

TACIS INSTITUTION BUILDING PARTNERSHIP PROGRAMME (IBPP)

**PROJECT "CAPACITY BUILDING OF UKRAINIAN NGO
IN PROVIDING TRAINING FOR STATUTORY SOCIAL
SERVICE PROVIDERS"**

FINAL EVALUATION REPORT

Richard Carter with Nelya Pshenychna



This project is financed by
the European Union



This project is implemented by
the EveryChild



This final evaluation report has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of EveryChild and can under no circumstances be regarded as reflecting the position of the European Union.

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EveryChild

64 Queen Street, London EC4R 1HA, United Kingdom

Tel: +44 (0) 20 77 49 24 30; Fax: +44 (0) 20 7749 2463

EveryChild Ukraine

Office 2, Lastovskogo Street, 3, Kyiv, 01011, Ukraine

Tel: +38 (044) 537 22 94; Fax: +38 (044) 285 75 82

E-mail: info@everychild.kiev.ua

www.everychild.org.ua

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Acknowledgements

This report is based on materials gathered during a two-week period in November-December 2005; the arrangements for this visit, and most of the translating, both of the interviews and the copious written material that was analysed, was carried out most ably by Nelya Pshenychna (and in Lviv by Nadia Vrublevska and Sonia Stavkova); I am very grateful for their support. The same applies to the staff and families who freely gave their time and helped to provide so much valuable information. I would like to express my sincere thanks to everyone for their help.

Introduction & methodology

This final evaluation report was carried out by Richard Carter and Nelya Pshenychna; it was based on fieldwork carried out in November-December 2005 and subsequent analysis of the material collated in the course of the fieldwork. The evaluation is based on three investigative strands:

- Interviews with national and local officials, social workers, social work managers, and, last but not least, families that were helped by the project;
- Quantitative information, based on analysis of a sample of social work case notes;
- Structured questionnaires administered to a sample of social workers, social work managers, and families

The result of these inquiries were then analysed to produce this report, which consists of a main body and seven appendices with more detailed information.

Key questions for the evaluation

The Terms of Reference for the evaluation (see **Appendix 7**) set out four key questions for the evaluation report to answer. These were: (1) Has the project increased the access of vulnerable families with children to high-quality social services? (2) To what extent has the project increased the capacity of the Ukrainian League of Social Workers to provide targeted social support to vulnerable families with children? (3) To what extent has the project managed to disseminate to 16 other centres the existing good practice in Family Support Services developed in three pilot regions of Kyiv Oblast? and (4) Has there been a successful partnership between the League and EveryChild (with BASW as a secondary partner)? A further section is added to cover pertinent questions that were not included in the original four above. The questions are now dealt with in turn:

1. Has the project increased the access of vulnerable families with children to high-quality social services?

Before the existence of the project, there were no formal social services for vulnerable families, although there was a system for the provision of small amounts of financial assistance and a system known as Family Home. However, it was not able to provide any financial support and the specialist services in Family Home were provided only by semi-volunteers. Some practical assistance was provided by the state – for example, for elderly people in acquiring heating fuel – but this practical assistance was at a minimal level. Consequently, the provision of **any** system high-quality social services would improve vulnerable families' access to such services, so the question becomes, to what extent was access improved? Here we need to examine the kinds of services that were provided under the project – but, before that, we need to look at the ways in which families were accepted (or not accepted) onto the project.

In the initial days of the project, after the early training (this is dealt with under the next heading) because this kind of service was new in the areas covered, people naturally did not know about it and so publicity campaigns were needed. At most sites the procedure followed was the same: a publicity campaign was launched in the area using local television stations and press – for example, social workers would write an

article in the local weekly paper about the services that they provided – and also local (village or city) councils were approached for lists of vulnerable families. The lists of possible candidates for support were then examined to see if they met the standard criteria (these were the same in all sites – for details see **Appendix 6**, although some social workers modified them slightly when local circumstances warranted this). Many families did meet the criteria – in Tarashcha, for example, the figure was around 60 per cent of all the families in the communities covered – and the families that met the criteria were then assessed in their own homes. The findings were then discussed with the local Coordination Committees that were set up and the final decision taken there on which families should be included in the project.

What kinds of families were included? The evaluation examined this by looking at a detailed sample of case notes. In all, 84 cases were examined, selected randomly from the site files (see **Appendix 2** for how this was done); this sample contained 202 children, 2.4 per family at an average age of 8.44 (**Table 1**, **Appendix 1**). The large majority of these cases (83 per cent) involved the prevention of children being placed in institutional care, with 12 per cent being reintegration cases and a tiny number, 5 per cent, involving purely practical assistance. These figures varied slightly between sites, the biggest difference being in reintegration, between the 33 per cent in Crimea and 4 per cent in Kyiv (**Table 2**); the large majority of all cases were of children living at home or with their extended families, (**Table 3**).

Referrals came from a range of sources, of which 27 per cent were from the local authority (city or village council), 21 per cent were self-referred and significant numbers came from the local Centre for Children, Families and Youth, the Service for Minors and from schools (**Table 4**). In Crimea, the school-referred proportion was almost 50 per cent – this was, of course, expected since the social workers were based in a local school.

The reasons for referral were more complex, with a total of 17 separate reasons identified (**Table 5**). Of these, poverty (cited in over half the cases) was by far the most significant reason; if causes like poor housing and unemployment, which are associated with poverty, were added in this figure would most likely be much higher. General difficulty in bringing up children and single parenthood accounted for around a quarter of cases. Perhaps surprisingly, in view of the frequency with which it tends to be mentioned in this context, alcohol abuse was cited in only 10 per cent of the referrals. It does, however, pose particular problems, more so than other causes as is discussed later in this report.

Tables 6 and **7** give information on the nature of the work that was done to support families. **Table 6** identifies the average number of home visits, office interviews and telephone conversations per case: the overall figures are 14.2, 13.3 and 9.4 respectively, but there is some variation between sites, as is made clearer in **Figure 1**: in Lviv the discussions with clients were predominantly office-based, whilst those in the other two sites were more likely to take place in clients' homes; it's not clear why this was so. **Table 6** also records the average length of time that cases remained open; this was around 30 or so weeks in each site, with no significant difference between sites.

Table 7 (and also **Figure 2**) shows the kinds of support that were offered at each site, divided between material, practical/humanitarian, legal and psychological/emotional support (although the distinction between these, especially for the first two, was not always entirely clear). The main difference between sites is that Kyiv and Lviv

provided higher levels of material and legal support than Crimea which, conversely, was higher on both practical/humanitarian and psychological/emotional support.

However, although all these figures are useful in telling us *what* was done, they do not really tell us about the *quality* of the services on offer. Apart from the many supportive remarks which people (both clients and staff) made to me during the course of this evaluation, some of which are reproduced here, there is also the quantitative judgement on whether cases had been successful or not. The cases in the sample were examined to determine whether or not this was the case; the results are shown in **Table 8**. In the sample of cases the overall success rate was an impressive 83 per cent, although it varied somewhat between sites: from 71 per cent in Lviv to 88 per cent in Kyiv. The reasons for the differences are not obvious, especially as the site with the lowest success rate did not seem to have an especially high level of difficult cases – for example, only 5 per cent of them involved alcohol abuse.

The conclusion of this part of the evaluation is that the project has indeed increased vulnerable families' access to high quality social services.

2. To what extent has the project increased the capacity of the Ukrainian League of Social Workers to provide targeted social support to vulnerable families with children?

The project began as a three-way partnership between the League, EveryChild and the British Association of Social Workers (BASW), and the involvement of the League acted as a stimulant to the local authorities (because members of the League are employed by the local authorities) in suggesting premises for the establishment of training centres and other ideas for starting the project up. It was thus a convenient way of involving both statutory bodies and INGOs in one project.

There seem to have been no major problems in setting up the training units at the three sites, and it was clearly a significant help that EveryChild was on hand to provide computers and other resources to get things going. One very helpful point was that the League found it relatively easy to recruit the training staff and the heads of the training centres because they were able to offer a salary: this was unlikely to have worked without the salaries being on offer.

Another helpful factor was the significant support provided by EveryChild and BASW on legal matters – specifically, to redesign the League's constitution to enable it to take a more active role. In fact, the national standards that BASW helped them to develop (and the study visits that BASW organised) were significant in raising the League's profile in the regions, i.e., outside Kyiv, and now the organisation feels it has a serious CV and a presence in Ukraine that it did not have before. In fact, Nadia Pukas, the Executive Director of the League, argued that, by virtue of the agreement between the League, EveryChild and the national state social services, it had gained a significant capacity to influence the statutory authorities in the development of social services.

A social worker's view of the study tour

“The study tour to the UK was very good: it was so helpful for us to see shelters for teenagers, daycentres, to see the training and support that was provided to social workers – and to meet with English social workers and their managers to understand the professional requirements for their jobs. To see crisis intervention teams was particularly good: the Director of the State Centre for Social Services for Youth, who was on the visit, said she would very much like to have that kind of service here in Ukraine.”

– Social worker, Sokal

Before the current project, the League seems to have been a well-intentioned organisation but which possessed little influence: one interviewee described it as a organisation for professional members, by which she meant that it acted to benefit members but had little or no influence on the wider scene. It acted in a somewhat passive manner, with activities taking place in only a few branches. However, largely as a result of its involvement in the training exercises, it has gained a much wider role and a more active one. One aspect of this lay in the fact that the local educational institutions used knowledge gained from the training centres to support their courses: some of the League's trainers also taught social work in the institutions and there were clearly gains on both sides of this relationship. For example, the universities often used the training centres to help them – for example, some sent social workers to the universities to teach the methodology of social work, and this was very helpful; it was, though, largely one-way traffic, since at most of the sites the opportunity was missed to send the social work students to observe social work in action: social work training in the region tends to be rather theoretical, and it would have been a real opportunity for social work students to benefit from practical on-the-job training. This was, in fact, done in Massandra, where students from the local social work training course have spent their one-month internship with the project: the social workers take the students to new families and ask them independently to carry out assessments; these are then compared with the social workers' own assessments so that the students can learn. This was an excellent idea and it is a shame that it was not tried more widely.

The only question about the League's capacity concerns the long-term sustainability of the training centres: there is no guarantee that the funding for the centres would continue after the end of the project. Their premises are secure, as is the equipment that was provided by EveryChild, but it is the salaries of the trainers that need continued funding. Some money has been secured, partly from an INGO (Holt International) and partly from local authorities, and it is hoped that the training will be maintained: it is clearly advantageous for this to happen. The key factor in maintaining the existence of the training centres lies less in the physical entities like the premises and the equipment than in the reservation of the staff: as Nadia Pukas said: “The buildings and equipment are useful – but the staff are the ‘gold deposit’ which helps to preserve the knowledge that we have gained.” She added: “I wish we had the money to publish some of the materials we have created: another way of preserving what we have learnt would be to compile a list of all the practical experience that we gained.” It would be good if some way were found (perhaps in conjunction with the TACIS project?) for this material to be preserved.

3. To what extent has the project managed to disseminate to 16 other centres the existing good practice in Family Support Services developed in three pilot regions of Kyiv Oblast?

Here again the training was the central factor, and all those interviewed, whether from the League, the local social centres or from central government, agreed on the central part played by the training. Social work is essentially a practical activity, and training of the kind that was given in all three centres was vital: without it the project would have struggled very hard to succeed.

The organisation of the training was praised, with one social worker commenting that it was good that the training came from external trainers rather than from their own managers. Another social worker, commenting on how useful the training had been, said only that she wished they could have had more of it: "The basic training was very well planned, with all the information that we needed, but it did lack case supervision and it would have been good if this could have been incorporated into the programme."

There were no major problems in setting up the social work teams, and the ability of the project to offer the social workers a salary (albeit that it was initially only for the two years of the project with no guarantee of continuation after the end of the project) was felt to be a significant factor in the relative ease with which the teams were recruited.

A social worker's view of the training

"My first impression about the training was the difference between the previous social work training in Ukraine, which was wholly theoretical, and this training with its practical nature ... One of the really important parts of it was the ability to interact with colleagues. It was a new job for us and we lacked confidence, but in the group work we found the confidence to become involved practically, rather than just theoretically."

Social worker, Massandra

At the very beginning of the work there seemed to be so many problems, both in getting the teams organised and in understanding how families could be helped, that it was difficult to see what could be achieved and, at least in the early stages, local officials were unsympathetic:

A social worker's view of local officials

"One of the most difficult things in the early stages was the stereotypical thinking of the local officials. For example, when we approached the deputies of the local councils, they didn't really understand what kinds of families we were trying to help. Sometimes they would say: 'Why bother working with such families when we've already provided them with so much support: they are hopeless families!' But families also tended to have stereotyped thinking regarding state officials and they tend to keep their real problems to themselves: there was a lack of trust."

Social worker, Sokal'

But gradually, as the social workers began their actual work after the training, they began to understand what it was they needed to do and then, each day it became a little easier. As a social worker in Sokal' said: "Before, people had no idea of what [the service] was and could not imagine that there could be people who were concerned about others' problems and who would want to help. But now, when we go to a village, the village head welcomes us, and we're recognised as occupying the top place, so to speak, amongst agencies in the region."

Having an agreed set of criteria for family assessment was regarded as being very helpful, although one or two social workers reported that at first they sometimes felt limited by them: there were some families who did not fit the original criteria but who nonetheless were in great need – so for these cases one group (in Bakhchiserai) added an extra 'other' category. On the other hand, the criteria sometimes proved particularly useful when other agencies tried to palm off some of their more difficult client families on the social workers; they were then able to say "Oh no, they don't fit our criteria and we can't take them on."

A social worker's view of the service provided

This service is a very useful activity and it's important that it is here. The most important thing is that it's having a deeper and more thorough effect than before. Then, when we interviewed the parents of children who weren't doing well, the teachers could only make recommendations and there was no follow-up, the interviews were at the school and they were never able to visit families in their homes. Now, the social workers talk to the families in their own environment and can understand better the problems they face, make recommendations and follow them through. It all helps to make the children more confident and so on.

Social worker, Massandra

Another key factor has been the employment of individual contracts between the social workers and their clients: after the family has been assessed and accepted onto the scheme, an individual course of action for the clients is agreed between the two parties, under which the clients accept that they will undertake certain actions in return for the support that is given them. This helps to build trust between clients and their social workers and thus rewards the clients such that it becomes almost a kind of therapy for them – and, of course, it provides an element of compulsion for the social workers in case things go wrong. It also helps to prevent families becoming dependent on the material aid they are able to offer because part of the contract will involve making sure that the family are able to budget properly and that they understand that any material aid is to help them over a crisis rather than to be never-ending.

A client's view of the service provided

[When I was referred to the project] I had housing problems, no husband and I was in financial difficulties. I wanted to abandon my child.

When the FSS social worker first visited, I was a bit frightened, as we live in such time that there's no one you can trust. But soon after she first came, I cried and was immediately supported.

The social worker explained to me that my child would be protected if he stayed with me. She proved that I need him and that he needs me also. I thought it over very carefully and changed my mind, and decided to keep him. She provided emotional support, patience, listening skills, the ability to explain important things in plain language. Also it was very useful to have food and clothes for my older child. We had nothing to eat and I had just delivered a baby.

When the service was coming to an end I was prepared; I was able to make decisions myself and I could see the sense in my life. I knew if I didn't cope, there would be someone who would support me. My family didn't end up in the gutter and I avoided the biggest mistake in my life - to abandon my baby to the baby home.

– Social work client, Sevastopol

It is useful under this question to review the perceived benefits of the project, as seen by those who worked in it. There were many, of which the following were generally agreed to be the most significant:

- One significant benefit was that families have become more informed as to their entitlements and how to obtain them – particularly for state benefits, about which people were surprisingly ignorant – and are now able to negotiate with the relevant agencies for themselves, whereas before they lacked the knowledge – and the confidence – to do this.
- But the most striking change produced by the project, as far as families were concerned, was the change of approach in the way in which families were taken on by the project. Previously families had to go to the offices of their local social services to apply for support, but now they were systematically assessed according to the predetermined criteria. This was helpful in that it meant that everyone was treated equally, but the real change lay in the manner in which it was done: families were visited ***in their own homes***, and that made a huge difference.

A social worker on clients' reactions to the service

When we first came to work here, we gave small amounts in vouchers – 100 UAH only – and we thought, that's so little, but the reaction of the people we were helping was quite different because they felt a real recognition because we had gone to see them. The main way in which we've helped is that, in showing the possibility of change, we've "planted the seed of hope." People feel valued for their own sakes and not just by the state, and we've been here to start the process.

We make a special effort to help families with children with disabilities; when we did so earlier, people were amazed and lit candles in the church, saying: "for your health." And the father of a family with children with learning disabilities who we'd helped earlier came to see us with tears in his eyes, saying "This is the first time in my life that someone has remembered me."

Social worker, Sokal'

- The whole service is now much more family-oriented, and the agency has become a mediator between/advocate for families in their relations with government agencies. As a social worker in Bakhchiserai said, "Part of this is that the social work service is now here in an area where it was initially a very new idea – and people know that the service is **here**. But it also means that the local authority staff have more respect for the centre and what it can achieve."
- Financial aid to families. The ability to provide this was also a very important factor, in that it provided a means to encourage the recruitment of families to the project by giving them a small but significant amount of material support, particularly when so many of the families in the region were living below the poverty line. This support, though in absolute terms it may not have been very much, was nonetheless crucial for many families
- Preservation of the family. One marked change that a number of social workers commented on was in the attitudes of local officials: they now realise the importance of working to preserve the family as an entity, most notably in preventing the children being placed in institutional care. Given EveryChild's experience elsewhere in the former Soviet Union of official attitudes favouring institutional care, this change is very significant.

A politician's view of the benefits brought by the project

"The main benefits of the project? Firstly, simply keeping a list of vulnerable families is more systematic than what we had before. Secondly, it's the ability to go into a family to do individual social work when before, all we could do was to identify vulnerable children without the ability to do anything about it. And thirdly, helping so many people to improve their lives will have a knock-on effect on the community as a whole. From the beginning, I've felt that if we can save even one child, it will have been worthwhile."

– Lubov Arsamassova, Mayor of Massandra

4. Has there been a successful partnership between the League and EveryChild (with BASW as a secondary partner)?

This question is closely linked with Question 2 on the capacity of the League, and has been fully answered there. However it is worth reiterating that all those interviewed, when asked about the value of the partnership, agreed that it had been very helpful.

5. Difficulties encountered by the project and recommendations for the future

Apart from some initial doubts about the project, particularly amongst local authority staff who were unfamiliar with the concept of social work (I discussed these earlier in this report), there were a number of difficulties encountered by the project. These were overcome to a greater or lesser extent, but they do need to be raised here since they are typical of the kind of thing that a project of this nature is likely to have to deal with.

- **Sustainability**

Although the project was intended to run for two years, it is clear that if it were to end at that point it would have been only a very limited success: the whole aim was to establish a working model for the region. For this reason it was important to examine whether the project will, in fact, be able to continue after the IBPP funding finishes. Accordingly, questions were asked at each site to determine whether this was so; the results are shown in **Table a**. This shows that the social workers' salaries will continue to be paid in all locations except for Sevastopol, and that all sixteen locations will continue to be provided with offices. The position on the continuation of funding from the raions' budgets for financial assistance is less happy. Having the ability to provide even a small amount of material assistance is important because poverty is so widespread, largely as a result of unemployment. Continued funding for material assistance is already included in next year's budget in only nine out of the sixteen, although staff of the project expect that it will eventually be included in all but one raion (Bakhchiserai). On the whole, then, it seems that the future of the project is largely assured, provided the hopes about inclusion in next year's budget are fulfilled.

- **Transport**

In most locations, the social workers had no means of transport to get out to the more distant villages to see their clients: they frequently travelled by *marshrutka* (local buses), claiming the cost as a business expense, but the project was often unable to afford to reimburse them. In one location social workers used the car belonging to one of them, and also had difficulty with reclaiming the expense. Apart from the issue of their expenses, this was generally a slow and rather inefficient means of travel, and there would have been undoubted advantages if a minibus could have been provided at each location – it would have had the added advantage of being able to provide necessary transport for client families – but it was beyond the scope of the project. It might, however, be a point to consider when the project is expanded further.

- **Particularly intractable cases**

Although some cases proved unsuccessful, usually because the families were unable to fulfil their side of the contract, the only type of case that proved generally intractable was that which involved alcohol abuse. The problem is that there is a

complete lack of specialist support for families with alcohol problems. In Soviet times, people abusing alcohol and becoming violent were forcibly taken from their homes and sent for treatment; this was distinctly rough and ready and not to be recommended now, but the problem is that, although this mode of treatment has been stopped, nothing effective has been put in its place. There are legal procedures, but these are very slow and complicated to implement, and since the introduction of the law on the protection of the rights of clients, it has been impossible to treat people against their will. This is, of course, entirely reasonable in most cases, but where, for example, alcohol or drug abuse are occurring, it may be in their (longer-term) best interests to treat someone even though they do not want it now.

In most locations the social workers were able to report on particular families with alcohol problems whom they had tried to help, and some had devoted many hours to working with these families. More often than not, unfortunately, although their work was effective in the short term, in the longer term the drink problem usually came back. The social workers were agreed that specialist support was needed, and that simply did not exist any more. Alcoholism was felt to be widespread – one social worker said that half the country was distilling illicit alcohol and the other half of the country was buying it from them – although the proportion of alcohol abuse cases on the sample examined was relatively small at around 5 per cent..

- **High turnover of staff and social worker burnout**

Mainly because of the constant strain of dealing with difficult problems the social workers often suffered from burnout, so there were quite high levels of turnover amongst the workers. Staff at several of the centres stressed the importance of keeping staff together so that their hard-won lessons were not lost. Provision of support for the social workers was, therefore, very important so the effects of burnout could be minimised, and it is not clear that all sites were wholly successful in this.

Coupled with the need for this support was the need also for continued training: many of the social workers recognised that, good though the initial training was, it was also essential to provide continued training, and some locations were able to do this very effectively. As one social worker said “I realise that the period of our cooperation is coming to an end, but I would really ask that training should be continued: it’s an important request for us as it gives us the chance for people in the different FSSs to compare experience, swap ideas and so on.” This is, perhaps, a useful lesson for the large capacity-building project that is now being implemented in Kyiv.

- **The lack of multidisciplinary teams**

Although some of the teams employed psychologists and/or lawyers to advise on special problems, this does not seem to have been the case generally. The teams who did have access to this kind of expertise found it very useful, and a further recommendation is that, where possible in future, the social workers are given ready access to specialist support of this kind, preferably by integrating it into the teams.

- **Data collection**

One criticism that might be levelled concerns the lack of baseline data or, indeed, of much systematic data collection during the project. This obviously hampered the evaluation, and although this is a minor consideration in itself it does point up the need for effective monitoring of the progress of the project. For example, how many children were successfully prevented from being placed in an institution during the

course of the project? How did this compare with the numbers in the corresponding period before the project? How many sets of parents had their parental rights removed during the project, compared with earlier?

Of course, it is not easy to interpret such information: suppose there is a statistically significant difference between the 'before and after' figures: how much of this difference can be attribute to the project, and how much would have happened anyway? This is the difficulty with this kind of evaluative work, and it needs careful analysis.

Nevertheless, information like this would be invaluable for the managers both in assessing the progress of the project and in providing the ammunition that would help to demonstrate its effectiveness to others, and I strongly recommend that statistical information is collected on a systematic, regular basis to enable this kind of judgement to be made in future work. The kinds of quotations from people that were collected during this evaluation are very helpful, but hard statistical information is invaluable too. Amongst the information to be collected would be the kind of basic information about families that is described in Appendix 1, which describes both the circumstances of the families being helped and the work that was done to help them – and the outcomes, especially important. If there is a particular emphasis on reducing the reliance on the use of institutional placement, it would also be valuable to assemble information on children entering and leaving the relevant institutions over time – though this is more difficult to interpret because of the many external factors that can be influential in affecting the level of use of institutional care.

A concluding remark

In conclusion, it should be clear from the foregoing that the project has been very successful; it has, of course, encountered difficulties as any new project would be expected to, but these seem to have been tackled with enthusiasm and ability: the favourable responses of the clients who have been helped is eloquent testimony to that.

A final quote from (see box below) sums up well the experience of the project.

An overall assessment of the project

“Generally, we evaluate this project positively. The greatest value [of it] is that, when it was launched, it was linked to the development of our work in prevention, and it was a very good opportunity for us to combine our resources with those of the project to take forward our preventive work. Actually, it’s served as a driver for us as a national service attempting to develop this service nationally, not just in the three oblasts of the project. One further advantage of the project was that the work demonstrated in a most direct way the need to put more resources into prevention. And perhaps the most important benefit was that the officials began to understand that the relatively small investment in social workers was much less than the costs associated with institutional care and the other longer-term disadvantages of this form of care.”

– *Svitlana Tolstoukhova, Director of State Services for Families, Children and Youth*

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Appendix 1 – Tables and Figures

Table 1: Sample size: numbers of cases and ages of children

	Total no of cases in the sample	Total no of children in sample	Average no of children per family	Average age of children
LVIV	19	52	2.7	8.52
CRIMEA	15	29	1.9	8.38
KYIV	50	121	2.4	8.42
ALL THREE SITES	84	202	2.4	8.44

Table 2: What kinds of cases were handled?

		Reintegration	Prevention	Practical/ Other
LVIV	Number	3	13	3
	Per cent	16%	68%	16%
CRIMEA	Number	5	10	0
	Per cent	33%	67%	0%
KYIV	Number	2	47	1
	Per cent	4%	94%	2%
ALL THREE SITES	Number	10	70	4
	Per cent	12%	83%	5%

Table 3: Where were the children living when the family was referred?

	Family	Extended family	Institution	Shelter for Minors
LVIV	16	1	2	0
	84%	5%	11%	0%
CRIMEA	11	2	3	2
	73%	13%	20%	13%
KYIV	43	5	2	1
	86%	10%	4%	2%
ALL THREE SITES	70	8	7	3
	83%	10%	8%	4%

Table 4: Who were they referred by?

	Local authority	Self-referred	Hospital/ Baby Home/ institution	Centre for Children, Families & Youth	Service for Minors	School	Other (Community paediatrician, neighbours, friends of family)
LVIV	7	8	1	1	1	0	1
	37%	42%	5%	5%	5%	0%	5%
CRIMEA	2	2	1	1	2	7	0
	13%	13%	7%	7%	13%	47%	0%
KYIV	14	8	2	9	10	3	4
	28%	16%	4%	18%	20%	6%	8%
ALL THREE SITES	23	18	4	11	13	10	5
	27%	21%	5%	13%	15%	12%	6%

Table 5: What were the reasons for the original referral?

	Poverty	Poor housing	Unemployment	Alcohol abuse	Single parent/ Widow/ widower	Abuse/ neglect of children	Truantiing/Not attending school	Disability of parent	Disability of child	Illness of parent	Illness of child	General difficulty	Risk of institutionalisation	Parents' rights removed	Grandmother caring	Reintegration	General difficulty bringing up child(ren)/ Emotional crisis
LVIV	11	4	2	1	6	1	1	0	2	2	1	0	2	1	0	0	6
	58%	21%	11%	5%	32%	5%	5%	0%	11%	11%	5%	0%	11%	5%	0%	0%	32%
CRIMEA	1	1	0	1	0	0	2	2	3	2	0	0	4	2	1	4	3
	7%	7%	0%	7%	0%	0%	13%	13%	20%	13%	0%	0%	27%	13%	7%	27%	20%
KYIV	34	6	1	6	13	0	2	5	5	5	2	0	3	0	2	2	14
	68%	12%	2%	12%	26%	0%	4%	10%	10%	10%	4%	0%	6%	0%	4%	4%	28%
ALL THREE SITES	46	11	3	8	19	1	5	7	10	9	3	0	9	3	3	6	23
	55%	13%	4%	10%	23%	1%	6%	8%	12%	11%	4%	0%	11%	4%	4%	7%	27%

Table 6: What kind of work was involved and how long were the cases open?

	Average number of home visits	Average number of office interviews	Average number of telephone conversations	Average length of case (weeks)
LVIV	7.7	16.6	1.9	32.4
CRIMEA	17.5	12.8	9.7	30.5
KYIV	14.8	11.3	11.6	35.5
ALL THREE SITES	14.2	13.3	9.4	33.9

Table 7: What kind of support was provided to the families?

	Material	Practical/ humanitarian	Legal	Psychological/ emotional
LVIV	17	11	9	17
	89%	58%	47%	89%
CRIMEA	7	12	2	15
	47%	80%	13%	100%
KYIV	40	30	17	43
	80%	60%	34%	86%
ALL THREE SITES	64	53	28	75
	76%	63%	33%	89%

NOTE: Figures in rows do not add up to 100%

Table 8: What was the outcome of the cases?

	Successful	Unsuccessful
LVIV	13.5	5.5
	71%	29%
CRIMEA	12.5	2.5
	83%	17%
KYIV	44	6
	88%	12%
ALL THREE SITES	70	14
	83%	17%

Table 9: Are the projects sustainable after IBPP funding has finished?

Oblast	Raion	Will the social workers' salaries continue after the funding ends?	Will they still have an office?	Is financial assistance included in the raion budget for the following year?	If the budget is not yet set, is financial assistance likely to be included?
LVIV	Yavoriv	Yes	Yes	Yes	Yes
	Sokal'	Yes	Yes	Yes	Yes
	Drohobych	Yes	Yes	Yes	Yes
KYIV	Irpin	Yes	Yes	No	Yes
	Fastiv	Yes	Yes	No	Yes
	Baryshivka	Yes	Yes	Yes	Yes
	Slavutych	Yes	Yes	No	Yes
	Bilotserkivsy Raion	Yes	Yes	Yes	Yes
	Borodyanka	Yes	Yes	Yes	Yes
	Tarashcha	Yes	Yes	No	Yes
	Pereyaslav-Khmelnytsky	Yes	Yes	No	Yes
	Kyyevo-Svyatoshyn	Yes	Yes	Yes	Yes
	Skvyra	Yes	Yes	Yes	Yes
CRIMEA	Sevastopol	No	Yes	No	Yes
	Massandra	Yes	Yes	Yes	Yes
	Bakhchisarai	Yes	Yes	No	No
Total YES (out of 16)		15	16	9	15
Per cent YES		94%	100%	56%	94%

Figure 1: What kind of work was involved in the cases?

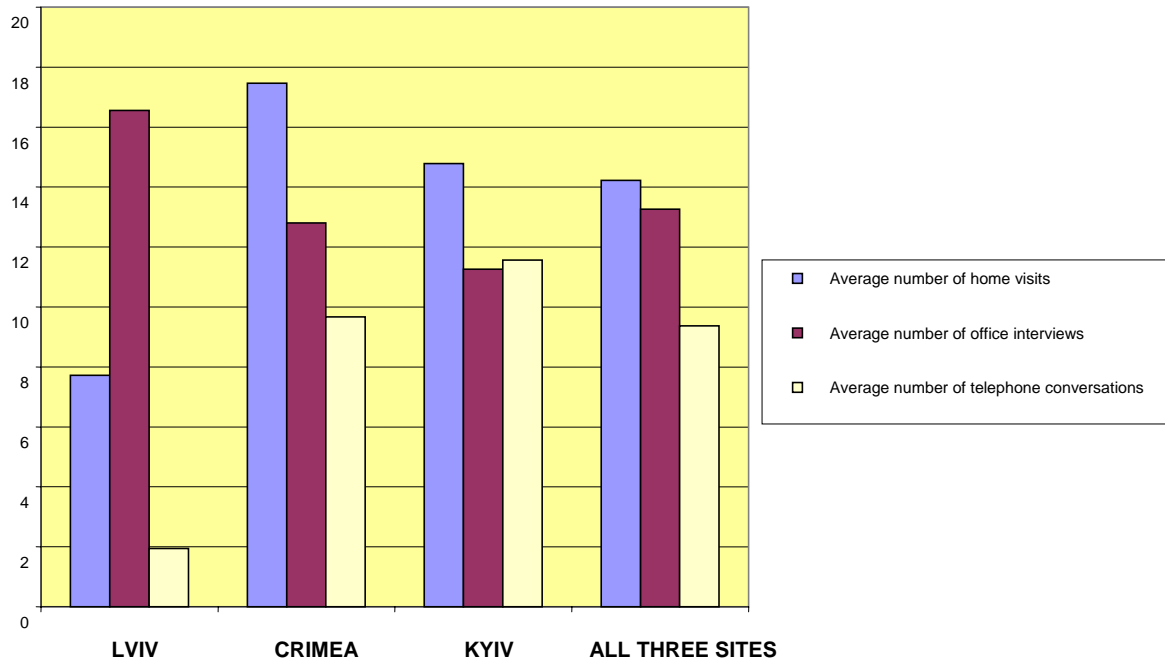
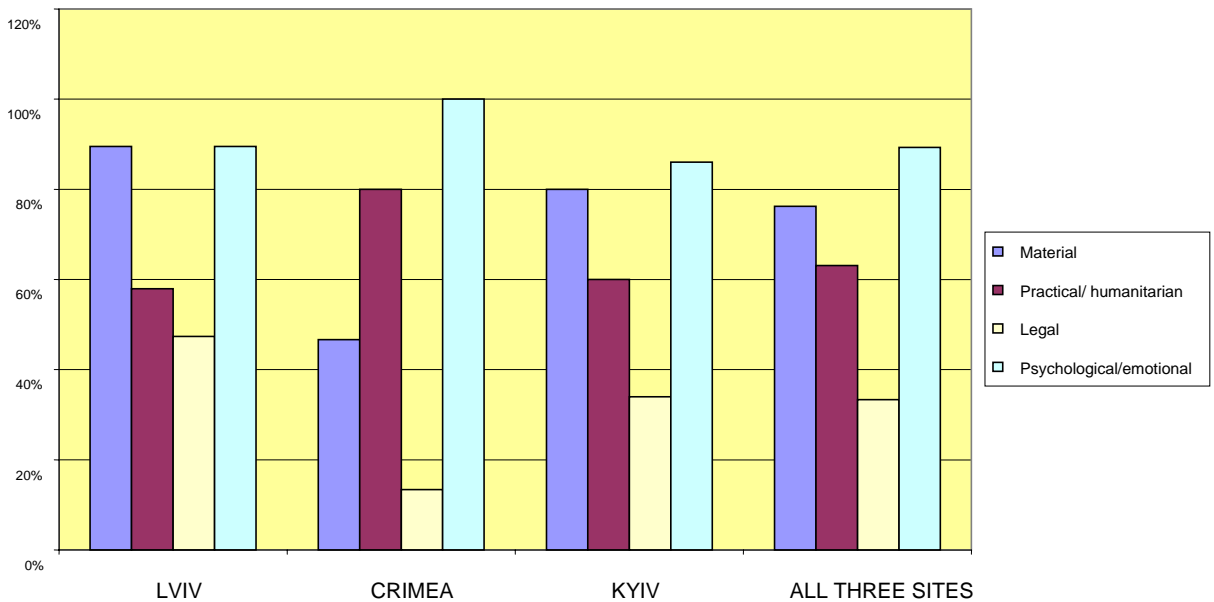


Figure 2: Percentage of cases in which different types of help were provided



Appendix 2 – Evaluation instruments

The evaluation will rely on three main sources of information:

1. Quantitative data on the cases that the social workers handled; this will be derived from two sources:
 - A count of cases closed in each year of the project (see **A** attached)
 - An analysis of a sample of case notes (see **B** attached)
2. Quantitative/qualitative data derived from questionnaires administered to a sample of:
 - Families from closed cases
 - Families from cases that are still open
 - Social workers
 - Social work managers

For the proposed questionnaires, see **C** attached

3. Qualitative data derived from free-form interviews with key personnel (as listed in the ToR).

A: Quantitative data derived from cases closed in each year

For each of the three locations, for the years ending 9 December 2004 and 9 December 2005, produce a count of the following:

- the total number of cases opened during the year
- total number of cases closed during the year
- the number of open cases at the end of the year
- All disaggregated into these categories:
 - Prevention and family support
 - Reintegration
 - Foster care
 - Child protection
 - Other

(A query: are reintegration and foster care appropriate? If not, leave them out...)

B: Sampling the social workers' case notes

This section describes how the case notes were sampled. The aim was to have a sample of 80 or so cases; in the event, 19 were chosen from Lviv, 15 from Crimea and 50 from Kyiv, giving 84 in all; they were chosen from the **closed** cases only.

1. Choosing the cases to sample

This is done randomly, and two (wholly theoretical) examples are given here for how to choose the case notes that can then be sampled:

Location A

In this location, say there are 44 closed cases, arranged in order of the date of opening of the case. To select 30 cases from this location, choose every **third** case. The highlighted numbers are the ones that would be included in the sample.

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44

Location B

In this location there is a total of 130 closed cases. The highlighted ones again are those to include in the sample, in this example every **fourth** case until you reach the 30 mark at case 120..

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
41.	42.	43.	44.	45.	46.	47.	48.	49.	50.
51.	52.	53.	54.	55.	56.	57.	58.	59.	60.
61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
71.	72.	73.	74.	75.	76.	77.	78.	79.	80.
81.	82.	83.	84.	85.	86.	87.	88.	89.	90.
91.	92.	93.	94.	95.	96.	97.	98.	99.	100.
101.	102.	103.	104.	105.	106.	107.	108.	109.	110.
111.	112.	113.	114.	115.	116.	117.	118.	119.	120.
121.	122.	123.	124.	125.	126.	127.	128.	129.	130.

2. What to collect from each case

Having thus selected the cases to examine, the second stage is to collect the following information from each one:

No of case	<i>i.e., the case reference number</i>	Nature of alternative service provided	<i>Specifically, was the case (a) reintegration (b) prevention (c) child protection or (d) Other?</i>
No of children in family			
Date of children's birth(s)			
Date of referral			
Date of closure of the case			
Where the children came from	<i>Were they in their own home, with extended family, in an institution or elsewhere?</i>		
Who referred them	<i>What agency referred them – or were they self-referred?</i>		
Why was the family referred?	<i>If there is more than one reason, please list them in order of importance. If possible, indicate if there is one over-riding reason</i>		
What support was provided by the project	<i>Was it financial, psychological, practical, whatever?</i>		
How much work by the social workers was involved	<i>Separately, how many home visits, office interviews, telephone calls?</i>		
What was the outcome	<i>How was the case settled – if it was settled; in particular, was it a successful outcome or not?</i>		

Questionnaires for Social Workers and Social Work Managers

1. Families that are still in the Project

- 1) How did you become involved with the Family Support Service?
 - 2) Please describe your family's situation at the time you first became involved with the FSS.
 - 3) What was your reaction when the FSS social worker first visited you?
 - 4) Has the social worker offered to help you? If so, please describe the help offered by the social worker.
 - 5) What have you found most helpful about the social worker and the help he or she has given you?
 - 6) What have you found to be less helpful?
 - 7) Do you worry about the time when the social worker no longer visits you and your family? If so, what are your thoughts?
 - 8) Would your family's situation be different if you had not become involved with the FSS? Please describe the difference, if any.
 - 9) Is there anything else you want to say about the FSS?
-

2. Families whose cases are closed

- 1) How did you become involved with the Kyiv Oblast Family Support Service?
- 2) Please describe your family's situation at the time you first became involved with the FSS.
- 3) What was your reaction when the FSS social worker first visited you?
- 4) Did the social worker offer to help you? If so, please describe the help offered by the social worker.
- 5) What did you find most helpful about the social worker and the help he or she gave you?
- 6) What did you find to be less helpful?
- 7) Were you prepared for the time when the social worker told you that the FSS would be ended?
- 8) Describe how you and your family have managed since the FSS ended.

- 9) Do you still have problems or difficulties that you wanted the social worker to help you with?
 - 10) Who would you turn to for help now if you have problems or difficulties?
 - 11) Would your family's situation be different if you had not become involved with the FSS? Please describe the difference, if any.
 - 12) How would you describe the service you received from the FSS to another family that was having problems and difficulties?
 - 13) Is there anything else you want to say about the FSS?
-

3. The social workers

- 1) What did you understand to be the role of a social worker before you joined the FSS?
 - 2) Are there any differences in the work of the Family Support Service now compared to when the Service first started? If so, please describe.
 - 3) How has the training you have been given helped you to do the job of the social worker? Please give as many examples as you can.
 - 4) What do you think you are good at as a social worker?
 - 5) What do you think you are less good at as a social worker?
 - 6) If you had to design a training programme for a new team of social workers, would it be different from the training you had? In what way?
 - 7) When you are presented with a difficult situation in a family, do you turn to someone for advice? If so, who? Give as many examples as you can.
 - 8) When you have a problem at the office, whom do you think should sort it out? Can you give examples?
 - 9) How, in your opinion, could the FSS be extended across Ukraine?
 - 10) What has been the most difficult part of being a social worker?
 - 11) What have you enjoyed the most about being a social worker?
-

4. Social work managers

- 1) Describe what it has been like to manage the social work team.
 - 2) What successes do you think the FSS has achieved?
 - 3) What has been the most difficult aspect of managing the team?
 - 4) Who do you go to for advice and support about managing the team? Please give as many examples as you can.
 - 5) Which agencies does the team have relationships with and at what level? Describe each of those relationships.
 - 6) Describe how the first contacts were made with those agencies?
 - 7) List all the meetings that you have attended in the last two months and say which agencies attended those meetings. Indicate which agency representatives attended the meeting and the purpose of the meeting.
 - 8) If the FSS is to be extended across Ukraine, describe the structures and systems that need to be in place for an efficient and effective service to be provided based on your experience of the FSS.
-

Appendix 3: People interviewed for the evaluation

1. Kyiv

Nadia Pukas, Executive Director of the Ukraine League of Social Workers (ULSW)

Sergiy Dakhno, Social Worker, Family Support Service (FSS), Tarashcha Raion

Oksana Kovtun, Social Worker, FSS Tarashcha Raion

Svitlana Tolstoukhova, Director of State Services for Families, Children and Youth.

Viktoriya Pokhladova, Deputy Dean of the Faculty of Social Work, Psychology and Pedagogical Studies, Kyiv Pedagogical University and Director of Kyiv Oblast Training Unit of ULSW

Luba Onopriyenko, Director of the Centre for Social Services for Families, Children and Youth, Pereyaslav-Khmelnytsky Raion

Katya Lytvynenko, and Larisa Bobrovnyk, Manager/Social Worker and Social Worker respectively in the FSS, Pereyaslav-Khmelnytsky Raion.

2. Crimea

Yelena Kirilova, Acting Director of the Centre for Social Services for Families, Children and Youth, Bakhchiserai Raion

Svitlana Pshenichnaya. Acting manager of the FSS, Bakhchiserai Raion, combining social workers' role

Lemara Aliyeva, Social Worker in the FSS, Bakhchiserai Raion

Leana Kucherenko, Legal Counsel for the FSS, Bakhchiserai Raion

Lubov Arsamassova, Mayor, Massandra

Natalya Viktorovna Kasatkina, Director of Massandra School

Ira Kucherova, Social Worker, Massandra School

Tanya Velighanina, Social Worker, Massandra School.

3. Lviv

Irina Tril, Galyna Gerasym, Ulyana Chepil – trainers of Lviv Training Centre of Lviv branch of ULSW.

Galyna Gerasym – Director of Lviv Training centre of Lviv branch of ULSW.

Natalya Vdovenko, Director of the Yavoriv Raion Centre for Families, Children and Youth.

Oksana Bilan, Team Leader for the social workers of Family Support Centre, Yavoriv.

Halyna Zaluska - Social Worker of Family Support Centre, Yavoriv.

Iryna Trubych - Social Worker of Family Support Centre, Yavoriv.

Igor Deshchakivskyy, Director of the Sokal' Raion Centre for Families,
Children and Youth.

Zoryana Ostapchuk-Shtykalo - Social Worker of Family Support Centre,
Sokal'.

Appendix 4: Questionnaire answers from a Social Work Manager

This Appendix contains the material provided by one of the social work managers in answer to the written questionnaire with which they were provided; this is a typical response and is included as a representative of all those collected.

1) *Describe what it has been like to manage the social work team.*

The outcome of the team management: well built interaction of the social workers team and the training unit re solutions of issues related to delivering social services

2) *What successes do you think the FSS has achieved?*

- team work and as a result - quick and efficient resolution of issues related to social supervision
- most of the families cases were closed successfully
- working towards single goal
- the coordination between childcare agencies and bodies improved
- the community awareness as to the offered services by the Centre and the FSS in particular was raised

3) *What has been the most difficult aspect of managing the team?*

The most difficult stage was establishing good contacts with the related agencies and bodies.

4) *Who do you go to for advice and support about managing the team? Please give as many examples as you can.*

I addressed to the trainers of the Training Unit and to Director of CSSFCY

5) *Which agencies does the team have relationships with and at what level? Describe each of those relationships.*

Our FSS cooperated with the district Administrations, Departments for Family and Youth, Services for Minors, Departments of Education, Departments of Labour and Social Welfare, Department for Health. The level of agency or body depended on the individual cases.

6) *Describe how the first contacts were made with those agencies?*

At the initial stage the cooperation was very poor – it was related to lack of information about the activities of the FSS. All possible cases were referred to the Service and only after two-three months of rigorous explanation by the social workers the cooperation was more fruitful.

7) *List all the meetings that you have attended in the last two months and say which agencies attended those meetings. Indicate which agency representatives attended the meeting and the purpose of the meeting.*

Each Monday we have the case discussion meetings. The trainers of the Training Unit also participate. The social workers of the FSS attend the meeting of the “Advisore body”¹ in district administration on monthly basis.

¹ Coordination Council for Childcare Issues based in the local (city / rayon / district) Administration

8) *If the FSS is to be extended across Ukraine, describe the structures and systems that need to be in place for an efficient and effective service to be provided based on your experience of the FSS.*

To make the FSS an independent structural unit with allocated funding.

Appendix 5: Questionnaire answers from a Social Worker

This Appendix contains the material provided by one of the social workers in answer to the written questionnaire with which they were provided; this is a typical response and is included as a representative of all those collected.

- 1) *What did you understand to be the role of a social worker before you joined the Family Support Service (FSS)?*

Before that I used to view the role of the SW more of informative character, statistical. After the short period of work in the FSS my opinion was cardinally changed. These are professionals who help people solve their problems and teach them ways of doing that.

- 2) *Are there any differences in the work of the FSS now compared to when the Service first started? If so, please describe.*

There are. I have 15 years of practical experience of communicating with children and their parents from well to do families (my background is pedagogies).

I didn't have prior experience of interacting with the families with psychological or physical abuse; where some of the parents may abuse alcohol; families with memebes having disability

The major difference is real practice.

- 3) *How has the training you have been given helped you to do the job of the social worker? Please give as many examples as you can.*

Yes, I found them helpful. I participated in "Multi agency cooperation training". Organizational issues, the contents, trainers performance – everything was up to the level. And the most important – the participants were each with their own experience and from relevant agencies – family and youth, service for minors, CSSFCY.

Training 'Professional burnout' was very interesting. Unfortunately I didn't have the basic social work training as our city joined the project in 2004, and most of other project sites had already had their initial training. But in November 2005 I managed to participate in such a training. Even after a year of practical work in the FSS I found it useful and applicable to my work.

- 4) *What do you think you are good at as a social worker?*

I love communicating. I think I'm good at it – to communicate, negotiate, persuade, back up new ideas, set priorities. Also I take big liking to children (I used to be the director of the kindergarten), which is why in the families having young children I feel more comfortable.

- 5) *What do you think you are less good at as a social worker?*

I find it quite hard to work with the families where parents abuse alcohol. We put much more effort and activities into such families if to compare with other families – still the outcomes are poor. Sometimes I can feel desperate. But then a hoe comes up and we begin from the scratch.

- 6) *If you had to design a training programme for a new team of social workers, would it be different from the training you had? In what way?*

I am sure that my idea to suggest that social work practitioners who already had the training within the project – they would act trainers themselves – this could be rational and feasible.

Regarding working with the alcohol abusing clients – I would suggest that the FSS criteria list should also include some "bans" such as alcohol abusing, as after

communicating with my colleagues from other FSS we consider them not to be the clients of this specific service.

7) *When you are presented with a difficult situation in a family, do you turn to someone for advice? If so, who? Give as many examples as you can.*

I turned to FSS manager, psychologists, medical workers, to other professionals depending on the case and their competency.

8) *When you have a problem at the office, whom do you think should sort it out? Can you give examples?*

If the problem between the SWs – then this is to be the manager of the FSS as he's to manage our work, he's the main link between the FSS and Every Child project manager, city administration and other partners. 90 percent of success depend on his management skills.

9) *How, in your opinion, could the FSS be extended across Ukraine?*

Through the experience of other project sites – via media, training

To shoot the documentary for ab. our city as it is nationally called the city of 21 century. I think the rest of Ukraine would find nit interesting to find out what's going on in the city with such a biography – it was set up nit long after the Chernobyl disaster.

10) *What has been the most difficult part of being a social worker?*

- to communicate with aggressive clients
- to achieve outcomes without the client's commitment
- I will never forget how I witnessed a 4 year old girl being removed from her biological family. Her tears will stay before my eyes for good.

11) *What have you enjoyed the most about being a social worker?*

To support people, to teach them how to orient in livelihood circumstances, ideally to overcome crisis. Basically I like organizing things, I find it quite easy due to my previous experience and background.

Appendix 6 – Common criteria used for client selection

Initially there was one standard set of criteria that was introduced in the training of the social workers, but these were later modified somewhat in the individual project locations, depending on the local circumstances. Consequently there is not one definitive set of criteria that were used universally. However, a number of factors were almost always used, as follows:

Families were accepted on to the project if they had one or more of the following characteristics:

- One or more of the children, or either parent, were disabled;
- Either of the parents were, as children themselves, resident in an institution;
- One or more of the family's children were already in an institution;
- The parents have been deprived of their parental rights and the children are being cared for in the extended family;
- The parents are young and this is their first child;
- The children are in significant danger of being placed in residential care and there is documentary proof of this; and
- Both parents are unemployed **and** the children are in a vulnerable situation, needing emotional support.

Appendix 7: Terms of reference for this evaluation

Terms of Reference for End of Project Evaluation of Capacity building of Ukrainian NGO in providing training for statutory social service providers, project funded through TACIS-IBPP Dates: 28 November – 9 December 2005

Rationale for this end of Project Evaluation

- To meet donor requirements for end of project evaluation
- To support EveryChild Ukraine in consolidating learning which can be fed into the further development of similar service through the TACIS project

Objectives of the Evaluation and Key Questions

The main objective of this end of project evaluation is to assess the impacts and outcomes of the 'Capacity Building of Ukrainian NGO in providing training for statutory social service providers' project on its beneficiaries and stakeholders and on policy and legislation in the sector of social service provision for vulnerable families with children. The impacts and outcomes should be assessed in relation to the set goal and objectives of the project. The specific objectives of the evaluation and key questions are therefore to:

1. To assess whether the project has increased the access of vulnerable families with children to high-quality social services
 - *Are more children from vulnerable families receiving social services now as a result of the interventions of the project?*
 - *What is the quality of the social services being provided to children from vulnerable families?*
 - *To what extent are the social services being provided as a result of the project meeting the inherent aim of reducing family breakdown (e.g. was there significant risk of placing the child in an institution which has been averted?)*
 - *How effective are the services (e.g. number of successfully closed cases)*
 - *Are these social services relevant to vulnerable children with children?(Do families feel the service have met their needs? What do they still feel is needed?)*
2. To assess the extent to which the project increased the capacity of The Ukrainian League of Social Workers to provide targeted social support to vulnerable families with children
 - *Has the project managed to build the capacity of the ULSW and to what extent did it manage to do so?(What is the opinion of the national management and local branch management? How does the ULSW operate differently now than at the beginning of the project?)*

- *Are there any indications that the capacity built will be sustained when funding is withdrawn?*
3. To establish the extent to which the project managed to disseminate to 16 other centres the existing good practice in Family Support Services developed in three pilot regions of Kyiv Oblast.
 - *Has the project managed to set up 16 centres*
 - *Are the 16 centres sustainable? Will they continue to operate efficiently after the project finishes?*
 - *How effective are the family support services etc*
 4. To establish whether there was a successful partnership between ULSW and EveryChild and with BASW as a secondary partner.

Evaluation Methodology and Scope of Work

The evaluator is expected to undertake the evaluation in as rigorous manner as possible to produce information and make recommendations that are sufficiently valid and reliable based on data and analysis. It is expected that the evaluator will conduct a participatory evaluation that will involve project implementers and target beneficiaries in all key evaluation tasks. The evaluator should aim to meet with:

- members of coordination councils (at least 1 site in each region), deputy head of local administration or similar representative, service manager (also a social worker), social workers, families and children (should include a representative mix of families whose cases are 'closed' and those which are 'open').
- head of training centres, trainers, heads of local branches of ULSW, social workers who have received training

We propose that the evaluator visits the 3 regions where the project has operated (Crimea, Kyiv oblast, Lviv oblast). The evaluator should plan to collect some quantitative information prior to arrival (or to be provided on arrival), some data through questionnaires prepared prior to visit and to carry out a number of qualitative interviews with project beneficiaries. These should include visits to at least 3 family support services in each region, a visit to each of the three training centres and local ULSW branches and a meeting with the national leadership of the ULSW and the National Social Services (Kyiv city).

Existing project documents and progress reports will be shared with the evaluator to facilitate completion of the tasks.

The Evaluator will be supported by in-country staff in terms of collating project information and logistic arrangements.

The scope of work of the evaluator will include the following:

1. Develop the evaluation implementation plan;
2. Develop the evaluation instruments and conduct validation and field testing of the same;
3. Prepare the evaluation report and present the findings

Composition of Evaluation Team

- External Evaluator (Richard Carter)
- Project Assistant (Nelya Pshenychna) – will accompany and collate information

Timetable and Deliverables

The evaluation period will be from November 28, 2005 to January 15, 2006 inclusive of desk research, field trips and interviews, report writing and dissemination of findings.

The **Evaluator's** deliverables are as follows:

Evaluation framework/design and implementation plan agreed with Regional Manager and Country Director:	18 November 2005
Evaluation instruments developed	25 November 2005
<i>NB Any requests for information required by start of project or tools which require translation and/or dissemination before the field visit should be sent to Kyiv by 18 November</i>	
Quantative information provided by Ukraine:	30 November 2005
Outstanding questionnaires returned and translated by:	15 December 2005
Data analysis and first draft of report:	23 December 2005
Feedback on first draft from CD and RM:	31 December 2005
Final Draft:	15 January 2006