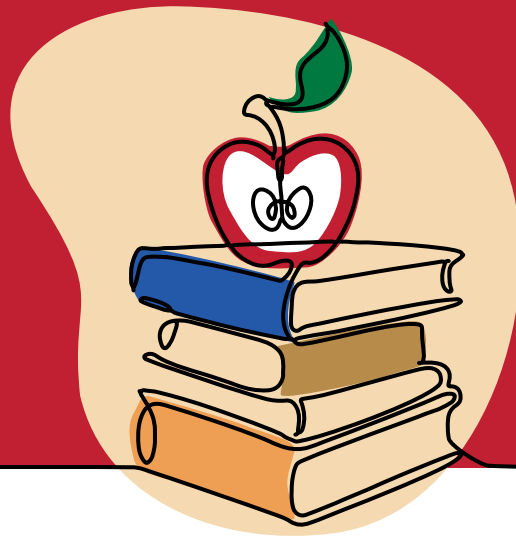




Training Evaluation



Caring for Children and Young People

Question 1

How would you describe your current role?

- Foster carer Kinship carer Support worker
 Case manager Other

Question 2

Are you Aboriginal?

- No Yes Prefer not to answer

Question 3

What is the name of the organisation, department or agency that supports you?
Please select other if not listed and write your organisation or department.

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal Family Support Services (AFSS) | <input type="checkbox"/> ac.care |
| <input type="checkbox"/> Anglicare SA | <input type="checkbox"/> Baptist Care |
| <input type="checkbox"/> Centacare Catholic Country SA | <input type="checkbox"/> Centacare Catholic Family Services |
| <input type="checkbox"/> Child and Family Focus SA (CAFFSA) | <input type="checkbox"/> Connecting Foster and Kinship Carers SA (CF&KC-SA) |
| <input type="checkbox"/> CREATE Foundation | <input type="checkbox"/> Department for Child Protection (Employee) |
| <input type="checkbox"/> Department for Child Protection (Kinship Care) | <input type="checkbox"/> InComPro (in partnership with Uniting Care Wesley Bowden) |
| <input type="checkbox"/> Junction Australia | <input type="checkbox"/> Key Assets |
| <input type="checkbox"/> KWY (in partnership with LCC) | <input type="checkbox"/> Life Without Barriers |
| <input type="checkbox"/> Lutheran Community Care (LCC) | <input type="checkbox"/> OzChild |
| <input type="checkbox"/> Relationships Australia SA | <input type="checkbox"/> Uniting Communities |
| <input type="checkbox"/> Uniting Communities SA (UCSA) | <input type="checkbox"/> Other _____ |



Question 4

What suburb are you located in? _____

Question 5

How did you find out about this learning and development opportunity?

- Support worker DCP caseworker Caring Together newsletter
 From another carer or colleague DCP social media post Other _____

Question 6

In your role as a carer or other professional, how long have you been involved with children and young people?

- Less than 1 year 1 to 2 years 3 to 5 years 6 to 10 years
 11 to 15 years 15 to 20 years 20+ years

Question 7

Prior to completing this training, how much did you know about trauma-informed care?

- A great deal A lot A moderate amount
 A little None at all

Question 8

After completing the training, how confident are you in your level of knowledge about trauma-informed care?

- Extremely confident Very confident Somewhat confident
 Not so confident Not at all confident

Question 9

Prior to the training, how confident did you feel in supporting young people who have experienced trauma?

- Extremely confident Very confident Somewhat confident
 Not so confident Not at all confident

Question 10

After the training, how confident do you feel in supporting young people who have experienced trauma?

- Extremely confident Very confident Somewhat confident
 Not so confident Not at all confident

Question 11

After the training, how aware are you of the risks and impacts of trauma on children and young people in out of home care?

- Extremely aware Very aware Somewhat aware
 Not so aware Not at all aware



Question 12

After the training, how confident do you feel in responding and supporting children who have experienced trauma?

- Extremely confident Very confident Somewhat confident
 Not so confident Not at all confident

Question 13

Describe how the training helped you to understand how to apply trauma-informed approaches in your care and support of children and young people.

Question 14

Describe how the training helped you to understand the importance of safe relationships with children and young people so that you can better support them.

Question 15

After the training, how confident do you feel in responding and supporting children who have experienced trauma?

- 1 Star 2 Star 3 Star 4 Star 5 Star

Question 16

What are your key takeaways from this training that will make a difference to the way you work with children and young people in your care?



Question 17

Was it easy to register for and commence the online training?

- Yes
 More or less
 No
 Other (please specify) _____

Question 18

Was it easy to navigate the training program online?

- Yes
 More or less
 No
 Other (please specify) _____

Question 19

Do you have any suggestions or comments on how we could improve any aspect of the program content or registration/navigation?

Question 20

Is there anything else you would like to share?

