Piat
Promoting inter-agency training

Connect, share and learn

Evaluating the outcomes of inter-agency training to safeguard children

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Toolkit
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Contents

Introduction

Working Together to Safeguard Children (HM Government, 2010) states that local safeguarding children boards (LSCBs) have a responsibility to ensure that training is delivered to a consistently high standard and that it is evaluated. The focus of the evaluation should be on the extent to which training is improving the knowledge and skills of the workforce with regard to working together to safeguard and promote the welfare of children. The outcomes of the evaluation should inform the planning of future training and be reported to the relevant children's trust board (CTB). This toolkit is designed to enable LSCBs to accomplish these tasks in a rigorous but straightforward manner.

Overview of the evaluation procedure

Introduction to evaluation protocols and instruments

These protocols and instruments were developed for a large-scale study of training courses in eight LSCBs in England. The evaluations in the final report[1] were carried out with the help of LSCB training coordinators and administrators. The researchers designed the evaluation methods, developed the instruments and analysed the data. Each LSCB took responsibility for administering the questionnaires for the selected courses, and collecting and returning the questionnaires.

This toolkit explains how an LSCB training subgroup can undertake an evaluation using our methodology. The only technical skills required are in analysing the data (comparing responses at different time points); social sciences graduates, in psychology and sociology, for example, who are familiar with data analysis packages such as SPSS or Minitab will possess these skills. It is also possible to carry out comparative analyses using Microsoft Excel.[2]

The toolkit includes a downloadable Microsoft Excel spreadsheet and instructions on how to enter and interpret the data.

Two levels of evaluation are feasible. The simpler level involves distributing the measures at the beginning and end of each course and comparing responses from these two time periods (T1 and T2, respectively). This requires participants to generate an individual code number so that their responses can be compared. Demographic information may also be collected but it is not imperative to do so, particularly in instances where anonymity is not required.

A more complex evaluation involves the administration of questionnaires at additional time points, including registration (T0), the start of the course (T1), the end of the course (T2) and three months after the course (T3). The logic is that if there is no change between T0 and T1, but there is change between T1 and T2, this difference may be attributed with greater certainty to the effects of the course. Given the additional administration costs, LSCB training subgroups may wish simply to compare learning outcomes before and after the training.

In order to assess whether learning has been retained, LSCB course administrators can follow up with participants after three months. In practice this is not easy. In our study, response rates at three months after the course (T3) were quite low, but they varied noticeably between training sites. The most successful approach involved the trainer making a personal appeal to the participants and extracting a verbal commitment from them to respond later. Email reminders certainly helped. Offering a continuing professional development (CPD) certificate was not very helpful; a prize draw or comparable incentive might be more so.

The following procedure and materials are designed for more complex evaluation and based on the methods employed in the final research report.

1 Outcomes of interagency training to safeguard children: final report to the Department for Children, Schools and Families, and the Department of Health can be accessed at **www.education.gov.uk**

2 For more information about statistical analysis tools in Microsoft Excel, please see **http://office.microsoft.com/en-us/excel-help/about-statistical-analysis-tools-HP005203873.aspx**

How to use the scales

Most of the questionnaires ask participants to complete rating scales designed to assess attitudes, knowledge and self-efficacy in relation to safeguarding. They have been designed and tested as scales. This means you can add up the scores for each item and arrive at a total score that gives a reliable and valid picture of the participants' learning. You can compare the mean total scores at two or more time points to measure change.

Because these scales are validated as a whole, you must not amend or omit any of the questionnaire items; this would invalidate their use. However, if the scale does not measure aspects of the course in which you are interested, you can add questions in the same format as long as you do not include the responses to these additional items in your calculations of the total mean scores. You can also add open questions, for example:

List some of the reasons why disabled children might be more vulnerable to abuse and neglect.

Score these questions like a school test: give participants a mark for correct answers at each time point. You can then compare the answers at different time points.

How to decide which scale(s) to use

For introductory courses (Level 1) that focus on identifying and responding to child abuse and neglect, we suggest you use the child abuse scenarios (CAS) scale. For all the scenarios, the expert panel's consensus was that some action should be taken, although the nature of the action would depend on the position of the participant (for example, a children's local authority social worker would not choose "Make a referral to social services", for obvious reasons). The expert panel agreed on the primary type of abuse taking place in each scenario, and these answers are provided in the scaling and scoring information that accompanies the CAS scale.

For courses on *Working Together*, you should use some or all of the three inter-professional working (IPW) scales. You could also use these scales for other courses, such as a new course for which there is no specific scale to measure outcomes.

The remaining scales are designed for the courses on specialist safeguarding topics featured in *Working Together*.

Help and advice

Please let us know if you are planning to use the toolkit by posting a message on the dedicated discussion board called *Connect, share and learn: Piat toolkit*, which is available online at **http://groups.yahoo.com/group/Connect_toolkit**

This discussion board allows people to post questions and comments regarding their experiences of using the evaluation toolkit. If you have a question to ask, please ask it via this site and we will post a response. In this way, others can learn from your experience. Your input will help us develop this resource further.

We will monitor the site, but please alert us to any questions you have posted by sending an email message to:

Demi Patsios **demi.patsios@bristol.ac.uk**
John Carpenter **j.s.w.carpenter@bristol.ac.uk**

Evaluation procedure

Time	Responsible person	Actions
Annually	LSCB training subgroup	Agree which courses should be evaluated, select the relevant measures, and agree responsibilities and support.
Before start of course	LSCB training coordinator	Brief the course trainer and explain that the course is being evaluated anonymously for the LSCB. Ask the trainer to plan 15 minutes at the beginning of the course and 10 minutes at the end of the course for participants to complete the evaluation forms.
At course registration (T0)	LSCB course administrator	Send the following to training participants via post or email: • short cover letter written by LSCB to encourage participation in the evaluation; • information sheet; • demographic form and one copy of the relevant evaluation questionnaire. Ask participants to complete and return the forms when confirming their acceptance of a place on the course.
At start of course (T1)	Course trainer	If participants forgot to complete the demographic form, ask them to complete one on the spot. Distribute and collect one copy of the evaluation questionnaire (T1). Check that participants have self-coded the questionnaire.
At the end of the course (T2)	Course trainer	Distribute and collect one copy of the evaluation questionnaire. Collect the completed forms in an envelope, which should be sent to the LSCB training administrator.
After course	LSCB course administrator	Separate questionnaires completed at different times. Clearly mark the title and date of course. Put all the completed forms in a sealed envelope.

After three months (T3)	LSCB course administrator	Send one copy of the relevant questionnaire to training participants via email (post, if necessary). Also include a cover letter and (if sending by post) a stamped, self-addressed envelope. Ask participants to send/email the completed forms back to you. Send a polite reminder after two weeks.
After follow-up	LSCB course administrator and coordinator (with advice as necessary)	Use personal code numbers to match participants responses to the various time points. Enter data into a Microsoft Excel or SPSS spreadsheet; the template will be available to analyse differences (protocol available). Compare the ratings to those in the Outcomes of Inter-agency Training to Safeguard Children final report. Draft report for LSCB training subgroup.
Annually	LSCB training subgroup	Review results and report with recommendations to the LSCB.

Measures and scales

Intro to safeguarding	Working together to safeguard children	Domestic abuse	Parental mental health	Drug using parents	Femal genital mutilation	Disabled children	Young people who have sexually abused
Defining child abuse scenarios (CAS)	Inter-professional working (IPW) to safeguard children	Domestic abuse (DA) and child protection	Parental mental health (PMH) and child protection	Drug misusing parents (DMP) and child protection	Female genital mutilation (FGM) and child protection	Disabled children (DC) and child protection	Attitudes towards young people who have sexually abused (YPSA)
Nine case scenarios	IP learning (nine items) IP interaction (nine items) IP relationships (eight items)	28 items	Attitudinal scale (nine items) Knowledge test (seven items)	12 items	10 items	14 items	20 items

Defining child abuse scenarios (CAS) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

Please consider the scenarios and decide whether or not you would take an action.

Please circle only one option.

If you think abuse is taking place, name the *primary* type of abuse, such as sexual abuse.

If you think there is no abuse, please tick "no abuse" instead of naming the type of abuse.

Scenario 1

Levi is nine years old, and he lives with his mum and dad. Both parents drink regularly. Recently their relationship has become conflictual, which has resulted in them physically abusing each other. When Levi was observed walking along the street with his mother, he was in tears and she appeared to be staggering.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 2

Jade is an 18-month-old child who has some developmental delay. The health visitor has noticed a bald patch on the back of her head. The health visitor is worried and feels that Jade's development is delayed because she is not stimulated sufficiently.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 3

Tracey is single parent who works as a teacher. She has to leave home at 7:30am to get a lift to school. As a result, she leaves her two boys in the house by themselves. Graham is nine and Brian is six. They are alone for an hour before they take themselves to school.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 4

Imran is a thirteen-year-old who presents challenging behaviour and places considerable stress on his parents. He regularly attacks them. He arrives at school with a bruised eye, claiming that his father punched him. When his father is interviewed, he claims that he was defending himself from Imran.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 5

Heather is 15 years old. She has had a steady boyfriend for two years. Yesterday, Heather's father came home unexpectedly during the day and found her in bed with her boyfriend. The boyfriend was thrown out and Heather was given what her father called "a good hiding". She has several large bruises, although she was fully clothed when her father hit her.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 6

Jane, who is aged 13 and of dual heritage, lives alone with her mother. Her mother is a solicitor who works long hours. As a result, Jane is often left to prepare her own meals and chooses to stay out late, sometimes not returning home in the evenings.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 7

Sheila (24) and Des (38) are parents of Jodie, aged 14 months. Both parents have moderate learning disabilities. While the parents express their deep love for their daughter, she has sustained a number of injuries in the recent past due to inappropriate handling. Support from the family's health visitor has been beneficial and has resulted in significant but short-term improvements in parenting standards. Recently, the parents have been told by their social worker that, if they do not "buck up their ideas", Jodie will be removed. In the course of a home visit, the health visitor observes Jodie being force fed.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 8

John is 15 years old. His father has recently discovered that John is having a sexual relationship with a long-standing friend, James, who is 17 years old. When confronted by his father, John tells his father that he is gay. John's father now refuses to talk to John, has grounded him indefinitely and has forbidden him any kind of contact with friends.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scenario 9

Simon is 10 years old and the eldest of five children. He appears much smaller than his peers. His clothing is often older and tattier than other children. You are told by his teacher that they suspect Simon has been taking food from other pupils' lunchboxes, which are stored in the hall. You are also informed that there are rumours in the community that both parents are using and dealing in drugs. His parents have never turned up to parents' evening in all the years he has been at the school.

1. Initiate Common Assessment Framework (CAF)
2. Make a referral to social services
3. No action
4. Do not know

Primary type of abuse: _____ ☐ No abuse

Scaling and scoring for child abuse scenarios (CAS) questionnaire

Calculating CAS "Action" knowledge test

- If participants select either options 1 or 2 (Initiate CAF or Make a referral to social services), they get a score of 1.
- If participants select option 3 (No action), they get a score of -1.
- If participants select option 4 (Do not know), they get a score of 0 points.
- "Action" knowledge test has nine items and can range from -9 to +9.

Calculating CAS "Type" knowledge test

- Participants get a score of 1 if they: reported emotional abuse or neglect for q1; neglect for q2 and q3; physical abuse for q4 and q5; neglect for q6; physical abuse or neglect for q7; emotional abuse for q8; and neglect for q9. Otherwise, a score of 0 is entered for each scenario.
- "Type" knowledge test has nine items and can range from 0 to 9.

Inter-professional working (IPW) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
	Learning	*Please circle*				
1	My skills in communicating with families would be improved through learning with other professionals who engage in work to safeguard children.	1	2	3	4	5
2	My skills in communicating with other professionals would be improved through attending inter-agency safeguarding training.	1	2	3	4	5
3	I would prefer to learn only with peers from my own profession.	1	2	3	4	5
4	Learning with course participants from other professions is likely to facilitate subsequent professional working relationships.	1	2	3	4	5
5	Learning with course participants from other professions would be more beneficial to improving my teamwork skills than learning only with my peers.	1	2	3	4	5
6	Collaborative learning would be a positive experience for all professionals who engage in work to safeguard children.	1	2	3	4	5
7	Inter-agency training is likely to help overcome stereotypes that are held about different professions.	1	2	3	4	5
8	I would enjoy the opportunity to learn with course participants from other safeguarding children professions.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
9	Learning with course participants from other safeguarding children professions is likely to improve the service for patients/service users.	1	2	3	4	5
	Interaction					
10	Different professionals who engage in work to safeguard children have stereotyped views of each other.	1	2	3	4	5
11	The lines of communication are open between all professionals who engage in work to safeguard children.	1	2	3	4	5
12	There is a status hierarchy in safeguarding work that affects relationships between professionals.	1	2	3	4	5
13	Different professionals who engage in work to safeguard children are biased in their views of each other.	1	2	3	4	5
14	All members of safeguarding children professions have equal respect for each discipline.	1	2	3	4	5
15	It is easy to communicate openly with people from other safeguarding children disciplines.	1	2	3	4	5
16	Not all relationships between professionals who engage in work to safeguard children are equal.	1	2	3	4	5
17	Professionals who engage in work to safeguard children do not always communicate openly with one another.	1	2	3	4	5
18	Different professionals who engage in work to safeguard children are not always cooperative with one another.	1	2	3	4	5
	Relationship					
19	I have an equal relationship with peers from my own professional discipline.	1	2	3	4	5
20	I am confident in my relationships with peers from my own professional discipline.	1	2	3	4	5
21	I have a good understanding of the roles of different professionals who engage in work to safeguard children.	1	2	3	4	5
22	I am confident in my relationships with people from other safeguarding children disciplines.	1	2	3	4	5
23	I am comfortable working with people from other safeguarding children disciplines.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
24	I feel that I am respected by people from other safeguarding children disciplines.	1	2	3	4	5
25	I lack confidence when I work with people from other safeguarding children disciplines.	1	2	3	4	5
26	I am comfortable working with people from my own professional discipline.	1	2	3	4	5

Scaling and scoring for inter-professional working (IPW) questionnaire

Reverse score the following items: 3, 10, 12, 13, 16, 17, 18 and 25 (n=8 items).

Three sub-scales calculated:

- Learning (n=9; max score=45)
- Interaction (n=9; max score=45)
- Relationship (n=8; max score=40)

Note: this scale is adapted, with permission, from one developed by Katherine Pollard and colleagues at the University of the West of England, Bristol.

Domestic abuse (DA) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
		Please circle				
1	I feel comfortable asking clients about domestic abuse.	1	2	3	4	5
2	I have clients whose personalities cause them to be abused.	1	2	3	4	5
3	Abused women should leave their partners.	1	2	3	4	5
4	It is not my place to interfere with how a couple chooses to resolve conflicts.	1	2	3	4	5
5	Separation will not put women and children at greater risk of further abuse.	1	2	3	4	5
6	There are strategies I can use to help "victims" of domestic abuse change their situations.	1	2	3	4	5
7	I understand how my own experiences may influence my capacity and willingness to engage with issues of domestic abuse.	1	2	3	4	5
8	Women experiencing abuse are deeply ashamed.	1	2	3	4	5
9	Mothers in abusive relationships cannot be expected to have their children's welfare as their top priority.	1	2	3	4	5
10	I feel confident in talking to perpetrators about domestic abuse.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
11	Domestic abuse may be associated with just about any physical complaint I see in my practice.	1	2	3	4	5
12	I have a good understanding of local information-sharing policies for domestic abuse.	1	2	3	4	5
13	Babies under one will hardly be affected in their health when they witness domestic violence.	1	2	3	4	5
14	Abused women should leave their partners, whatever the circumstances.	1	2	3	4	5
15	In assessment of risk to a child, you should take into account differences in cultural norms in the acceptability of violence.	1	2	3	4	5
16	It is my responsibility to ask a woman if she is experiencing domestic abuse.	1	2	3	4	5
17	Children of women who are abused are likely to grow up to be abusers or victims of domestic violence themselves.	1	2	3	4	5
18	I feel confident that I can make an appropriate referral for abused clients.	1	2	3	4	5
19	A woman should expect to be re-abused if she decides not to take appropriate action after being offered help/advice.	1	2	3	4	5
20	It is demeaning to clients to question them about abuse.	1	2	3	4	5
21	The postpartum period is the time of greatest risk for domestic violence.	1	2	3	4	5
22	There is no direct link between child abuse and domestic violence.	1	2	3	4	5
23	I am afraid of offending my clients if I ask about abuse.	1	2	3	4	5
24	The “victim” has often done something to bring about abuse in the relationship.	1	2	3	4	5
25	I personally feel confident that I could correctly identify a woman with experience of domestic abuse.	1	2	3	4	5
26	I feel confident in talking to children about their experiences of domestic abuse.	1	2	3	4	5
27	Children witnessing incidents of domestic violence are at great risk of significant harm.	1	2	3	4	5
28	Children recover quickly when they are no longer exposed to domestic violence.	1	2	3	4	5

Scaling and scoring for domestic abuse (DA) questionnaire

Reverse score the following items: 2, 4, 5, 9, 13, 15, 17, 20, 22, 23 and 24 (n=11 items).

Final scale=28 items (min score=28; max score=140), no sub-scales created.

Parental mental health (PMH) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
		Please circle number below				
1	I feel confident in my ability to communicate effectively with parents with severe mental illness about potential or actual child abuse.	1	2	3	4	5
2	At least half of all children whose parents have a psychiatric illness have persistent emotional and behavioural disturbance.	1	2	3	4	5
3	Inter-agency working with families with children where parents have a mental illness is hindered by insurmountable obstacles of confidentiality of information.	1	2	3	4	5
4	Depressed mothers are more likely to be critical and reject their children than non-depressed mothers.	1	2	3	4	5
5	Depressed mothers are more likely to be withdrawn and listless than non-depressed mothers.	1	2	3	4	5
6	I am clear on my roles and responsibilities when parents with mental illness are suspected of abuse or neglect.	1	2	3	4	5
7	An accurate psychiatric diagnosis of the parent is the most important factor in assessing the risk of child abuse.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
8	In inter-agency working with families with children where parents have a mental illness, my most important role is to advocate specifically on behalf of “my” client.	1	2	3	4	5
9	I expect mental health and adult social care professionals to advocate for the parents and child care workers to advocate for the child.	1	2	3	4	5
10	I have a good understanding of local inter-agency procedures on safeguarding children whose parents have mental illness.	1	2	3	4	5
11	I am afraid of upsetting vulnerable parents with mental illness if I ask about abuse in relation to their children	1	2	3	4	5
12	In general, mothers with schizophrenia are more remote, insensitive, intrusive and self-absorbed than mothers with depression and anxiety.	1	2	3	4	5
13	Mothers with poorer mental health are much more likely than mothers with better mental health to physically punish their children frequently.	1	2	3	4	5
14	The age of the child will largely determine their vulnerability or resilience to disruptions in parenting behaviour associated with mental illness.	1	2	3	4	5
15	I can describe the reasons why children and young people of parents with mental illness are at particular risk of abuse.	1	2	3	4	5

Scaling and scoring for parental mental health (PMH) questionnaire

Reverse score the following items: 2, 3, 7, 8, 9, 11 and 12 (n=7 items).

Attitudinal scale (PMHr) reduced items: 1, 5, 6, 7, 8, 9, 10, 11 and 15 (n=9 items, max score=45).

Knowledge test (PMHk) items: 2, 3, 4, 5, 12, 13 and 14. If participants rate 4 or 5 (Agree), they get a score of 1. If participants rate 3 (Not sure), they get a score of 0. If participants rate 1 or 2 (Disagree), they get a score of -1 (n=7 items and scores can range from -7 to +7).

Drug misusing parents (DMP) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**	**Strongly agree**	
		Please circle number below				
1	I feel confident in my ability to communicate effectively with parents about the impact of their drug and alcohol misuse on their children.	1	2	3	4	5
2	I can name and differentiate between types of drugs and I know the "street" terms used for them in my local area.	1	2	3	4	5
3	At least half of the families on social workers' child care caseloads have parents with drug or alcohol problems.	1	2	3	4	5
4	I have a good understanding of local inter-agency procedures on safeguarding children in cases of parental substance misuse.	1	2	3	4	5
5	Parental substance misuse may put a child at an increased risk of neglect and emotional or physical abuse.	1	2	3	4	5
6	Research has shown a significant link between parental drug misuse and risk of sexual abuse of children.	1	2	3	4	5
7	Parental substance misuse does not put a child at higher risk of developing mental health problems in adolescence.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
8	I can describe the potential effects of parental substance misuse on children's development.	1	2	3	4	5
9	I know where to refer parents who are drug users.	1	2	3	4	5
10	I am familiar with strategies to engage hard-to-reach parents who misuse drugs and alcohol.	1	2	3	4	5
11	I am confident about how and with whom to share information about drug-using parents.	1	2	3	4	5
12	I can identify at least five risks of the effects of drug use on developmental outcomes for children.	1	2	3	4	5

Scaling and scoring for drug misusing parents (DMP) questionnaire

Reverse score the following items: 6 and 7 (n=2 items).

Final scale=12 items (min score=12; max score=60).

Female genital mutilation (FGM) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
		Please circle number below				
1	Female genital mutilation must not be considered culturally acceptable practice.	1	2	3	4	5
2	Female genital mutilation is usually carried out on girls aged between one and three years.	1	2	3	4	5
3	A child who has undergone female genital mutilation should not be seen automatically as a child in need.	1	2	3	4	5
4	Female genital mutilation is a criminal offence in the UK.	1	2	3	4	5
5	Female genital mutilation doubles the chance of women dying in childbirth.	1	2	3	4	5
6	I have a good understanding of local inter-agency procedures on safeguarding children who are at risk of or have undergone female genital mutilation.	1	2	3	4	5
7	If a mother has had female genital mutilation, this should be reported as a child protection concern if she has a female child.	1	2	3	4	5
8	I know how to communicate about the legal and health implications of female genital mutilation with a woman who has undergone this procedure.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
9	In order to prevent a child undergoing any form of female genital mutilation, she should be removed from the family.	1	2	3	4	5
10	Certain forms of female genital mutilation do not place a child at risk of significant harm.	1	2	3	4	5

Scaling and scoring for female genital mutilation (FGM) questionnaire

Reverse score the following items: 2, 3, 9 and 10 (n=4 items).

Final scale=10 items (min score=10; max score=50).

Safeguarding disabled children (DC) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
		Please circle number below				
1	I feel confident in my ability to communicate effectively with disabled children about abuse.	1	2	3	4	5
2	Physically disabled children and young people are over four times more likely to be abused than their non-disabled peers.	1	2	3	4	5
3	I can explain the relevant legislation about disabled children and abuse.	1	2	3	4	5
4	Disabled children may not understand that they have been abused.	1	2	3	4	5
5	I have a good understanding of local inter-agency procedures on safeguarding disabled children.	1	2	3	4	5
6	Compared to non-disabled children, disabled children who say they have been abused are less likely to be believed by adults.	1	2	3	4	5
7	Children with sensory impairments are no more likely to be abused than non-disabled children.	1	2	3	4	5
8	I am clear on my roles and responsibilities when abuse of a disabled child is alleged or suspected.	1	2	3	4	5
9	I am confident that I know how to use thresholds for triggering assessments of disabled children in suspected cases of abuse.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
10	I am afraid of offending parents if I ask about abuse in relation to their disabled child.	1	2	3	4	5
11	Children with conduct disorders are the most likely group to experience physical and sexual abuse.	1	2	3	4	5
12	I personally feel confident that I could correctly identify a disabled child who had been abused.	1	2	3	4	5
13	I can give examples of ways of empowering disabled children who may have been abused.	1	2	3	4	5
14	I can describe the potential circumstances that make disabled children vulnerable to abuse.	1	2	3	4	5

Scaling and scoring for disabled children (DC) questionnaire

Reverse score the following items: 2, 6 and 10 (n=3 items).

Final scale=14 items (min score=14; max score=70).

Young people who have sexually abused (YPSA) questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

Please tick the appropriate box

I am completing this questionnaire at:

- ☐ training registration
- ☐ the start of the training
- ☐ the end of the training
- ☐ three-month follow-up

		Strongly disagree		**Not sure**		**Strongly agree**
		Please circle number below				
1	I feel comfortable talking to young people about their sexual behaviour.	1	2	3	4	5
2	Most adolescents who sexually abuse have been sexually abused themselves.	1	2	3	4	5
3	There are strategies I can use to help young people who sexually abuse to change their behaviour.	1	2	3	4	5
4	If a young person sexually abuses a sibling, that young person should always be removed from the family home.	1	2	3	4	5
5	Without help, young people who sexually abuse are likely to continue to abuse.	1	2	3	4	5
6	Placing young people on the Sex Offenders register is unfair and unnecessary in most cases.	1	2	3	4	5
7	I have a good understanding of the reasons why young people sexually abuse.	1	2	3	4	5
8	The family backgrounds of young people who sexually abuse are usually highly problematic.	1	2	3	4	5
9	All young people who display abusive sexual behaviours need therapeutic intervention.	1	2	3	4	5

		Strongly disagree		Not sure	Strongly agree	
10	I have a good understanding of local policy and procedures regarding young people who sexually abuse.	1	2	3	4	5
11	Young people who deny their sexual offences are necessarily high risk.	1	2	3	4	5
12	I know what information to look for in making an assessment of a young person who has sexually abused.	1	2	3	4	5
13	There is no such thing as a spontaneous sexual offence.	1	2	3	4	5
14	Young women who sexually abuse do so for much the same reasons as young men who abuse.	1	2	3	4	5
15	Young people's sexually abusive behaviour is usually about power, rather than about sex.	1	2	3	4	5
16	I am afraid of distressing a young person if I ask about his or her abusive behaviour.	1	2	3	4	5
17	Young people with learning disabilities who sexually abuse do so because they do not know the rules and conventions of normal sexual behaviours.	1	2	3	4	5
18	I can distinguish between appropriate and inappropriate sexual behaviours in young people.	1	2	3	4	5
19	Some young people who sexually abuse grow out of their offending as they get older.	1	2	3	4	5
20	I believe that the system for dealing with young people who sexually abuse should be less punitive and more understanding.	1	2	3	4	5

Scaling and scoring for young people who have sexually abused (YPSA) questionnaire

Reverse score the following items: 2, 4, 5, 6, 9, 11, 14, 15 and 16 (n=9 items).

Final scale=20 items (min score=20; max score=100).

Information for participants

Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

Why have I been chosen to participate?

The LSCB training subgroup has decided to evaluate a number of inter-agency safeguarding children courses this year. You have been selected together with all your fellow trainees because you applied to attend one of the courses we are evaluating.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you agree to participate, you are still free to withdraw at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the quality of your training.

What are the possible benefits of taking part?

The objective of the study is to evaluate safeguarding children training programmes. More importantly, however, the aim is to improve inter-professional work and to spread good practice in the field of inter-agency training.

Participation in the research may also benefit you personally. You will be invited to reflect on the ideas, skills and knowledge you gained during the training course. Such an exercise will allow you to think about your own professional abilities in relation to the aims and content of the training. Your training experience will become more embedded and the exercise will help you to identify what you have learned, as well as possible gaps in your knowledge. In other words, it is more than a standard end-of-course “smiley faces” questionnaire.

How long will it take?

We estimate that it will take an average of 10 minutes to complete each of the questionnaires. We will ask you to complete two questionnaires, one at the beginning and one at the end of the training session for which you have registered. This will happen during the training session itself, so it will not take extra time. We will also ask some of you to complete one questionnaire when you register for the course. Finally, we will invite all of you to complete one follow-up questionnaire in about three months’ time.

Why are you asking me to complete a questionnaire at registration and then again at the beginning of the course?

The logic of the evaluation is that, in the absence of training, there should be no or little difference between questionnaires completed at registration and at the beginning of the course. A similar pattern of answers given by a group completing questionnaires at both registration and the beginning of the course, and by a group completing questionnaires only at the beginning of the course, will prove strong support for the hypothesis that training has an effect on the answers given at the end of the training session.

Why do you do a follow-up survey?

The evaluation aims to measure not only the immediate impact of training sessions but also the continued development of your ideas and knowledge. We would like to know whether you are able to put your new skills and knowledge into practice a few months after the course. If you agree, we will send the third follow-up questionnaire to your work address in about three months’ time.

Why do you ask for my personal details?

We ask you to generate a personal code number so that we can match your responses at the different time points. It will not be possible to identify you from this code.

What will happen to the results?

Results have a meaning for us only when it comes to measuring differences between groups, not differences between individuals. We are interested in the average learning and behavioural impact of a particular training session: we are not concerned with individual answers. Your responses and individual results will be strictly confidential.

The questionnaires you receive will have a code number, which will be used to match your responses at different times. The questionnaires completed during the training session will be put in a sealed envelope and will be sent to us right away.

How will the results be used?

The LSCB training subgroup, which comprises representatives of all the partner agencies together with the LSCB training coordinator, will write a report for the LSCB. The LSCB will use the results to inform its decisions about the funding of training and the commissioning of courses.

Whom can I contact for more information?

If you have any questions or concerns about the study or your participation in it at any stage of the process, please contact the LSCB training coordinator or chair of the training subgroup.

Demographic questionnaire

Today's date (dd/mm/yyyy): ___ ___ / ___ ___ / ___ ___ ___ ___

Code: your first initial / day of birth / month of birth
(John Smith born 2 May would be **J/02/05**)

Your code: __ / ___ ___ / ___ ___

1. **Job title/Profession** .....
2. **Agency** .....
3. **Number of years in service** .....
4. **Number of years in current post** .....
5. **Gender**

☐ Male ☐ Female

6. **Age**

☐ 20 and under ☐ 41-50
☐ 21–30 ☐ 51-60
☐ 31–40 ☐ 61 and over

9. **Ethnic background**

☐ White British ☐ Black and African Caribbean
☐ White other ☐ Mixed race
☐ South Asian ☐ Other: .....

10. **Motivation** – why are you registered/registering for this course?

☐ My colleague recommended it
☐ I think it will help to improve my performance in current position
☐ I need it for my continuing professional development (CPD) registration
☐ My manager told me I have to attend
☐ Do not know
☐ Other: .....

Thank you for completing this questionnaire.

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Cruelty to children must stop FULL STOP