

# 2008-2009 Feasibility Study for Mandated Reporter Training

Sacramento County

## *EXECUTIVE SUMMARY*

# ***2008-2009 Feasibility Study for Mandated Reporter Training***

---

## ***Sacramento County***

Diane Harkins  
*Program Director*  
*Center for Excellence in Child Development*

Melinda Waring  
*Associate Director*  
*Center for Excellence in Child Development*

Nancy Ewers  
*PhD Student*  
*School of Education, University of California, Davis*

Corey Pope  
*Program Coordinator*  
*Center for Excellence in Child Development*

Robin Matthews  
*Program Representative*  
*Center for Excellence in Child Development*

Center for Excellence in Child Development  
Center for Human Services  
1632 Da Vinci Court  
Davis, CA 95618  
(530) 757-8643  
<http://www.humanservices.ucdavis.edu/childdev>

Disclaimer: The opinions expressed in this document are those of the authors and not necessarily of the Sacramento County Children's Coalition.

## Introduction

The Feasibility Study for Mandated Reporter Training is directed and funded by the Sacramento County Children’s Coalition (SCCC), an advisory board to the Sacramento County Board of Supervisors on policies and issues pertaining to children and youth. The SCCC oversees the county’s child protective system and administers the Children’s Trust Fund, a grant-making body to non-profit child abuse and neglect prevention and intervention programs in Sacramento County.

The stated purpose of the Mandated Reporter Training project (MRT) of the Children’s Coalition is to (1) educate mandated reporters about what to do if they suspect child abuse or neglect, and (2) reduce and prevent child abuse and child deaths in the county. To that end, the SCCC stated that “mandated reporters will receive discipline-specific education[and] thorough on-going training on how to identify and properly report suspected cases of child abuse and neglect” (Feasibility Study for MRT Project Outline, 2008).

Before implementing a countywide training curriculum for mandated reporters, the Grant Review Committee of the SCCC requested proposals to determine the feasibility of their plan. In 2008, the Center for Excellence in Childhood Development (CECD) at UC Davis was awarded a multi-phase contract to conduct the feasibility study. The two overarching questions for this study are:

- (1) What is the political will concerning implementation of county-wide mandated reporter training?
- (2) What are the barriers to instituting a county-wide standardized curriculum for organizations in education, health care, and other fields employing mandated reporters of child abuse and neglect?

## Survey Method

The majority of mandated reporters interact with children on a regular basis through school, recreation, child care, medical, or legal systems. By direction of the Grant Review Committee, emphasis was given to the two groups of mandated reporters found to have a high unsubstantiated report rate from a previous 2005 study: teachers and medical providers. Child care providers were added as a third group of interest because of their high rate of unsubstantiated cases. Interviews were first conducted with administrative-level personnel (termed stakeholders in the tables below). Surveys were then sent to “end users,” defined as those mandated reporters who have regular contact with children.

## Results

Table 1. Stakeholder Responses

	Sample Size	Agreed to Participate	No Response	Declined
Schools	65	32	18/12*	3
Child Care	23	17	5	1
Medical	21	7	10/3/1**	0

\*12 principals were not reached due to difficulties in gaining a timely interview with the school superintendent's office.

\*\*3 medical stakeholders were not contacted. 1 did not complete the interview, but distributed the end user surveys.

Table 1 lists the number of stakeholders included in the interviews. In addition, 165 surveys were received from end users. Results for some of the questions are described below.

### ***1. Does your agency offer training for mandated reporters of child abuse and neglect?***

Of the three stakeholder groups interviewed – school districts, child care programs, and medical facilities – 88% of school districts, 71% of medical settings, and 50% of child care programs reported offering training for mandated reporters. When end users were asked if they received mandated reporter training, 49% of medical end users responded affirmatively while 80% of the combined education/child care end users had received some type of mandated reporter training.

- ***What type of training is it?***

For this question, respondents could check all that apply among the following formats: classroom training, supervisor-led training, reading material only, on-line training, and other. Classroom training, i.e., training that is offered in a group setting with a designated trainer or facilitator, was the most common format reported by schools and medical facilities (44% and 43% respectively). In contrast, only 6% of child care directors reported the use of classroom style training; their most common training format was on-line (17%).

Among end users, medical respondents reported similar rates of classroom training when compared to medical administrators (46% vs. 43%). 56% of education/child care end users cited classroom training; 12% reported participation in on-line training.

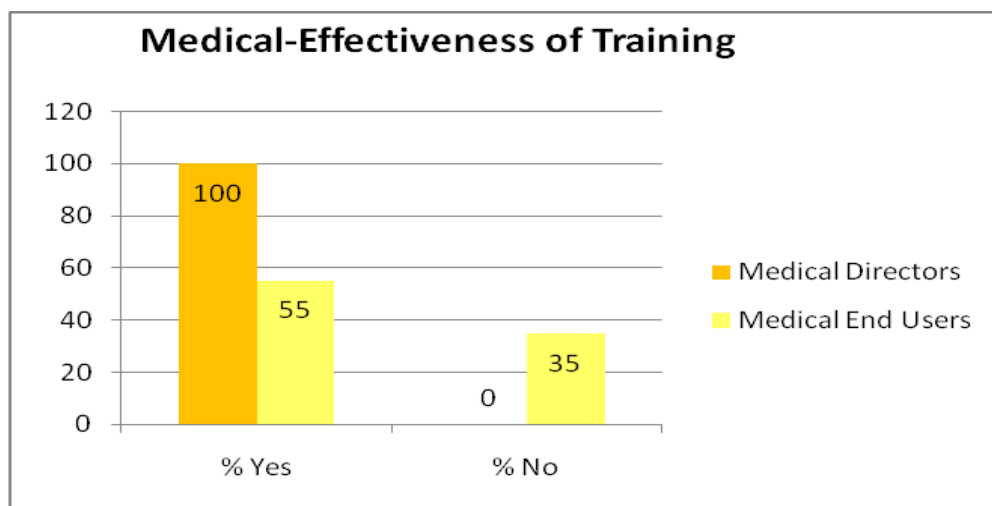
A sizable percentage of administrators reported that they distributed reading material only, and then employees signed a form acknowledging their understanding of their mandated reporter status. 14% of medical administrators and 26% of school administrators reported use of this method.

**2. In your opinion, is this type of training effective in preparing employees to report an incident of suspected child abuse or neglect?**

Both 100% of medical and child care administrators that offered training to employees felt that their current training efforts were effective; 87% of school stakeholders felt their training was effective.

Among end users, 55% of medical respondents felt that their training was effective. Note that this group included dentists as well as other health care staff. See Table 2 for additional detail. 67% of education/child care end users felt the training they received was effective.

Table 2. Medical Directors (Administrators) and End users: Effectiveness of Current Training



**3. What would you identify as barriers to staff participation in mandated reporter training?**

Medical administrators most frequently cited lack of time to attend training, inconvenience of training time and location, cost, and the absence of any consequences for not attending as barriers to participation. School district stakeholders cited lack of time and inconvenience of training time/location as barriers, while child care program directors cited inconvenience of training time/location and the lack of clarity in training goals as the most common barriers.

**4. Imagine you were designing an effective training to teach employees about mandated reporting. Which delivery method would work best?**

Among the choices offered, medical administrators were evenly split between a preference for classroom and on-line training. School administrators preferred classroom style; child care directors showed no clear preference. When asked the length of an effective training program, medical and school administrators preferred 1-2 hours of training. Child care directors preferred 4 or more hours.

- **Standardized curriculum**

Administrators showed strong agreement with a standardized approach to training. End user agreement ranged from 68% for medical end users to 88% for school/child care end users. However, in the comments section, many respondents suggested a modified approach to standardized training. They tended to agree that a foundational training be standardized across organizations, but then customized by profession and/or site in follow-up training. See Tables 3 and 4 for additional detail.

Table 3. School and Child Care: Interest in Standardized Curriculum

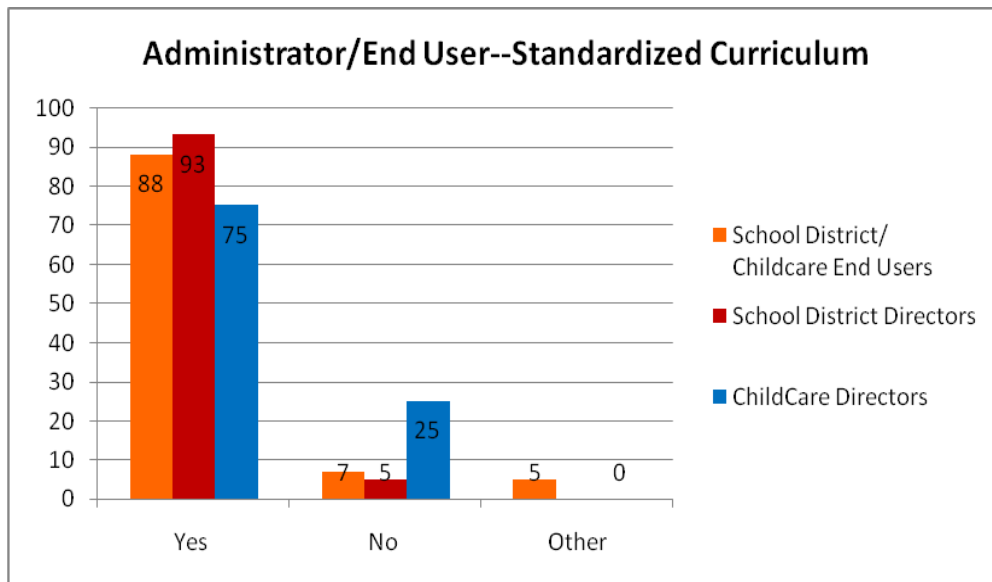
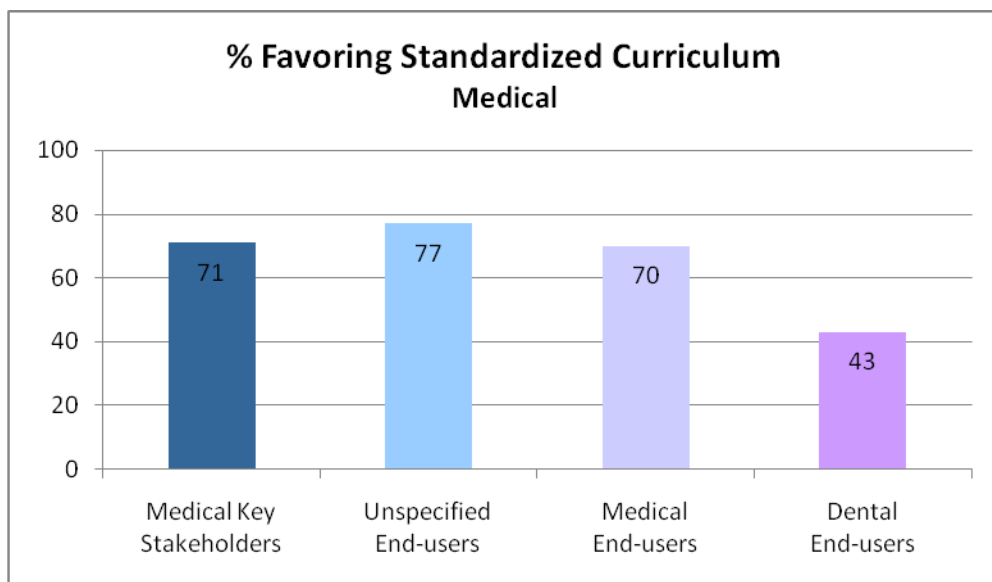


Table 4. Health Care Respondents: Percentage in Favor of Standardized Curriculum



**5. Barriers to reporting**

Administrators were asked what some of the reasons were for employees failing to report. End users were asked why they themselves might not report. Tables 5, 6, and 7 provide a comparison of responses from each of the main respondent groups: education, child care, and health care. For the school district administrators, note the strong perception of fear about the family finding out who made the report (77%), contrasted with only 16% of education end users reporting this barrier. A substantial number of respondents also cited a belief that the child and/or family would not be helped by Child Protective Services.

Table 5. Education (K-12) Respondents’ Barriers to Reporting Suspected Child Abuse

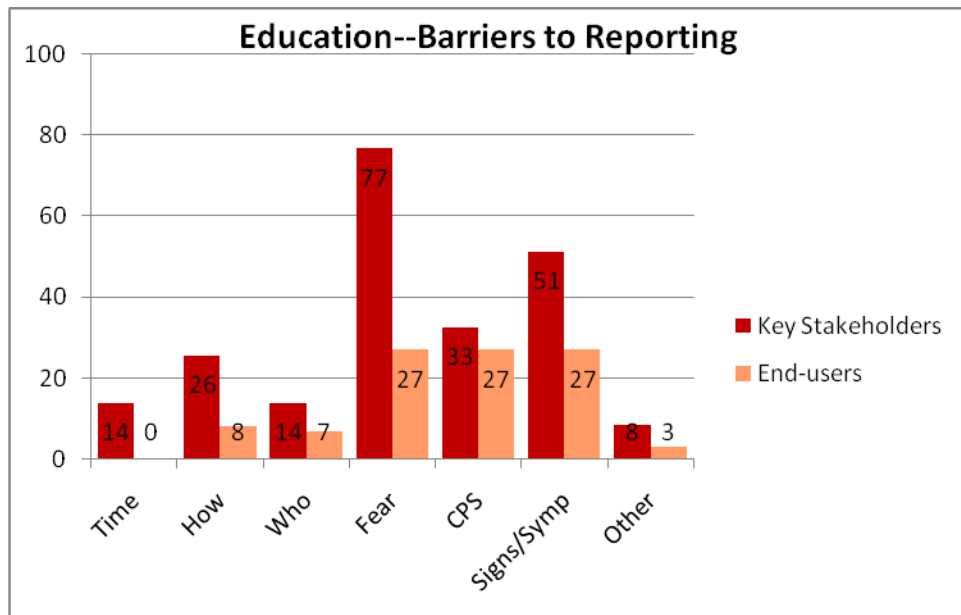


Table 6. Child Care Respondents' Barriers to Reporting Suspected Child Abuse

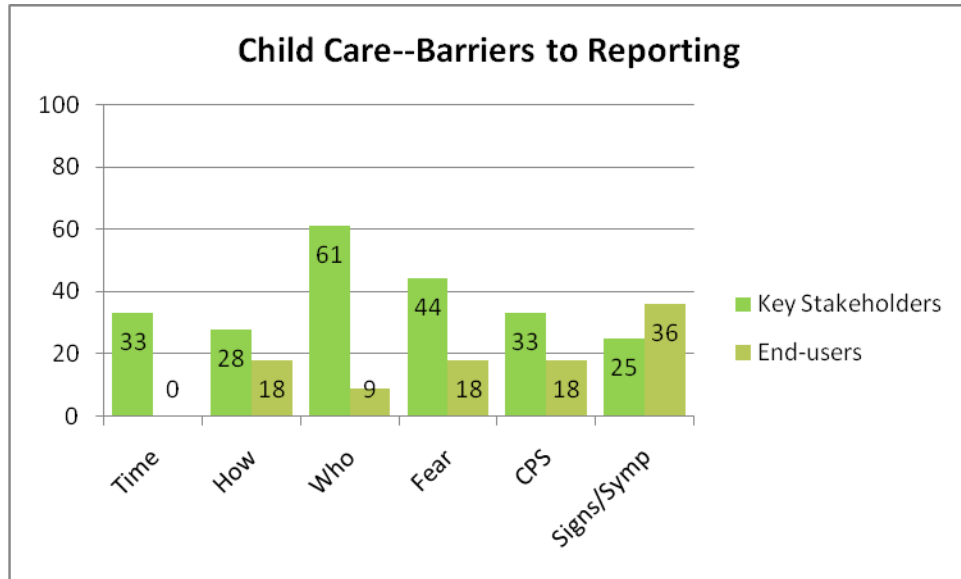
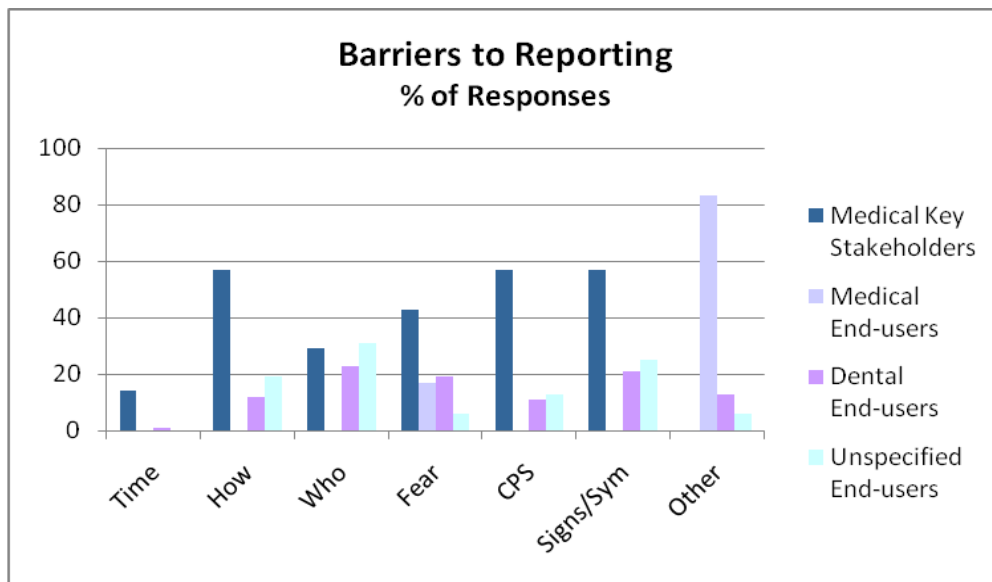


Table 7. Health Care Respondents' Barriers to Reporting Suspected Child Abuse



Perhaps most striking are some of the comments from survey respondents about their hesitation to report suspected abuse or neglect:

- “I am not going to get involved.”
- “What one calls abuse may seem normal to another.”
- “I am not sure how to recognize signs and symptoms of child abuse and neglect.”
- “It is strongly advised at my school to never report to CPS. I was told by my superior: ‘CPS really doesn’t do anything. It just upsets the parents –we prefer to handle things in-house.’”
- “I’m not sure what the requirements are.”

### **Best Practices Scan**

Three standardized training programs currently offered in Sacramento County have been well-received by mandated reporters and are described below. All three programs have been primarily used by educators in Sacramento County, though they may be designed for other groups as well.

- 1) Mandated Child Abuse Reporter Training (MCART): In response to the 2005 report by the Oversight Committee, the Child Abuse Prevention Council (CAPC) in partnership with Sacramento County Child Protective Services (CPS) embarked on a process of developing standardized curriculum for school and medical personnel. Funded through the Sacramento County Children’s Trust Fund, the *Mandated Child Abuse Reporter Training* is offered as classroom-based training, to be team- taught by a CAPC and CPS employee. Length of training can be adapted for various groups.
- 2) Shield the Vulnerable: Developed by the Law Room, Shield the Vulnerable ([shieldthevulnerable.org](http://shieldthevulnerable.org)) includes a web-based training program for mandated reporters of child abuse and neglect. It is available in English and Spanish, and takes approximately 55 minutes to complete. Shield the Vulnerable is currently used by multiple Roman Catholic dioceses throughout the country. Alameda and the Sacramento Archdiocese both use it to train all staff, including volunteers. For staff who are not computer-literate, a powerpoint presentation is available. The program has also been used with medical personnel and law enforcement.
- 3) Shadows to Light: The Shadows to Light training program ([caledonline.org](http://caledonline.org)) includes a powerpoint entitled “A Guide to Child Abuse Reporting” with streaming video and a spoken narrative. The compact disc containing the powerpoint with video may be used classroom style for large groups. The length of the training is 30 – 45 minutes. It is also available as an on-line version (for K-12 schools only) and includes a test and printable

certificate. This is a no-cost program offered state-wide. The Elk Grove School District currently uses this training, supplemented with the “EGUSD Employees Mandated Child Abuse and Neglect Reporting Manual” which is located at each school site and/or the department office.

In addition to the programs described above, training programs used in other regions may provide a resource or model for standardized training. These programs are described in the full report.

### **Findings and Recommendations**

To address the question of political will/organizational interest, two issues raised in the study point to the level of interest in standardized training: (1) the perceived effectiveness of current training approaches and (2) stated interest in a standardized training method.

It is important to note that administrators and end users differed in their perceived effectiveness of current training methods. Among those organizations that do offer training, 100% of medical and child care administrators and 83% of school administrators felt that their current method was effective. Yet these numbers dropped to 67% for the education/child care end users and 55% for medical/dental end users. This disparity in opinion raises a dilemma. If administrators think that their current approach is working well, what is the incentive for changing to another approach? At the same time, administrators were uniformly in favor of a standardized curriculum for mandated reporters, with some modification. Many stakeholders suggested that a standardized curriculum would provide a solid foundation for mandated reporters, but should be followed up by training that is customized to the particular needs and challenges of their profession and/or setting. For example, one respondent said, “Use the standardized curriculum, but add more info to include scenarios of actually reporting.”

A similar theme emerged in end user suggestions for improving training. Comments included:

- “It needs to have real life examples, role playing and very specific guidelines that teachers/staff can follow.”
- “It teaches the basic fundamentals for mandated reporting, but did not provide sufficient “real world” information about how the system typically responds.”
- “Wish there was more available in the process of filing and following up on a report.”
- “We have it in our employee training packet but more info would be helpful.”
- “It’s only in reading materials that we get and we never go over it.”

The study’s primary limitation – a low response rate, particularly from health care facilities – may reflect a lack of support or interest in mandated reporter training. While adequate data was gathered from a wide range of schools and child care programs, few mandated

reporters from health care participated in the study. The medical administrators who agreed to be interviewed reported substantial challenges to the provision of training in health care systems: cost and lack of time are significant barriers in facilities with 24-hour staffing. It appears that staff members in healthcare settings have varying access to mandated reporter training post-hire. In one setting, all pediatric and Emergency Department nurses receive an annual 1.5 hour training with a physician who specializes in child abuse issues. In another, the Social Work Department conducts training for managers and physicians. Among physicians, the demands of existing Continuing Medical Education (CME) requirements may weaken interest in adding child abuse training to their repertoire. Indeed, previous efforts have been made to add mandated reporting requirements to license renewal, but have failed. Administrators interviewed expressed hesitancy about creating a standardized curriculum for physicians, recognizing that competing demands for their time would diminish attendance.

One training effort did show promise, however, and suggests some of the factors to be considered in health care training. In conjunction with the Child Abuse Prevention Council, a Sutter physician developed curriculum specific to medical providers and then targeted areas of the county that showed high rates of reporting. Using an informal training approach, she visited pediatric offices during the early morning hours, at lunch, and in the evening. She felt that much of her success in reaching health care staff came from the fact that she was a physician, a colleague of the doctors working in health care programs.

Based on the overall findings of the feasibility study, the following recommendations are made:

1. Rather than advocating a “one size fits all” model, promote the expansion of standardized training programs currently utilized within the county, particularly those that offer participants an opportunity to apply what they are learning to relevant and realistic case examples.
2. Because of the reported limitations of time and funds, offer an on-line general training as a foundational course. For most groups, 1-2 hours of training is preferred.
3. Promote classroom-based models for follow-up and on-going training, particularly to underserved child care programs.
4. Consider the promotion of peer training models for health care providers. That is, offer training facilitated by physicians in brief, group formats conducive to 24 hour facilities and clinics. In addition to daytime hours, offer training at night and on the weekends.

Because the results of this study do not lend themselves to the recommendation of one county-wide standardized curriculum, marketing efforts should center on incremental expansion of existing training programs. Headway has been made in offering additional standardized training to school districts. It is not evident that there has been a similar effort with child care programs, both center and home-based. For these populations of mandated reporters, linkages with Child Action, Inc. and local family child care associations would provide access. Testimonials from satisfied customers, particularly in relation to the acquisition of knowledge

and skills for competent reporting, should be documented and used as a basis for approaching undertrained groups.

For health care providers, a pilot project similar to the one developed by CAPC and the Sutter physician could be expanded to include outpatient clinics and community clinic settings. Although we were unable to review the curriculum they used, it may be unnecessary to invest time and money in creating another classroom-based curriculum.

A concerted effort to approach organizations that rely on reading material only to train their staff should be a priority of marketing efforts. Most importantly, the attitudinal barriers of fear of retaliation and a lack of confidence in the child welfare system may be reduced by partnering with Sacramento County Child Protective Services to offer training in the field.

Bearing in mind the primary goals of the Mandated Reporter Training project of the Children's Coalition – to educate mandated reporters and reduce and prevent child abuse – efforts to increase the availability of training for mandated reporters can have a positive impact on timely, substantiated reporting. The identified gaps in the availability and quality of training for mandated reporters can be reasonably addressed with curriculum currently used in some county settings. With appropriate funding and staff resources, the training of mandated reporters in Sacramento County can contribute significantly to the protection of children.