are not many people who participated in the training seminars we participated. We follow the curriculum and are learning as we go along."

The third key finding was that the participants were able to adapt the prevention models to their local conditions. For example, the community-based prevention program in Mologi in Odessa Region was very well developed and had great support from the members of the village council. The program was operated and managed based on personal contacts and commitments of support. When we asked about the Board of Directors, the village leader responded, "We are the leaders of this village. Some of us are in business, others are in farming, and still others are in government. We do not need to have others to look after this program. We trust our director, and we will see that

the center is open for the children and families of our village.” Although the leaders of the village are clearly not members of a board of directors, in terms of achieving the goals, their work is similar to that of the board of directors of American non-profit organizations.

All participants were very proud of the successes of their community-based prevention programs and the impact on the communities they served. For example, the Director of the City of Uman Social Services said, “The whole community is very excited about the success of our prevention program. We have much positive publicity in the newspapers and television. We have had many success stories from the parents and children at our center. We are able to serve many children and their families who may have gone to an orphanage in the past. Now we have the goal of not sending any children to the orphanage.” Ludmila Nikolaenko added, “Most of the emphasis on training was always on the older children. Now we have learned what to do with the younger children. We then started our own trainings so everyone could learn about working with young children and their parents. Since 2006 no children from our village have gone to the boarding school. This is a success.”

**Micro-Impacts: Impacts on Parents and Children.** Natalia Shipitko highlighted the impact of the Gorlivka community-based program on parents they serve: “Without our program the parents in crisis would be isolated, would have no friends and may end up giving their child to the orphanage. Initially it was a shock for the parents to talk about their family. Now the parents smile and have friends. They are the same people they were when they first came to our program. In some cases the mother has reconnected with the child’s father. Everyone is so excited about being here. I think working here has changed so many lives, including my own.”

For instance Olga, mother of Bogdan, shared her story with us: “When I first came to the program in Gorlivka everything was black. I didn’t know what to do. My parents were both alcoholics. They abandoned me. My grandmother raised me. When I got pregnant, this created a conflict with my grandmother and my boyfriend. He said he did not want a child, so we broke up. My grandmother

then kicked me out of the house. I wanted to abandon the child. Then the program for families and children came into my life. They have given me the support I need and now I am in good shape. I am reconnected with Bogdan’s father. The program supports our whole family.”

One little boy named Igor came to the same program in Gorlivka. He would not speak and would hide from the other children and the staff. During circle time, he would run away and refused to come and be with the other children. One day, he was hiding from the staff and put his “potty” on his head. Although he was told not to do this, he continued this behavior to hide his face. His mother was very negative about him and told the staff he was very difficult at home. After about 3.5 months in the program, he started to become part of the group and to play with the other children. He also began to interact with the teachers and did not run away from help. His mother stated that he was improving at home and that she was enjoying being his mother. His first word was “children.” Another little boy in the classroom who was not following the rules was causing problems. On day when the staff attempted to work with him, he ran away and fell down. Igor went to the boy and said, “Don’t worry, I will help you.” When Igor started talking, he spoke in complete sentences. His language still needs improvement, but he now speaks, wants to be part of the group, and plays with the other children.

### Conclusion

The training and technical assistance program developed by FCP was successful in the short term. The ultimate impact of the project will be determined by whether the prevention programs and services that have been developed are sustained, expanded, and systematically replicated in areas outside the pilot communities initially supported by the USAID grant. Based on the results observed to date, FCP has set the stage for developing prevention programs in Ukraine. The outcomes of the training and technical assistance programs revealed that significant impacts occurred at mega-, macro-, and micro-levels. During this project, ten community-based prevention programs had been developed in five FCP regions in

## Development of Community-Based Programs in Ukraine

---

Ukraine, serving 128 families raising 184 children. Furthermore, the five pilot community-based programs that we observed during this study reported that they no longer place children in institutional care. The community-based prevention programs in combination with increased use of foster care, family-style homes, and other domestic options have made impressive progress during the years of our study that must be sustained through continued support from both the government and private sectors.

### References

- Birth to Three. (2005). *Making parenting a pleasure*. Eugene, OR: Author.
- Bogolyubova, E. (2009). Applicability of public and private child welfare models to Ukraine: A case study of training seminars of Ukrainian officials and child welfare professionals (Master's thesis), University of Oregon, Eugene, OR.
- Close, D. (2006). *Midterm evaluation report*. Eugene, OR: Holt International.
- EveryChild. (2005). *Family matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*. Retrieved from [www.everychild.org.uk/media/documents/Family\\_Matters\\_full.doc](http://www.everychild.org.uk/media/documents/Family_Matters_full.doc)
- Groza, V., Komarova, N., Galchinskaya, L., Gerasimova, A., & Volynets, L. (2010). Ukrainian adoptive families. *International Social Work*, 63(1), 19-31.
- Holt International. (2005). *Families for Children Program (FCP) in Ukraine, Program overview*. Kiev, Ukraine: Holt International.
- Holt International. (2008). *Families for Children Program Ukraine, Bi-annual report October 2007 through March 2008*. Kiev, Ukraine: Holt International.
- Kirkpatrick, D. L., & Kirkpatrick, J. D. (2006). *Evaluating training programs: The four levels*. San Francisco, CA: Berrett-Koehler Publishers, Inc.
- Landesman Ramey, S., & Sackett, G. P. (2000). The early caregiving environment: Expanding views on non-parental care and cumulative life experience. In A. Sameroff, M. Lewis, & S. Miller (Eds.), *Handbook of developmental psychopathology* (pp. 365–380). New York, NY: Kluwer Academic/Plenum.
- McLaughlin, J. A., & Jordan, G. B. (2004). Using logic models. In J. S. Wholey & H.P. Hatry, K.E. Newcomer (Eds.), *Handbook of practical program evaluation* (pp. 7–32). San Francisco, CA: Jossey-Bass.
- Ministry of Family, Youth and Sport of Ukraine, State Institute for Family and Youth Development. (2007). *National Report on implementation of the decisions of the final outcomes document of the United Nations General Assembly special session on children (2002) and action plan 'A World Fit for Children.'* Retrieved from [www.unicef.org/worldfitforchildren/files/Ukraine\\_WFFC5\\_Report.pdf](http://www.unicef.org/worldfitforchildren/files/Ukraine_WFFC5_Report.pdf)
- Phillips, J. J., & Stone, R. D. (2002). *How to measure training results: A practical guide to tracking the six key indicators*. New York, NY: McGraw-Hill.
- Phillips, P. P., & Phillips, J. J. (2007). *The value of learning. How organizations capture value and ROI and translate them into support, improvement, and funds*. San Francisco, CA: Pfeiffer.
- Relief Nursery. (2006). *Concept Paper*. Eugene, OR: Author.
- Stocking, K. M. (1996). Levels of evaluation: Kirkpatrick, Kaufman and Keller, and beyond. *Human Resource Development Quarterly*, 7, 179–183.
- Ukraine State Statistic Committee. (2001). *UNICEF Ukraine Analytical Report, Children and family well-being in Ukraine: tendencies and indicators*. Retrieved from [www.unicef-irc.org/research/ESP/CountryReports2000\\_01/Ukraine00R.pdf](http://www.unicef-irc.org/research/ESP/CountryReports2000_01/Ukraine00R.pdf).