

# ***'Making A Difference' Training***

## **Protecting children from maltreatment: *An analysis of a community-based child abuse recognition and prevention training program***



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**Report Written For:** Boost Child Prevention & Intervention

**Funded By:** The Ontario Trillium Foundation

**Date:** May 31, 2010



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# ***‘Making A Difference’ Training Protecting Children from Maltreatment: An analysis of a community-based child abuse recognition & prevention training program***

## **EXECUTIVE SUMMARY**

### **PURPOSE AND SCOPE**

*Boost Child Abuse Prevention & Intervention* (Boost) worked with the *YMCA of Greater Toronto* (YMCA) to develop joint training for staff on reporting and responding to child maltreatment. In partnership with the YMCA, Boost delivered a three-day *Train-the-Trainer* child abuse prevention training to 16 communities and 398 community professionals across Ontario between 2009-2010. Boost partnered with the Child Welfare Institute of the Children's Aid Society of Toronto to conduct the evaluation of the training. This report is a summary of that evaluation.

### **METHODS**

A mixed method approach using quantitative and qualitative data was employed.

- ❖ Pre test/post test for “train-the-trainer” participants on knowledge acquisition, goal attainment, outcomes and satisfaction. Participants completed a pre-test before the training began on the first day (see Appendix A), and completed the post-test at the end of the training (see Appendix B).
- ❖ Follow-up survey for “train-the-trainer” participants, three to six months post training, on goal attainment, knowledge and capacity to identify child abuse. Participants who provided consent were sampled and called to complete a follow-up survey (see Appendix D).
- ❖ Focus group with “train-the-trainer” participants
- ❖ Follow-up survey for “new trainees” of the “train-the-trainers” (see Appendix E).

### **SELECTED RESULTS**

- ◆ There is a statistically significant improvement ( $p < .05$ ) in the average number of correct responses between the pre-test (average correct is 4 correct) and the post-test (average correct is 7) ( $t(337) = -28.44$ ,  $p < .0001$ ). This demonstrates that the *Making A Difference*, Train-the-Trainer model is effective in improving participants' knowledge in the area of reporting child maltreatment
- ◆ The results of the outcome evaluation clearly indicate a very high level of satisfaction with the *Making A Difference* training. When examined by percentage agreement it is clear that regardless of region, profession, or years of experience, these nearly 400 community professionals perceived the “content” and “delivery” of *Making A Difference* training as very effective and important and at least three-quarters of the trainees, as a result of the training, now feel “confident”, “competent” and “ready” to teach the *Making A Difference* training in their community

### **SELECTED RECOMMENDATIONS**

- *Making A Difference* trainers to be aware prior to the training the amount of training on child maltreatment trainees have had. There appears to be an inverse relationship between a trainee having 14 or more hours of prior child abuse training and not completing the evaluation tools; *Making A Difference* trainers may want to explore a more advanced training option for trainees with considerable knowledge in the subject area or underscore at the start of training that regardless of the amount of prior training the trainee has, completing the training and the evaluation is important.
- Future evaluation of *Making A Difference* training will require revising identified questions or working with the *Making A Difference* Trainers to ensure curriculum related to the knowledge quiz is covered.

# ***‘MAKING A DIFFERENCE’ TRAINING - Protecting children from maltreatment: An analysis of a community-based child abuse recognition and prevention training program***

## **FULL REPORT**

### **PURPOSE AND SCOPE**

#### ***Background***

*Boost Child Abuse Prevention and Intervention* is a community-based agency. Boost is dedicated to:

- (1) The prevention of child abuse and violence through education and awareness,
- (2) Collaborating with the community partners to provide services to children, youth, and their families.

Community partners can include police, child protection, education, victim witness, Crown Attorneys, treatment providers, child-care staff, nurses, and physicians.

The *Ontario Association of Children’s Aid Societies* (OACAS) recommends increased public education so human service and other professionals, caregivers, and even the general public, learn about the signs of child maltreatment. OACAS reports that a significant barrier to protection children is the large number of individuals who would not report a suspicion of child maltreatment.

#### ***Study Scope***

Boost worked with the *YMCA of Greater Toronto* to develop joint training for staff on reporting and responding to child maltreatment. In partnership with the YMCA, Boost delivered a three day, *train-the-trainer* child abuse prevention training called, *Making A Difference*, to 16 communities and 398 community professionals across Ontario. The *Child Welfare Institute (CWI)* of the *Children’s Aid Society of Toronto* was contracted to conduct the evaluation the training.

### **METHODS**

A mixed method approach was employed that used quantitative and qualitative data.

- Pre test/post test for “train-the-trainer” participants on knowledge acquisition, goal attainment, outcomes and satisfaction. Participants were asked to complete a pre-test before the training began on the first day (see Appendix A), then complete the post-test at the conclusion of the training on day three (see Appendix B). The post-test included an evaluation component.
- Follow-up survey for “train-the-trainer” participants three to six months post training on goal attainment, knowledge and capacity to identify child abuse. Participants who provided consent were sampled and called to complete a follow-up survey (see Appendix D).
- Focus group with “train-the-trainer” participants
- Follow-up survey for “new trainees” of the “train-the-trainers” (see Appendix E).

## ***“Train-the-Trainer” Sample***

There were 398 “train-the-trainer” participants from 16 regions across Ontario. Of these, 391 (98%) completed either a pre- or post-test. A total of 337 (86%) had a matched pre-test and post-test.

The total number of participants in the dataset is 391. The breakdown of pre- and post-test completion can be found in Table 1. Percentages are based on the total (n=391). Note, if the sample size in the figures or tables in this report does not equal 391 it is because there was missing data for that question.

**Table 1: Sample of Participants**

	#	%
Pre-test complete	382	98%
Post-test complete	346	88%
Missing pre or post	54	14%
Matched pretest & posttest	337	86%
<b>Total # participants</b>	<b>391</b>	<b>100%</b>

## ***Method for Data Analysis***

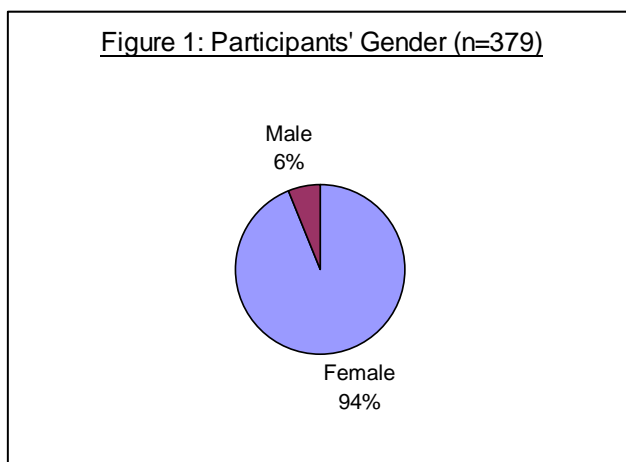
All quantitative data analysis in this report was completed using SPSS version 15.0. Bivariate analysis was done using Pearson Chi-Squares. A paired sample t-test was completed on the total number of correct responses at pre- and post training. All qualitative data were inputted into “word” and examined by question for emerging themes. All qualitative data underwent content and thematic analysis.

# **RESULTS**

## ***Demographics of Training Participants***

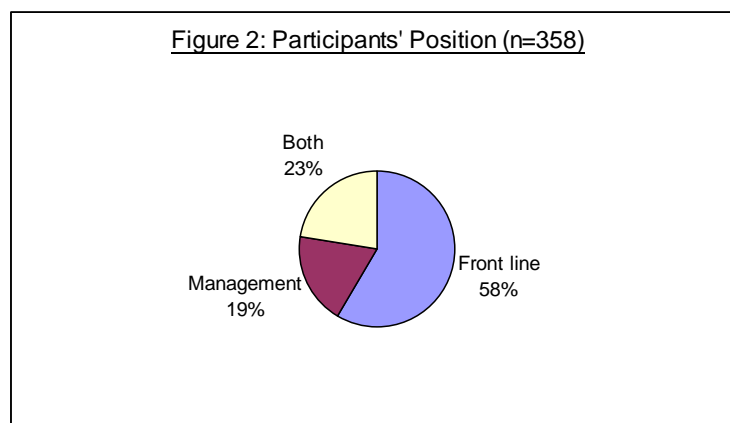
### ***Gender and Age***

A total of 379 of 391 “train-the-trainer” participants reported their age. The preponderance are female (n=356 or 94% and only 6% (n=23) are male; see Figure 1). The age of participants ranges from 21 to 79 years of age with an average age of 41 years (SD = 10.09). The average age for females (41 years) was not statistically different from males (38 years).



## Position

A total of 358 participants completed this question. As expected, most of the *Making A Difference* participants are front-line workers (58%, n= 208). Nineteen percent (n=68) identified themselves as management, and 23% (n=82) are both front-line and management (see Figure 2).



Fifty-four out of the 391 participants did not complete either the pre-test or post-test (14%). This group of participants was compared to the 337 matched pre and post-test group on the demographic variables to determine if they differed significantly from the 337 participants. The 54 participants who did not complete the pre or post-test did not differ significantly from the matched group in terms of age, gender, level of position, or years of field experience.

## Region

There were 16 regions that participated in the *Making A Difference* Train-the-Trainer trainings (see Table 2). The regions with the most participants were Thunder Bay (41 participants), London (36 participants), and Hamilton (34 participants).

**Table 2: Region of participants**

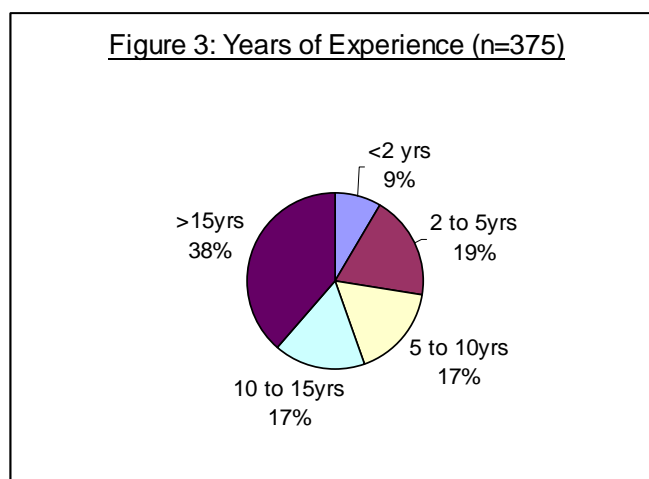
	#	%
Thunder Bay	41	10
London	36	9
Hamilton	34	9
Orillia	32	8
Niagara Falls	30	8
Peterborough	29	7
Kitchener/Waterloo	29	7
Sarnia	25	6
Bracebridge	24	6
Oshawa	24	6
Sault Ste Marie	22	6
Ottawa	17	4
North Bay	14	4
Owen Sound	13	3
Kingston	11	3
Lindsay	10	3
<b>Total</b>	<b>391</b>	<b>100%</b>

NOTE: Analysis of non-respondents by region found Kingston, London and Sault Ste Marie had the highest percentage of non-respondents. For example, 45% (5 out of 11) of the participants in Kingston did not complete either the pre- or post-test; 30% in London (11 out of 36 did not complete pre- and post-test).

## Years of Experience

A total of 375 of the 391 participants reported on this variable. Given the mean age of the participants is 41, it is not surprising that most had considerable work experience. The mode or most frequently reported category of experience reported was: *more than 15 years of experience*. By groups, over half (55%) had more than 10 years work experience, a little more than one-third (36%) had between two to 10 years experience, and less than ten percent had less than two years work experience .

142 = 38%	15 or more years of experience.		
64 = 17%	10 to 15 years	}	55%
64 = 17%	5 to 10 years,		
72 = 19%	2 to 5 years of experience,	}	36%
33 = 9%	less than two years experience (see Figure 3).	}	9%



## Current field

Of the 391 trainees, 372 participants provided data on their area of work. They were asked to choose, from 19 areas, one area of work that best described their current employment (see Table 3). As is evident in the table, *Making A Difference* trainers were from a diverse range of front-line community professionals. The most frequently reported area of work was: "child care services" (24% of participants), followed by "early years" services (8%), and the "justice system" (8%).

**Table 3: Area of work**

	#	%
Child Care Services	91	24%
Early Years Services	28	8%
Justice System	28	8%
Other	27	7%
Health Services	26	7%
More than one area	26	7%
School Boards/Educators	25	7%
Shelters/Domestic Violence	18	5%
Counseling Services	17	5%
Child Welfare	16	4%
Youth Agencies	14	4%

Resource Services	13	3%
Community Services	11	3%
Mental Health	9	2%
Victim Services	8	2%
Developmental Services	6	2%
Care Provider	4	1%
Spiritual Services	3	1%
Immigration	2	1%
<b>Subtotal</b>	<b>372</b>	<b>100%</b>
<i>Missing</i>	19	5%
<b>Total</b>	<b>391</b>	

## Profession

*Making A Difference* participants were asked to choose from a list of eleven different professions (see Table 4). A total of 357 of the 391 trainers responded. The most common profession is “child care” (26%) followed by “social service” (17%), and “social work” (10%). Combined, these three professions accounted for just over half (53%) of all professions.

**Table 4: Participants' Profession**

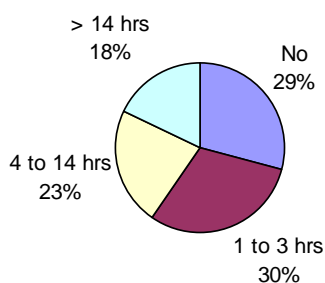
	#	%
Child Care	92	26%
Social Service	62	17%
Social Work	36	10%
Child and Youth Worker	34	10%
Other	34	10%
Education	29	8%
Medical/health services	22	6%
More than one profession	21	6%
Therapist/Counselor	15	4%
Legal/Police	11	3%
Psychology	1	0%
<b>Subtotal</b>	<b>357</b>	<b>100%</b>
<i>Missing</i>	34	9%
<b>Total</b>	<b>391</b>	

## Previous Child Abuse Training

Given the years of work experience most participants had, an important question for the *Making A Difference* trainers was whether they had received prior training in reporting child abuse and neglect. There was good response to this question with 373 of the 391 trainees providing responses. Over half (59%) or 219 of the participants had either “no” training (n=108 or 29%) or had a “little” (n=112 or 30%) training (see Figure 4).

41% of the trainees had four or more hours of prior child abuse training, 85 (23%) had between 4 to 14 hours and 67 (18%) had more than 14 hours.

**Figure 4: Previous child abuse training (n=372)**





The 54 “non-matched” respondents’ data (there was a pre or a post test but not both) were examined against the 337 “matched” respondents’ data (both pre and post test completed). Significant differences were noted in terms of “previous training” ( $X^2 (3) = 10.69, p=.014$ ). More specifically, almost half of the “non-matched” who did not complete the pre- and post-test (25 out of 54) had four hours or more of previous child welfare training.

- Of those with “over 14 hours” of prior training in child maltreatment, 35% were from the “non-matched” group vs. only 16% from the “matched” group, indicating much heavier weighting within the “non-matched” cohort regarding coming to the *Making A Difference* training already with a considerable amount of prior training in child abuse
- Alternatively, examining the trainees within the group with “no prior” training in child maltreatment the reverse is evident – one-third (31%) of the “matched” group has no prior training vs. only 15% of the “non-matched” group (see Table 4b).

What this suggests for *Making A Difference* trainers is in future training it is important to understand prior to the *Making A Difference* training the amount of training on child maltreatment the trainees have had, as there appears to be an inverse relationship between already having over 14 hours of training in the topic area and not completing the evaluation tools. *Making A Difference* trainers may want to explore a more advanced training option for those trainees with considerable knowledge in the subject area or underscore at the start of training that regardless of the amount of prior training the trainee has, completing the training and the evaluation is important.

**Table 4b: Previous child abuse training by matched vs. non-matched pre/post tests**

Hours of Training		Non-matched	Matched	Total
No prior training	#	6	102	108
	%	<b>15</b>	<b>31</b>	29
Yes-1 to 3 hours	#	11	102	113
	%	28	31	30
Yes- 4 to 14 hours	#	9	76	85
	%	23	23	23
Yes - over 14 hours	#	14	52	66
	%	<b>35</b>	<b>16</b>	18
<b>Total</b>	#	<b>40</b>	<b>332</b>	<b>372</b>
	%	<b>100</b>	<b>100</b>	<b>100</b>

## Pre-Test and Post-Test Comparison

Ten questions that were developed from the *Making A Difference* curriculum made up the pre-test and post-test knowledge test.

- ❖ Pre-test: average or mean # correct responses before training = 4 (SD = 1.34).
- ❖ Post-test: average or mean # correct responses = 7 (SD = 1.39).

This is a statistically significant improvement ( $p<.05$ ) in the average number of correct responses ( $t(337)=-28.44, p<.0001$ ) and demonstrates that the *Making A Difference* training is effective in improving participants’ knowledge in the area of reporting child abuse and neglect.

**Table 5: Average (mean) # correct responses (out of 10)**

	Mean	SD	SE
# Correct Before Training	4	1.34	0.07
# Correct After Training	7	1.39	0.08

Examination of results by each question finds variation in knowledge uptake. While matched T-Test analysis (1=wrong, 2 = right) demonstrates knowledge acquisition from pre-test to post test is significant ( $p<.05$ ) with each question, the total percent who select the correct response is not at the preferred acquisition level of 70% of trainees for all questions. Table 8 –Q3 best illustrates this point, where only 6% had it correct at pretest vs. 41% selecting the correct at post-test, which results in a significant shift ( $p = .000$ ), however, it is not yet at the preferred 70% level where only 41% of participants select the correct response. Future evaluation of *Making A Difference* will require revising identified questions or working with the *Making A Difference* Trainers to ensure curriculum related to the knowledge quiz is covered. The following tables, Table 6 to Table 15, provide a break down of the results by question.

**Table 6:**  
**Q1: Legal age to baby-sit**

	Before Training		After Training	
	#	%	#	%
Unsure	27	8%	3	1%
Incorrect	234	70%	13	4%
<b>Correct</b>	<b>74</b>	<b>22%</b>	<b>318</b>	<b>95%</b>
<b>Subtotal</b>	<b>335</b>	<b>100%</b>	<b>334</b>	<b>100%</b>
Missing	2	1%	3	1%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>		Mean		Mean
	<b>332</b>	<b>1.14</b>	<b>332</b>	<b>1.94</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake at desired level >70%

**Table 7:**  
**Q2: When to call CAS**

	Before Training		After Training	
	#	%	#	%
Unsure	4	1%	0	0%
Incorrect	12	4%	1	0%
<b>Correct</b>	<b>321</b>	<b>95%</b>	<b>336</b>	<b>99.9%</b>
<b>Total</b>	<b>337</b>	<b>100%</b>	<b>337</b>	<b>100%</b>
<b>Matched Pair T-Test</b>		Mean		Mean
	<b>337</b>	<b>1.94</b>	<b>337</b>	<b>2.00</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake at desired level prior to training

**Table 8:**  
**Q3: Age required by law to report**

	Before Training		After Training	
	#	%	#	%
Unsure	59	18%	2	1%
Incorrect	258	77%	193	58%
<b>Correct</b>	<b>19</b>	<b>6%</b>	<b>136</b>	<b>41%</b>
<b>Subtotal</b>	<b>336</b>	<b>100%</b>	<b>331</b>	<b>100%</b>
Missing	1	0%	6	2%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>		Mean		Mean
	<b>330</b>	<b>.89</b>	<b>330</b>	<b>1.40</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake not yet at desired level >70%

**Table 9:**  
**Q4: Physical abuse**

	Before Training		After Training	
	#	%	#	%
Unsure	190	57%	62	19%
Incorrect	103	31%	146	45%
<b>Correct</b>	<b>41</b>	<b>12%</b>	<b>114</b>	<b>35%</b>
<b>Subtotal</b>	<b>334</b>	<b>100%</b>	<b>322</b>	<b>100%</b>
Missing	3	1%	15	4%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>		Mean		Mean
	<b>319</b>	<b>.58</b>	<b>319</b>	<b>1.16</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake not yet at desired level >70%

**Table 10:**  
**Q5:Children are most often harmed by who?**

	Before Training		After Training	
	#	%	#	%
Unsure	5	1%	0	0%
Incorrect	25	7%	9	3%
<b>Correct</b>	<b>307</b>	<b>91%</b>	<b>328</b>	<b>97%</b>
<b>Total</b>	<b>337</b>	<b>100%</b>	<b>337</b>	<b>100%</b>
<b>Matched Pair T-Test</b>	<b>337</b>	<i>Mean</i> <b>1.90</b>	<b>337</b>	<i>Mean</i> <b>1.97</b>

Significant knowledge gain p=.000

Post knowledge uptake at desired level prior to training

**Table 11:**  
**Q6:Age of consent for sex**

	Before Training		After Training	
	#	%	#	%
Unsure	43	13%	3	1%
Incorrect	107	32%	98	29%
<b>Correct</b>	<b>186</b>	<b>55%</b>	<b>233</b>	<b>70%</b>
<b>Subtotal</b>	<b>336</b>	<b>100%</b>	<b>334</b>	<b>100%</b>
Missing	1	0%	3	1%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>	<b>333</b>	<i>Mean</i> <b>1.43</b>	<b>333</b>	<i>Mean</i> <b>1.69</b>

Significant knowledge gain p=.000

Post knowledge uptake at desired level >70%

**Table 12:**  
**Q7:Most investigated form of child maltreatment**

	Before Training		After Training	
	#	%	#	%
Unsure	97	29%	8	2%
Incorrect	129	39%	149	44%
<b>Correct</b>	<b>109</b>	<b>33%</b>	<b>178</b>	<b>53%</b>
<b>Subtotal</b>	<b>335</b>	<b>100%</b>	<b>335</b>	<b>100%</b>
Missing	2	1%	2	1%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>	<b>333</b>	<i>Mean</i> <b>1.04</b>	<b>333</b>	<i>Mean</i> <b>1.51</b>

Significant knowledge gain p=.000

Post knowledge uptake not yet at desired level

**Table 13:**  
**Q8: Responsibility to protect children**

	Before Training		After Training	
	#	%	#	%
Unsure	2	1%	0	0%
Incorrect	178	53%	112	33%
<b>Correct</b>	<b>154</b>	<b>46%</b>	<b>225</b>	<b>67%</b>
<b>Subtotal</b>	<b>334</b>	<b>100%</b>	<b>337</b>	<b>100%</b>
Missing	3	1%	0	0%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>	<b>334</b>	<i>Mean</i> <b>1.46</b>	<b>334</b>	<i>Mean</i> <b>1.67</b>

Significant knowledge gain p=.000

Post knowledge uptake near desired level >70

**Table 14:**  
**Q9:Stranger Danger**

	Before Training		After Training	
	#	%	#	%
Unsure	44	13%	3	1%
Incorrect	126	38%	44	13%
<b>Correct</b>	<b>164</b>	<b>49%</b>	<b>288</b>	<b>86%</b>
<b>Subtotal</b>	<b>334</b>	<b>100%</b>	<b>335</b>	<b>100%</b>
Missing	3	1%	2	1%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>	<b>332</b>	<i>Mean</i> <b>1.36</b>	<b>332</b>	<i>Mean</i> <b>1.85</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake at desired level >70%

**Table 15: (Q10) Refer to a CAS**

	Before Training		After Training	
	#	%	#	%
Unsure	118	36%	32	10%
Incorrect	92	28%	119	39%
<b>Correct</b>	<b>114</b>	<b>35%</b>	<b>156</b>	<b>51%</b>
<b>Subtotal</b>	<b>324</b>	<b>100%</b>	<b>307</b>	<b>100%</b>
Missing	13	4%	30	9%
<b>Total</b>	<b>337</b>		<b>337</b>	
<b>Matched Pair T-Test</b>	<b>302</b>	<i>Mean</i> <b>1.00</b>	<b>302</b>	<i>Mean</i> <b>1.41</b>

Significant knowledge gain  $p=.000$   
Post knowledge uptake not yet at desired level

## Participants' Outcome Evaluation

### Satisfaction With & Perceived Outcomes From 'Making A Difference' Training

Participants were asked a series of ten outcome questions related to their satisfaction and perceived outcomes from taking the *Making A Difference* Training. The questions were asked at the end of the post-test (see Appendix B) and each question could be rated on a 5-point Likert scale; the rating points were "strongly disagree", "disagree", "neither agree/nor disagree", "agree" and "strongly agree".

The results in Table 16 clearly indicate a very high level of satisfaction with the *Making A Difference* training. When examined by percentage agreement it is clear that regardless of region, profession, or years of experience, these nearly 400 community professionals perceived the "content" and "delivery" of *Making A Difference* training as very effective and important and at least three-quarters of the trainees, as a result of *Making A Difference* training, now feel "confident", "competent" and "ready" to teach the training in their community.

#### **90%-99% Agree/Strongly Agree**

Q1 = 94% learned more about child abuse from the *Making A Difference* training

Q2 = 97% learned more about child abuse prevention strategies

Q6 = 97% *Making A Difference* curriculum content was clear

Q7 = 98% *Making A Difference* trainers were effective

Q8 = 99% *Making A Difference* materials were helpful

Q9 = 96% satisfied with *Making A Difference* training

Q10=94% recommend *Making A Difference* training to others

#### **70% to 89% Agree/Strongly Agree**

Q3 = 85% indicate they now have the confidence to teach *Making A Difference* training

Q4 = 85% indicate they now have the competencies to teach *Making A Difference* training

Q5 = 75% indicate they now are ready to teach *Making A Difference* training

**Table 16:**  
**Results of Evaluation Questions**

<b>AS A RESULT OF Making A Difference TRAINING...</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total	<i>Don't Know/ Missing</i>	<i>TOTAL</i>
<b>Q1: I learned more about child abuse</b>	0 0%	3 1%	18 5%	135 <b>40%</b>	182 <b>54%</b>	<b>338</b> 100%	53 14%	<b>391</b>
<b>Q2: I learned more about child abuse prevention strategies</b>	0 0%	1 3%	8	143 <b>42%</b>	188 <b>55%</b>	<b>340</b> 100%	51 13%	<b>391</b>
<b>Q3: I have gained the confidence to now teach it</b>	1 2%	7	44 13%	206 <b>62%</b>	76 <b>23%</b>	<b>333</b> 100%	58 15%	<b>391</b>
<b>Q4: I have gained the necessary competencies to now teach it</b>	1 2%	4	44 13%	212 <b>63%</b>	73 <b>22%</b>	<b>334</b> 100%	57 14.5%	<b>391</b>
<b>Q5: I feel ready to now teach it</b>	1 5%	15	66 20%	197 <b>59%</b>	52 <b>16%</b>	<b>322</b> 100%	60 15%	<b>391</b>
<b>Q6: Making A Difference curriculum content was clear</b>	0 0%	0 0%	11 3%	124 <b>37%</b>	199 <b>60%</b>	<b>334</b> 100%	57 14.5%	<b>391</b>
<b>Q7: Making A Difference trainers were effective</b>	1 0%	0 0%	8 2%	84 <b>25%</b>	246 <b>73%</b>	<b>330</b> 100%	52 13%	<b>391</b>
<b>Q8: Making A Difference handouts / materials were helpful</b>	0 0%	1 0%	3 1%	86 <b>25%</b>	250 <b>74%</b>	<b>340</b> 100%	51 13%	<b>391</b>
<b>Q9: I am satisfied with Making A Difference training</b>	0 0%	1 0%	12 4%	98 <b>29%</b>	230 <b>67%</b>	<b>341</b> 100%	50 13%	<b>391</b>
<b>Q10: I recommend Making A Difference training to a colleague</b>	0 0%	4 1%	16 5%	82 <b>24%</b>	238 <b>70%</b>	<b>340</b> 100%	51 13%	<b>391</b>

NOTE: % have been rounded up/down to the nearest number

In addition to the quantitative survey questions, the *Making A Difference* participants were asked three open-ended questions at the post test about what they found the “most helpful about the training”, “most challenging about the training”, and “one thing they would change to improve the training”

### ***Most Helpful Aspects of ‘Making A Difference’ Training***

Regarding the “most helpful” aspects of the *Making A Difference* training, five dominant themes emerged from the analysis:

- Theme 1:     *Use of resources*  
Participants frequently noted the resource list, handouts, videos, visual aids, and manuals as most helpful items in the training.
- Theme 2:     *Easy to Understand Information*  
Participants referred to the fact the training was presented in an easy to understand format, it was in-depth, helpful, new, and valuable.
- Theme 3:     *Participant Discussions*  
The participants found the discussions valuable because of the stories shared, the discussion of issues as a group, and the openness of the discussions.
- Theme 4:     *Information about Legislation;*  
The information about legislation was experienced as helpful, specifically because of the changes in legislation, and mandatory reporting.
- Theme 5: *Presentation Style and Knowledge of the Presenters.*  
The presentation style and knowledge of the presenters was seen as helpful because the presenters were comfortable with the material, approachable, knowledgeable about the content and clear with participants.

### ***Most Challenging Aspects of ‘Making A Difference’ Training***

Participants were also asked an open-ended question about what they found the most difficult or challenging about the training. Four dominant themes emerged:

- Theme 1:     *Emotionally disturbing content and videos*  
Participants found that listening and watching the videos elicited very emotional responses and was disconcerting.
- Theme 2:     *Too much information*  
Participants found that there is a large amount of information presented in a 3-day time period.
- Theme 3:     *Not enough time*  
Participants wanted more time for the training – to have to go longer than 3 days
- Theme 4:     *Applying the information*  
Finally, some participants identified that training other staff was difficult or challenging for them. Examples of their comments: “I don’t feel confident to train”; “the most difficult part will be feeling comfortable to do the training in my association”.

### **Recommended Changes - 'Making A Difference' Training**

As part of the training participants' evaluation, participants were asked to suggest one way the training could be improved. Three themes emerged and the most dominant one was – no improvement is required.

Theme 1: *Nothing needs to be improved*

Theme 2: *Extend length of training*  
Participant's felt the training was excellent but found that it could be improved by adding one additional day.

Theme 3: *Increase opportunities for participants to learn how to teach*  
In addition, participants felt the training could be improved by having them facilitate a module, complete mock presentations, or including role playing.

### **Percent of New Content in 'Making A Difference' Training**

At the post-test, the *Making A Difference* participants were also asked to identify what percentage of the training was “new” to them.

As is evident in Table 17, for nearly two-thirds of them (61%) over 60 percent of the material was new; and for over a quarter of trainees (29%), eighty percent or more of the training was new content. Only 38 participants (11%) said that less than 20 percent of the training was new for them.

While this finding parallels the previous data on number of hours of previous training in the area of child abuse and neglect, this finding speaks to the fact that while they may have had some degree of prior training in child abuse, the *Making A Difference* content was new for most of them.

**Table 17:**  
**% Making A Difference Training that was “New”**

	#	%
< 20% was “new”	38	11%
40% was “new”	93	28%
60% was “new”	109	32%
80% was “new”	69	21%
>80% was “new”	26	8%
<b>Subtotal</b>	<b>335</b>	<b>100%</b>
<i>Missing</i>	56	14%
<b>Total</b>	<b>391</b>	

## ***Cultural Adaptation of ‘Making A Difference’ Training***

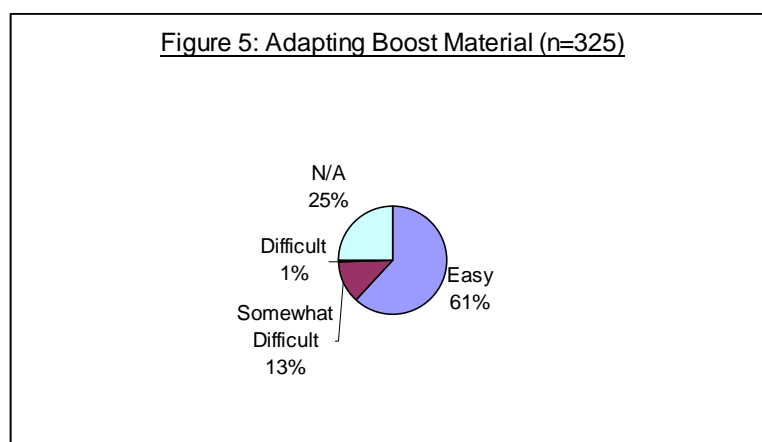
As part of the post-test evaluation (see Appendix B) participants were asked: “How easy it will be to adapt the material to your cultural context”? A total of 325 trainees’ responded.

### **No Adaptation Required**

- ❖ One-quarter (n=82 or 25%) indicated adaptation of the material to a cultural content was “not applicable” to their context

### **Some Adaptation Required**

- ❖ 61% or nearly two-thirds (n=199) said adaptation of the material would be “easy”
- ❖ 13% said that it would be “somewhat difficult” (n=42)
- ❖ 1% (n=2) indicated it would be “difficult” to adapt the material (see Figure 5).



Of the 44 participants who said it would be “somewhat difficult” or “difficult” to adapt the material, only eight provided a more detailed description of the challenges. Examples included:

- Language (e.g., French),
- Addressing clients’ needs for support,
- Board of Directors approval,
- Contradicts agency mandate
- Addressing Aboriginal culture.

## ***Training Participants’ Goals***

As part of the pre-test (see Appendix A), participants were asked to state three goals for the training. Then at the post-test (see Appendix B), participants were asked if their goals were met. The main goals of the *Making A Difference* training, from the participants’ perspective, were:

Goal 1: *To learn about the current legislation and how to report*

Goal 2: *To learn how to recognize signs of abuse*

Goal 3: *To enhance [topic] knowledge*

Goal 4: *To learn how to deal with disclosures of abuse while maintaining a relationship with the family*

Goal 5: *To learn how to train others.*

At post-test, analysis of participants’ views was: *Making A Difference* training met their goals.



## **Focus Group**

One focus group was conducted with training participants in one region. Focus group participants were asked three questions:

### ***“What were you expecting from the ‘Making A Difference’ training?”***

Participants' responses included that they were *expecting*:

- ❖ ...to find out about the legalities,
- ❖ ...to better understand confidentiality,
- ❖ ...to gain clarity on documentation,
- ❖ ...to update their information,
- ❖ ...to understand policies and procedures around reporting
- ❖ ...to clarify CAS role.

FG Participant

*“To clarify the difference between the consulting and reporting [to CAS]..I have had to do it about eight times without having the knowledge of how to do it...[the training] reassures me that I had done the right thing, went with my gut feeling with all of the cases that I had to report, that what I was doing was valuable and it gave me a lot of satisfaction to find out what I did was correct, instead of being ignorant of what steps to follow.”*

### ***“Do you feel prepared now to train others?”***

Participants' responses included that they were *feeling*:

- ❖ ...prepared, but I have reservations but with confidence
- ❖ ...need to work through the manual more.

FG Participant

*“[I] wanted more time to read the manual, to go through manual; I felt sick to stomach after the second day...I don't feel ready yet to facilitate, I need to read manual, meet and plan with my co worker.”*

### ***“What would you like in addition to the material presented?”***

Participants spoke about what they would like in addition to the material presented. Some of it was tangible (e.g. receive materials in advance of training), some of it spoke to knowledge needs (e.g. what happens to the family after a referral), some of it spoke to developing skills (e.g. how to address the stigma of children's aid with families, and some of it spoke to building relationships with the CAS.

- ❖ ...I want to know what happens to the family once I've report (i.e., the flow of a case in CAS once call is made),
- ❖ ...I want to know how to promote CAS as a support,
- ❖ ...I want to receive the training material before the training for review,
- ❖ ...I want the CAS worker to attend for more than one day.

## Evaluation of New Trainers Training of Others

A segment of the evaluation examined how well the new *Making A Difference* trainers then were able to translate their *Making A Difference* training into training people in their home communities. To examine that knowledge translation at that next level, evaluation surveys (see Appendix E) were given to participants (trainees of the new trainer) in three regions (n=32).

### Demographics (n=32)

Gender:	All 32 trainees of the new trainers were female.
Age:	Most were between 21 and 39 years of age (58%); 20% were 40 years or older, and 2% were under 20 years.
Social Location:	44% were parents themselves, 20% were community members, and 78% said they are a health service professional. (Note. % equal more than 100% as participants checked more than one box (e.g. participants' checked both "parent" and "community member").
Type of Professional:	Most common type of professional: child care service (91%).

### Satisfaction & Outcomes (n=32)

Satisfaction with Training:	94% indicated they were satisfied with the training. 88% indicated they would recommend the training to a colleague
Outcomes from Training:	94% indicate know the reporting requirements for child abuse 87% indicate they are more confident about reporting in the future 72% indicate they learned more about child abuse 72% indicated they learned more about prevention strategies 97% indicated the trainer was effective 100% indicate that the <i>Making A Difference</i> material was helpful. 56% indicate they are more able to identify actual or suspected child abuse; 31% are neutral and 13% disagree.

Participants were asked about what they found "*most helpful*" about the *Making A Difference* training. The top three answers were:

- ❖ All of the training was helpful
- ❖ The package of materials
- ❖ The training was a good refresher.

They were also asked what was the "*most difficult*" part of the *Making A Difference* training. The top two answers reflect both the importance of the topic and the need to be committed to reporting child abuse juxtaposed against what it is you are reporting – child abuse. The top two responses were:

- ❖ Nothing was most difficult
- ❖ The reality of child abuse.

When asked "*Why would you recommend the training?*" The trainees indicated that "It is informative", "Everyone should attend". And when queried, "*What would you recommend to do to improve the training?*", the most frequent response mirrored the Train-the-Trainer comments:

- ❖ Making the training longer
- ❖ Nothing at all.

In sum, while this is a small sample, the consistency of responses across three regions coupled with the positive trainee satisfaction and perceived gains in knowledge and skills, suggests the *Making A Difference* Trainer-the-Trainer model is an effective, efficient and consistent method to providing child abuse training to professionals across Ontario.

## Follow-up Telephone Survey With Training Participants

As part of the pre-test, training participants were asked if they would consent to being part of a three to six month follow up after the *Making A Difference* training. Only those participants who provided written consent and contact information were included as part of the follow up sample. A total of 26 participants were contacted for a follow-up telephone survey. Some had left their position at their agency, some had moved elsewhere, some were on vacation, and some declined. Of these 26, ten respondents completed the survey (see Appendix D). Regarding when they completed the 'Making A Difference' training, among the 10 respondents there was almost a three-way split:

- ❖ 3 completed training  
< three months ago
- ❖ 3 completed training  
three - six months ago
- ❖ 4 completed training  
> six months ago.

At follow up, nine of 10 participants said their goals for the *Making A Difference* training were still "mostly", or "all met". Follow-up respondents were also asked questions on a 5-point Likert scale, that ranged from "strongly disagree", "disagree", "neither agree/disagree", "agree" and "strongly agree".

QUESTION	RESPONSE
❖ <i>Making A Difference</i> training increased your understanding of the impact of abuse on your client?	9 of 10 "strongly agree/agree"
❖ <i>Making A Difference</i> training increased your capacity to identify children/youth on one's caseload who may be in an abusive situation?	9 of 10 "strongly agree/agree"
❖ <i>Making A Difference</i> training provided you with strategies in reporting abusive situations?	9 of 10 "strongly agree/agree"
❖ <i>Making A Difference</i> training provided information about legislation related to child abuse	9 of 10 "strongly agree/agree"
❖ <i>Making A Difference</i> training increased your understanding of the impact of abuse on your client?	9 of 10 "strongly agree/agree"

An open-ended question was asked regarding participants' recommendations for improving the training, from the perspective that they are now they are back in their agencies trying to implement the learning. They provided many good suggestions regarding potential improvements to the training. Examples included: include experiences with the local CAS, teach how to support staff through the training (one respondent was emotionally drained after the training), offer a refresher course every two years, provide a training certificate that is applicable across agencies, and do training over a longer period of time (more than three-days).

Regarding challenges to implementing the learning from the training into agency practice and policy, one respondent talked about the difficulty in translating some of the training (e.g. best practices in reporting child abuse) into an agency culture that to date, has had a different practice:

*"...[the training] made sense [to me] as to why it's best practice not to inform the client that you are reporting. Here, at my agency, we let the client know we are reporting. So, I'm having a hard time selling "not to inform" here, as people are not convinced that that is the best practice. The other training piece [on reporting] was do not share details with your supervisor before you report. Our supervisors here feel that they can support the employee with how it felt to do that [report], not tell them whether they should or not report but they have a role to play in being a supervisor so that was another hard sell - but I understand why."*

Overall, findings from the follow up respondents indicate the trainees remained satisfied with the *Making A Difference* training. Nine of ten recommend the training to other workers and to other caregivers. All ten respondents said *Making A Difference* increased their knowledge of child abuse.

## CONCLUSIONS AND RECOMMENDATIONS

Between 2009-2010, *Boost Child Abuse and Intervention* and the *YMCA of Greater Toronto* delivered a three-day, *train-the-trainer* child abuse prevention training called: *Making A Difference*. The training was delivered to 16 communities and 398 community professionals across Ontario; a total of 391 completed the evaluation component of the training (98% participation rate).

Analysis of the data indicates the training was very effective in increasing trainee's knowledge, comfort and skills in reporting child abuse and neglect. Pre and post-test scores demonstrate significant ( $p < .05$ ) gains in participant knowledge of child maltreatment after the training.

Additionally, the *Making A Difference* training filled an important gap, as over half (59%) had either had "no previous training in the area" or had "a little"; even for those participants with "some" prior training in reporting child abuse and neglect, nearly two-thirds of trainees (61%) said sixty percent or more of the training content was new to them.

The preponderance of trainees indicated at the conclusion of the *Making A Difference* training they now feel they have the confidence to teach the *Making A Difference* training (85%), that they have the competencies to teach *Making A Difference* training (85%), and three-quarters (75%) felt ready after the training to then teach the curriculum.

Finally, overwhelmingly, almost all participants (96%) said they were satisfied with the *Making A Difference* training and would recommend it to others (94%).

The following are suggested recommendations regarding future *Making A Difference* trainings; these recommendations are intended to help strengthen and improve this effective training model. The six recommendations are informed by the evaluation findings:

### **1. In advance of the *Making A Difference* training, the Trainers are informed about the amount of previous training on child maltreatment the trainees have had.**

- ❖ Analysis suggests there is an inverse relationship between the amount of training and completing the evaluation tools. More specifically, for trainees with "considerable" prior training in child abuse prevention (14 hours or more) they are less likely to complete the evaluation component. *Making A Difference* trainers may want to explore a more advanced training option for those trainees with considerable knowledge in the subject area or underscore at the start of training that regardless of the amount of prior training the trainee has, completing the training and the evaluation is important.

### **2. Refine the knowledge quiz segment of the evaluation.**

- ❖ Based on pre and post-test results, knowledge acquisition is significant ( $p < .05$ ) for all knowledge quiz questions. However, the knowledge uptake across all questions is not yet at the preferred acquisition level of 70%. In other words, the total percent of participants who select the correct response is not consistently at 70% of all trainees. Future evaluation of *Making A Difference* will require revising identified questions (e.g. eliminate questions where the participants start with greater than 70% correct answers) and having the *Making A Difference* Trainers attend to ensuring curriculum related to the knowledge quiz is covered.

### **3. Develop supports to enhance “readiness” to teach**

- ❖ While most trainees (75%) indicated “they felt” ready to teach the *Making A Difference* training, a small portion (5%) did not feel ready at training completion, and one-in-five (20%) was “neutral” regarding their perceived readiness to teach the topic. Recognition of this cohort is important and implementation of additional support during the training, as well as at follow up, is suggested. Participants’ suggestions to allow time for practice during the training (e.g. mock training or role playing or have smaller group discussions during the training) may assist in addressing readiness concerns during the training period. Additionally, development of regional or cross-region “post-training support clusters” that can provide a peer support group function to address arising challenges in teaching the curriculum is an option to consider. As well, possibly building in *Making A Difference* post-training support for a specified time period (e.g. one year) or an additional “booster” training day for this cohort may be another option.

### **4. Expand *Making A Difference* beyond three-days**

- ❖ Trainees at the completion of the training noted a desire for the training to be longer than the three-days, given the dense nature and sometimes emotionally laden elements of the content. This theme of a longer training period was re-iterated with the trainees who were followed three to six months after the completion of the training, and were now implementing the training at their agency and facing challenges. Again, a “booster” training day via tele or video-conference links or a more ongoing, interactive web-based application (e.g. Ask a Trainer blog) may be options to address the request to expand the training time.

### **5. Set aside time for debriefing for participants disturbed by video content**

- ❖ As a training tool, videos are powerful and can often relay quite effectively in pictures what words cannot. For a number of participants this may be their first foray into this important social issue and its difficult material and they may not be prepared psychologically or emotionally for their reaction to it. For some, their reaction to the disturbing nature of child maltreatment is at face value – it is simply material that elicits strong emotional feelings; but for others, the video/content may raise personal issues they were not expecting to experience during a training. *Making A Difference* trainers should build in time to adequately prepare trainees for their possible reaction, and then post video, debrief with the group and/or offer individual opportunities to discuss the participant’s reaction, as it may adversely impact their ability to teach the material effectively.

### **6. New Trainer challenges to implementing the *Making A Difference* training**

- ❖ A few participants spoke about some of their difficulties, either anticipated or experienced, when implementing the *Making A Difference* training in their agency and/or culture. Illustrations of such challenges included: translating the material to different languages (e.g. French), addressing Aboriginal culture issues, and what to do when the training runs counter to agency culture or policy (e.g. agency policy is to tell client you are making a referral to CAS). Collecting data about these challenges, as well as documenting solutions to them will be important going forward. Important to the *Making A Difference* trainers in better preparing the trainees about the challenges, and for the trainees, in knowing there are possible solutions.

## PARTICIPANT CONFIDENTIALITY CODE

### PRE-TEST

In order to ensure your confidentiality and protect your identity, a "personal confidentiality" code is used for all participants. Please note, "mother" and "father" are used as a general term; refer to whomever you identify as your key parenting figures (includes kin, kith, foster, adoptive and other forms of a parent figure).

*EXAMPLE:*

*If your mother's maiden name was Armstrong - the first two letters will be AR. If you were born in 1952 - your response will be 52. If your father's last name was Khan – the first two letters will be KH. Your participant code: AR 52 KH*

### YOUR PARTICPANT CODE

First Two Letters of Your Mother's Maiden Name

\_\_\_\_\_

Year You Were Born

\_\_\_\_\_

First Two Letters of Your Father's Last Name

\_\_\_\_\_

## SECTION 1: Demographics

There are three Sections with specific questions. Please circle the response corresponding to your answer in each question or supply the requested information. The survey takes about 10 minutes to complete. For Section 1, please select one response in each category that best describes you at this time:

### GENDER:

- ☐ Female
- ☐ Male

### LEVEL OF POSITION:

- ☐ Front-line
- ☐ Management
- ☐ Both

### NUMBER OF YEARS OF EXPERIENCE IN YOUR FIELD:

- ☐ Less than one (1) year
- ☐ 1.1 years to 2 years
- ☐ 2.1 years to 5 years
- ☐ 5.1 years to 10 years
- ☐ 10.1 to 15 years
- ☐ Over 15 years

### CURRENT FIELD YOU ARE WORKING IN:

- ☐ Adult Mental Health
- ☐ Care Provider [foster, kin, residential]
- ☐ Child Care Services [e.g. home or center care]
- ☐ Children's Mental Health
- ☐ Child Welfare
- ☐ Counseling Services [e.g. child, family, couple]
- ☐ Early Years Services [e.g. nursery, drop-in]
- ☐ Health Services
- ☐ Immigration
- ☐ Justice System o Youth o Adult
- ☐ Spiritual Services
- ☐ School Boards/Educators
- ☐ Shelters/ Domestic Violence
- ☐ Youth Agencies [sports, clubs]
- ☐ Other \_\_\_\_\_

### YOUR PROFESSION:

- ☐ Child Care
- ☐ Child & Youth Worker
- ☐ Education
- ☐ Legal
- ☐ Medical / Health Professional [nurse, doctor]
- ☐ Police
- ☐ Psychology
- ☐ Psychiatry
- ☐ Social Service
- ☐ Social Work
- ☐ Therapist/Counselor
- ☐ Other \_\_\_\_\_

### HAVE YOU HAD PREVIOUS CHILD ABUSE TRAINING:

- ☐ Never taken any child abuse training before this
- ☐ Have had 1 to 3 hours of child abuse training
- ☐ Have had 4 to 14 hours of child abuse training
- ☐ Have had over 14 hours of child abuse training

//////////////////////////////////// DETACH TO SUBMIT //////////////////////////////////////

A few months after the training, we will be contacting some *BOOST* training participants to ask about the impact of the *BOOST* training on their practice. If you are willing to be contacted, please print your name, a contact phone number, and email contact:

NAME: \_\_\_\_\_

PHONE: (        )        -       

EMAIL: \_\_\_\_\_

## SECTION 2: Pre-test Knowledge

Section 2 has 10 PRE-TEST KNOWLEDGE questions. You are asked about your current understanding of, and knowledge about, child abuse. Please note all question areas will be covered in the training. If you don't know the answer at this time – select UNSURE. All responses are non-identifying and will not be correlated to individual evaluation results.

Select **only one** response and place a **X** beside the response you have selected.

- Q1. The age a child is legally allowed to baby-sit is age 12
- ☐ TRUE  
☐ FALSE  
☐ UNSURE
- Q2. You should call a Children's Aid Society if:
- ☐ A. YOU SUSPECT A CHILD IS AT RISK OF ABUSE  
☐ B. YOU ARE AFRAID YOU MAY HARM A CHILD  
☐ C. IF YOU SUSPECT A CHILD IS EXPOSED TO FAMILY VIOLENCE  
☐ D. A and B  
☐ E. ALL OF THE ABOVE  
☐ UNSURE
- Q3 At what age does the law require you to make a report to a Children's Aid Society if you suspect on reasonable grounds the child/youth is or may be in need of protection.
- ☐ A. AGE 14 AND UNDER  
☐ B. AGE 15 AND UNDER  
☐ C. AGE 16 AND UNDER  
☐ D. AGE 17 AND UNDER  
☐ E. AGE 18 AND UNDER  
☐ UNSURE
- Q4 What is the percentage of physical abuse investigations that are due to the parent/ caregiver over-disciplining the child/youth
- ☐ A. 50%  
☐ B. 60%  
☐ C. 70%  
☐ D. 80%  
☐ UNSURE
- Q5 Children/ youth are most often harmed by:
- ☐ A. STRANGERS  
☐ B. THEIR FAMILY/ PEOPLE THEY KNOW  
☐ C. GANGS  
☐ D. A and B  
☐ E. A and B and C  
☐ UNSURE
- Q6 The general age of consent for a sexual act is
- ☐ A. AGE 12  
☐ B. AGE 14  
☐ C. AGE 16  
☐ D. AGE 19  
☐ UNSURE



## TRAINING PARTICIPANTS' EVALUATION

Q7 Which one form of child abuse is the type most investigated by Children's Aid:  
[Select ONE]

- \_\_\_\_\_ A. SEXUAL ABUSE  
\_\_\_\_\_ B. PHYSICAL ABUSE  
\_\_\_\_\_ C. CYBER ABUSE  
\_\_\_\_\_ D. EMOTIONAL HARM  
\_\_\_\_\_ E. NEGLECT  
\_\_\_\_\_ F. DOMESTIC VIOLENCE  
\_\_\_\_\_ *UNSURE*

Q8 The responsibility to protect children and youth is:

- \_\_\_\_\_ A. PARENT/ FAMILY MEMBERS  
\_\_\_\_\_ B. CHILDREN'S AID SOCIETIES / POLICE  
\_\_\_\_\_ C. PROFESSIONALS INVOLVED WITH CHILDREN/YOUTH  
\_\_\_\_\_ D. THE PUBLIC  
\_\_\_\_\_ E. CHILDREN and YOUTH  
\_\_\_\_\_ F. A, B, C and D  
\_\_\_\_\_ G. ALL OF THE ABOVE  
\_\_\_\_\_ *UNSURE*

Q9 Teaching children about "stranger danger" is key to keeping them safe.

- \_\_\_\_\_ TRUE  
\_\_\_\_\_ FALSE  
\_\_\_\_\_ *UNSURE*

Q10 When you consult or refer to a Children's Aid Society the information that is confidential is:  
[Select ONE]

- \_\_\_\_\_ A. CONSULTATION INFORMATION IS NOT CONFIDENTIAL AND CAN BE SHARED WITHOUT YOUR PERMISSION  
\_\_\_\_\_ B. REFERRAL INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITHOUT YOUR PERMISSION  
\_\_\_\_\_ C. NEITHER ARE CONFIDENTIAL AND BOTH CAN BE SHARED WITHOUT YOUR PERMISSION  
\_\_\_\_\_ D. BOTH ARE CONFIDENTIAL AND NEITHER CAN BE SHARED WITHOUT YOUR PERMISSION OR THERE IS A COURT ORDER OR SUBPOENA  
\_\_\_\_\_ *UNSURE*

### SECTION 3: Training Goals

For Section 3, please list your top three goals that you hope to achieve during the *BOOST Training* [Please note them as you will need to refer to them at the end of the training].

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

THANK YOU!

*Your feedback is important. It allows us to evaluate and better understand the effectiveness of the BOOST training.*

APPENDIX B

PARTICIPANT CONFIDENTIALITY CODE

POST-TEST

In order to ensure your confidentiality and protect your identity, a "personal confidentiality" code is used for all participants. Please note, "mother" and "father" are used as a general term; refer to whomever you identify as your key parenting figures (includes kin, kith, foster, adoptive and other forms of a parent figure).

*EXAMPLE:*

*If your mother's maiden name was Armstrong - the first two letters will be AR. If you were born in 1952 - your response will be 52. If your father's last name was Khan – the first two letters will be KH. Your participant code: AR 52 KH*

**YOUR PARTICIPANT CODE**

First Two Letters of Your Mother's Maiden Name

\_\_\_\_\_

Year You Were Born

\_\_\_\_\_

First Two Letters of Your Father's Last Name

\_\_\_\_\_

## SECTION I: Post-test Knowledge

Similar to pre-test survey, there are three post-test Sections. Section I is the 10 POST-TEST KNOWLEDGE questions. Again, you are asked about your current knowledge and understanding of child abuse and neglect after you have received the BOOST training. You may use the training materials if you wish. If you don't know the answer at this time – select UNSURE. All responses are non-identifying and will not be correlated to individual evaluation results.

Select only **one** response and place a **X** beside the response you have selected.

- Q1. The age a child is legally allowed to baby-sit is age 12
- ☐ TRUE  
☐ FALSE  
☐ UNSURE
- Q2. You should call a Children's Aid Society if:
- ☐ A. YOU SUSPECT A CHILD IS AT RISK OF ABUSE  
☐ B. YOU ARE AFRAID YOU MAY HARM A CHILD  
☐ C. IF YOU SUSPECT A CHILD IS EXPOSED TO FAMILY VIOLENCE  
☐ D. A and B  
☐ E. ALL OF THE ABOVE  
☐ UNSURE
- Q3 At what age does the law require you to make a report to a Children's Aid Society if you suspect on reasonable grounds the child/youth is or may be in need of protection.
- ☐ A. AGE 14 AND UNDER  
☐ B. AGE 15 AND UNDER  
☐ C. AGE 16 AND UNDER  
☐ D. AGE 17 AND UNDER  
☐ E. AGE 18 AND UNDER  
☐ UNSURE
- Q4 What is the percentage of physical abuse investigations that are due to the parent/ caregiver over-disciplining the child/youth
- ☐ A. 50%  
☐ B. 60%  
☐ C. 70%  
☐ D. 80%  
☐ UNSURE
- Q5 Children/ youth are most often harmed by:
- ☐ A. STRANGERS  
☐ B. THEIR FAMILY/ PEOPLE THEY KNOW  
☐ C. GANGS  
☐ D. A and B  
☐ E. A and B and C  
☐ UNSURE
- Q6 The general age of consent for a sexual act is
- ☐ A. AGE 12  
☐ B. AGE 14  
☐ C. AGE 16  
☐ D. AGE 19  
☐ UNSURE

## TRAINING PARTICIPANTS' EVALUATION

Q7 Which one form of child abuse is the type most investigated by Children's Aid:  
[Select ONE]

- ☐ A. SEXUAL ABUSE
- ☐ B. PHYSICAL ABUSE
- ☐ C. CYBER ABUSE
- ☐ D. EMOTIONAL HARM
- ☐ E. NEGLECT
- ☐ F. DOMESTIC VIOLENCE
- ☐ *UNSURE*

Q8 The responsibility to protect children and youth is:

- ☐ A. PARENT/ FAMILY MEMBERS
- ☐ B. CHILDREN'S AID SOCIETIES / POLICE
- ☐ C. PROFESSIONALS INVOLVED WITH CHILDREN/YOUTH
- ☐ D. THE PUBLIC
- ☐ E. CHILDREN and YOUTH
- ☐ F. A, B, C and D
- ☐ G. ALL OF THE ABOVE
- ☐ *UNSURE*

Q9 Teaching children about "stranger danger" is key to keeping them safe.

- ☐ TRUE
- ☐ FALSE
- ☐ *UNSURE*

Q10 When you consult or refer to a children's aid society the information that is confidential is:  
[Select ONE]

- ☐ A. CONSULTATION INFORMATION IS NOT CONFIDENTIAL AND CAN BE SHARED WITHOUT YOUR PERMISSION
- ☐ B. REFERRAL INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITHOUT YOUR PERMISSION
- ☐ C. NEITHER ARE CONFIDENTIAL AND BOTH CAN BE SHARED WITHOUT YOUR PERMISSION
- ☐ D. BOTH ARE CONFIDENTIAL AND NEITHER CAN BE SHARED WITHOUT YOUR PERMISSION OR THERE IS A COURT ORDER OR SUBPOENA
- ☐ *UNSURE*

### SECTION 2: Training Goals

Referring back to your top three goals from yesterday, did you achieve your goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## SECTION 3: Satisfaction with BOOST Training

Section 3 asks you about your satisfaction with the BOOST training content, the trainers, your readiness to teach the topic, and your overall evaluation of the training.

Select only one response and circle the response you have selected or provide the written response requested.

From completing the <i>BOOST Training</i> ...	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
1. I learned more about <b>child abuse</b> than I previously knew	SA	A	N	D	SD	DN
2. I learned more about <b>child abuse prevention strategies</b> than I previously knew	SA	A	N	D	SD	DN
3. I have <b>gained the necessary confidence</b> to now teach the topic of child abuse	SA	A	N	D	SD	DN
4. I have <b>gained the necessary competencies</b> to now teach the topic of child abuse	SA	A	N	D	SD	DN
5. I feel <b>ready now to teach</b> the topic of child abuse	SA	A	N	D	SD	DN
6. The <i>BOOST</i> curriculum <b>content was clear</b>	SA	A	N	D	SD	DN
7. The <i>BOOST</i> <b>trainers were effective</b>	SA	A	N	D	SD	DN
8. The <i>BOOST</i> <b>handouts/ materials were helpful</b>	SA	A	N	D	SD	DN
9. I am <b>satisfied</b> with this training	SA	A	N	D	SD	DN
10. I will <b>recommend</b> this training to my colleagues	SA	A	N	D	SD	DN

11. What percentage of the BOOST training was new to you?

☐ < 20%      ☐ 40%      ☐ 60%      ☐ 80%      ☐ > 80%

12a. How easy or difficult will be to **adapt the BOOST materials** to your cultural context?

☐ Not applicable – can use “as is”      ☐ Easy      ☐ Somewhat difficult      ☐ Difficult

12b. If you chose “difficult”, please detail the challenges [please feel free to use back of page]

13. What is it about the *BOOST Training* that you found the **most helpful**? [please feel free to use back of page]

14. What did you find the **most difficult** about the *BOOST Training*? [please feel free to use back of page]

15. One thing we could do better to **improve** the *BOOST Training*?



## Evaluation of Training

### APPENDIX C

*Your evaluation of this training is very important as it allows us to evaluate its effectiveness and improve its quality. Your responses are confidential, anonymous and participation is voluntary. Results are only presented as an aggregate or roll-up. Please take a few minutes to complete this questionnaire. Thank you!*

**A LITTLE ABOUT YOU:** Your Gender: ☐ Male ☐ Female Your Age Group: ☐ Under 20 ☐ 21-39 ☐ 40+

You Are: ☐ A Parent ☐ A Community Member ☐ A Human Service Professional ☐ Other \_\_\_\_\_

If A Human Service Professional You Are In: ☐ Health ☐ Mental Health ☐ Education ☐ Child Care Service ☐ Social Service  
☐ Justice ☐ Spiritual Service ☐ Community Agency ☐ Other \_\_\_\_\_

This Child Abuse Training Is: ☐ 'Reporting' Child Abuse ☐ 'Keeping Kids Safe' ☐ 'Other' It Is: ☐ Half-day ☐ 1-day ☐ 2-day

Please circle your response From completing the <i>Child Abuse Training</i> ...	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
1. I learned more about <b>child abuse</b> than I previously knew	SA	A	N	D	SD	DN
2. I learned more about <b>child abuse prevention strategies</b> than I previously knew	SA	A	N	D	SD	DN
3. I am more able to <b>identify actual or suspected child abuse</b>	SA	A	N	D	SD	DN
4. I know my <b>reporting requirements for child abuse</b>	SA	A	N	D	SD	DN
5. I will be more confident in reporting <b>child abuse in the future</b>	SA	A	N	D	SD	DN
6. The training <b>maintained my interest</b>	SA	A	N	D	SD	DN
7. The trainer was <b>effective</b>	SA	A	N	D	SD	DN
8. The handout <b>materials were helpful</b>	SA	A	N	D	SD	DN
9. I am <b>satisfied</b> with the training	SA	A	N	D	SD	DN
10. What is it about this Child Abuse training that you found the <b>most helpful</b> ? [please feel free to use back of page]						

11. What did you find the **most difficult** about this training? [please feel free to use back of page]

12. You would **recommend** this training to a colleague?  
☐ No ☐ Yes ☐ Undecided

13. Why? [please feel free to use back of page]

14. One thing we could **do better** with this training? [please feel free to use back of page]

////////////////////////////////// **DETACH TO SUBMIT FROM EVALUATION** //////////////////////////////////

*Six to nine months after this training we will be contacting some participants and asking them about the longer-term impact of the training. If you are willing to being to be contacted please print your name along with your phone # and email contact. Thank you!*

NAME: \_\_\_\_\_ PHONE # ( ) - \_\_\_\_\_ EMAIL: \_\_\_\_\_



## Appendix D

### **BOOST Making A Difference Training: Follow Up Survey**

**INTRODUCTION:** This questionnaire asks you about your experiences with the BOOST Child Abuse Prevention Training that you received. The phone survey takes 5 to 10 minutes to complete, has 12 questions, and most are 'tick-box' type questions. Your participation is voluntary, confidentiality is assured and the responses are non-identifying by name, unit, branch or client. Results are in a roll-up or aggregate form by generic categories such as worker, foster parent or adoptive parent. Please provide responses that best fit your experience.

**Do I have your consent to participate? ☐ Yes ☐ No**

When did the BOOST Child Abuse Prevention Training occur?

☐ 1 -3 months ago      ☐ 3 – 6 months ago      ☐ More than 6 months ago

What were your goals in attending the BOOST Child Abuse Prevention Training?

Goal 1 –

Goal 2 –

Goal 3 -

To what degree were your goals met?

☐ All met      ☐ Mostly met      ☐ Half Met      ☐ Few met      ☐ None met

FASD Consultation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
<b>Q5 – The training increased your knowledge of child abuse</b>	SD	D	N	A	SA	N/A
<b>Q6 – The training increased your understanding of the impact of abuse on your client(s)</b>	SD	D	N	A	SA	N/A
<b>Q7 – The training increased your capacity to identify children/youth on your caseload who may be in abusive situations</b>	SD	D	N	A	SA	N/A
<b>Q8- The training provided you with strategies in reporting abusive situations</b>	SD	D	N	A	SA	N/A
<b>Q8B The training provided you with information about legislature related to child abuse</b>	SD	D	N	S	SA	NA
<b>Q9 – You are satisfied with the BOOST Child Abuse Prevention Training</b>	SD	D	N	A	SA	N/A
<b>Q10- You would recommend the BOOST Child Abuse Prevention Training to other workers</b>	SD	D	N	A	SA	N/A
<b>Q11- You would recommend the BOOST Child Abuse Prevention Training to other caregivers</b>	SD	D	N	A	SA	N/A

**Q12: Any recommendations for improving the BOOST Child Abuse Prevention Training**