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Keri G. Hobbs
The University of Georgia, klgandy@uga.edu

Sheri Dorn
The University of Georgia, sdorn@uga.edu

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Cover Page Footnote

We would like to express gratitude to the many contributors to the training module and the online process including the University of Georgia's Extension 4-H Risk Management Team, Legal Affairs, Opportunity Office, College of Agricultural and Environmental Sciences Business Office, and Family and Consumer Sciences Specialists. In addition, we extend special appreciation to the University of Georgia Extension volunteers who participated in the study reported here.

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Increasing Extension Volunteer Knowledge and Preparedness with Youth Protection Training Across Program Areas

Keri G. Hobbs[1] and Sheri Dorn[1]

AUTHORS: [1]The University of Georgia.

Abstract. The University of Georgia (UGA) has a training requirement for adults working with youth. To meet this requirement for Georgia 4-H and Extension Master Gardener volunteers, a standardized online training module was created and delivered across program areas. Volunteers were surveyed to evaluate training effectiveness and experience. Understanding of UGA youth protocols and service preparedness increased after training for both volunteer groups, though preparedness may be affected by life stage, engagement in youth service roles, and/or comfort with virtual training. The module was considered accessible and convenient by respondents, thus providing a successful approach for offering trainings across program areas.

INTRODUCTION

Universities play a vital role in protecting minors; to do so, they must remain vigilant with their policies and practices (Chupak et al., 2019). The University of Georgia (UGA) accomplishes this vigilance via mandated youth-protection training. It is important that personnel across all programming areas are informed of risk-management protocols that emulate Casteel's (2012) system-wide approach. Thus, training is important for knowledge gain and preparedness for service (Chupak et al., 2019).

CROSS-PROGRAM TRAINING

Typically, 4-H and Extension Master Gardener (EMG) volunteers receive different trainings. The 4-H volunteer trainings are usually role-specific (i.e., judging training and target sports coach's training) and are offered in a variety of formats—including face-to-face, asynchronous, and blended learning. EMG volunteer training courses are more content-specific (i.e., plants and gardening) and are predominately offered in synchronous, expert-lecture style during typical business hours, though synchronous virtual-hybrid models are also utilized.

To efficiently meet youth-protection training requirements, a UGA Extension team developed a risk management training (RMT) module that includes a 22-minute training video entitled "UGA Extension and Georgia 4-H Working Together and Managing Risk," a corresponding training manual, and a 12-question online quiz. This module includes topics such as mandated reporting obligation, UGA's Non-Discrimination and Anti-Harassment Policy, adult behavior guidelines, reporting requirements during the program/activity, safety and security protocols, first aid guidelines, and medication management. In 2016, RMT included the first training with shared content across program areas for UGA Extension volunteers. Given the importance of the topics, only those who scored 100% on the quiz "completed" the training, but individuals were allowed to attempt the quiz as many times as necessary.

VOLUNTEER MANAGEMENT SYSTEMS

For expediency (in meeting the mandate) and consistency, we—along with a team of specialists and coordinators—developed the delivery mechanism for this system-wide, asynchronous online training with quiz. Capitalizing on the existing volunteer management systems to deliver and track training progress, we collaborated to

distribute RMT to 4-H and EMG volunteers through the 4-H Enrollment and Master Gardeners Learning Outreach and Gardening (MGLOG) systems, respectively.

For 4-H volunteers, a system-generated Email sent by faculty and staff as part of the onboarding process triggered an invitation to complete the training. Emails included a training notification, a link to the training video, a link to the digital training manual, and a unique link to the 12-question online quiz. Until training was finished, 4-H volunteers were not cleared to work with youth (identified in 4-H as the level "Screened Volunteer Working with Youth") and could not complete an episode of volunteer activity involving youth. Individuals renew training annually, prior to their first service in each 4-H program year (from August 1 to July 31).

Alternatively, active EMG volunteers accessed their unique training links through their individual MGLOG accounts following notification from state and local coordinators. EMG volunteers were given a two-month period to complete the module and could not participate in volunteer activities involving youth until training was finished. Individuals renew the training annually each 4-H program year. EMG training completion results are tracked through MGLOG and synced with 4-H Enrollment to provide an Extension-wide roster of training compliance.

Offering a standardized training is an efficient approach that provides consistent messaging, a unified effort, a shared workload among developers, a cohesive evaluation effort, and the potential to educate volunteers who are prepared to work with youth regardless of program area (cross-programming). Since RMT is an annual expectation, it was important for us to evaluate its effectiveness. Did it increase volunteers' understanding of youth protocols? Was the training delivered effectively, given that 4-H and EMG volunteers are two demographically different groups (Dorn & Hobbs, 2020) spanning four generations (GenY [born between 1982 and 2000], GenX [born between 1961 and 1981], Baby Boomer [born between 1943 and 1960], and Traditionalist [born between 1925 and 1942)]) (Parry & Urwin, 2011; Rotolo & Wilson, 2004; Strauss & Howe, 1991; Zemke et al., 2000)? It was also necessary to determine if the training module better prepared volunteers for their role, regardless of program area.

METHODS

We surveyed a random sample of 907 Extension volunteers selected from the 3,387 4-H volunteers working with youth and 2,825 EMG volunteers who were active in UGA Extension during January 2017 (UGA IRB #4364). To get a complete picture and to obtain a reasonable number of responses (Israel, 2003), the sample included 295 4-H volunteers who had completed the training, 305 EMG volunteers who had completed the training, and 307 EMG volunteers who had not completed the training. This analysis focuses specifically on the responses of those 4-H and EMG volunteers who had completed the training module for the period of July to December 2016.

We launched a Qualtrics (2017) online survey that was available from January 31 to March 7, 2017 and followed the Tailored Design Method (Dillman et al., 2014). The survey included 32 questions divided into four parts. Survey response rate, demographic data (part 4), and three technology-use constructs (part 1) were described elsewhere (Dorn & Hobbs, 2020). This portion of the survey (part 2) evaluated the training module and its effectiveness in increasing volunteer knowledge about youth protection for volunteers who completed the training. Survey questions are included in the appendix. We asked volunteers to indicate their level of understanding of UGA protocols for working with youth before (question 2.16) and after (question 2.17) the training through a retrospective post-test design (Raidl et al., 2004).

Additionally, we posed questions about module access, experience with the module content, and the resulting level of preparedness for volunteer roles. For analysis purposes, we used summated scales to calculate scores (Spector, 1992). To evaluate the ease of training access, we averaged responses from questions 2.11, 2.12, and 2.13. To examine experience with the module content, we averaged responses from questions 2.7, 2.8, and 2.9. Question 2.14 examined opinion of the time requirement for completion of the module. Question 2.15 inquired about the convenience of the training. Finally, to assess preparedness for volunteer service role, we averaged responses from questions 2.10, 2.19, and 2.21.

We analyzed results by volunteer type (4-H and EMG), generation, and gender. In the case of multiple comparisons, we used the Bonferroni correction (Brown, 2008). We calculated descriptive statistics, *t*-tests, and analysis of variance (ANOVA) using IBM SPSS (version 24). We used chi-square tests to compare ordinal variables.

RESULTS

We describe survey response rate (32.7%) and respondent demographics in a separate article (Dorn & Hobbs, 2020). We considered survey response to be sufficient (Israel, 2003). Cronbach's alpha for the three summated scores was adequate (ease of access = .849, module content = .917, and preparedness = .789).

UNDERSTANDING BEFORE AND AFTER TRAINING COMPLETION

We used retrospective pre-post analysis to analyze the change in respondents' understanding of UGA's protocols for working with youth before and after training with a 5-point Likert scale where 1 = *far below average* and 5 = *far above average*. We found a significant association between pre (M = 3.4, SD = 0.9) and post scores (M = 4.1, SD = 0.8), [$X^2(16) \geq 139.492$, $p < .001$], and this relationship is moderately strong (Kendall's tau-b = 0.416).

TRAINING ACCESS

We evaluated ease of training access with three 5-point Likert-type questions—where 1 = *extremely difficult* and 5 = *extremely easy*—converted to a summated scale. Overall, all respondants (n=235) considered the training accessible (M = 4.1, SD = 0.9). There was no difference in access among volunteers in two program areas, $t(233) = 1.600$, $p = .112$; generations, $F(3) = 2.631$, $p = .051$; or gender, $t(216) = 1.515$, $p = .133$.

TRAINING EXPERIENCE WITH MODULE CONTENT

We evaluated the module content with three 7-point Likert-type questions—where 1 = *strongly disagree* and 7 = *strongly agree*—converted to a 5-point, summated scale for ease of comparison (Table 1). Volunteers across program areas (n = 238) indicated a moderate experience with module content (M = 4.0, SD = 0.8). The 4-H respondents reported a more positive experience with the module than did EMG, $t(217) = 4.960$, $p<.001$. Module scores

Table 1. Evaluation of Training: Module Content

Comparison	Ease of Access to Training Components [a]		Module Content Experience [b]	
	n	M (SD)	n	M (SD)
Volunteer Type [c]				
4-H	64	4.2 (0.7) a	64	4.3 (0.4) a**
EMG	171	4.0 (0.9) a	174	3.9 (0.9) b
Generation [d]				
GenY	9	3.9 (0.9) a	9	4.0 (0.7) ab*
GenX	52	4.3 (0.8) a	53	4.4 (0.5) a
Baby Boomer	120	4.1 (0.9) a	121	4.0 (0.8) ab
Traditionalist	22	3.7 (1.0) a	22	3.7 (0.9) b
Gender				
Female	166	4.1 (0.9) a	166	4.0 (0.8) a
Male	52	4.0 (0.7) a	54	4.1 (0.7) a

Note. Means separated by *t*-test or Tukey post hoc test (ANOVA). Means followed by the same lower-case letter not significant from each other within comparison.

[a] Summated scale based on accessing training video, quiz, and achieving a passing score (1 = *Extremely difficult*, 5 = *Extremely easy*). [b] Summated scale based on easy to understand, appropriate length, adequate topic coverage (1 = *Strongly disagree*, 7 = *Strongly agree*). Responses converted to five-point scale for ease of comparison. [c] 4-H = 4-H volunteers and EMG = Extension Master Gardener volunteers who have completed the online risk management training. [d] GenY (born between 1982 and 2000), GenX (born between 1961 and 1981), Baby Boomer (born between 1943 and 1960), and Traditionalist (born between 1925 and 1942). The Brown-Forsythe F ratio was used to allow for unequal variances and group sizes.

* significant at $p < .0125$, ** significant at $p < .001$.

were higher for GenX than for other generations, $F(3) = 5.130$, $p = .002$. Males and females scored the module content similarly, $t(218) = .093$, $p = .926$.

Respondents (n = 238) indicated that there was sufficient time to complete the module, based on a 5-point Likert-type scale where 1 = *far too little* and 5 = *slightly too much* (M = 4.1, SD = 0.5). Responses indicate that participants found the format to be above average in convenience based on a 5-point Likert-type scale where 1 = *extremely inconvenient* and 5 = *extremely convenient* (n = 237, M = 3.8, SD = 1.0).

PREPAREDNESS FOR VOLUNTEER SERVICE ROLE

Overall, training completion engendered a moderate sense of preparedness for the volunteer role (n = 233, M = 3.5, SD = 0.84), though the degree of preparedness differed by program area. Preparedness for a volunteer service role was significantly higher for 4-H volunteers than EMG volunteers, $t(231) = 7.054$, $p < .001$. Younger generations, especially GenX, indicated a higher preparedness than older generations, $F(3) = 6.616$, $p < .001$. There was a significant, small, positive correlation between differences in understanding of youth protocols and preparedness for volunteer roles, $r = .319$, $p < .001$.

DISCUSSION

Standardized online RMT did increase volunteers' understanding of UGA youth protocols—regardless of program area. While 4-H volunteers in a Louisiana State University study ranked risk management training as least helpful among training topics (Fox et al., 2009), this study confirmed that RMT does, indeed, increase volunteer preparedness for youth-centric roles by increasing awareness of youth protection practices. A volunteer's stage of life, engagement in youth service roles (not all EMG volunteers work with youth, but all are required to complete the training), and/or comfort with virtual training may affect one's sense of preparedness. Because prior work ruled out technology as a barrier to online training (Dorn & Hobbs, 2020), and given the significant differences among volunteers in different program areas, there is room to explore volunteer attitudes that may explain why EMG volunteers did not respond as well as 4-H volunteers to the training content and youth programming.

Brief online training modules with quizzes can be used to disseminate unified information to the masses in a short timeframe. Our framework provided county-based personnel with a streamlined, standardized tool to address a subject that requires consistency in messaging. Anecdotal reports suggest that this approach can save time for personnel when compared to traditional methods, such as repetitive face-to-face teaching, grading paper quizzes, and manually tracking volunteer credentials for service. These findings, along with the understanding of volunteer preferences, could be important in the future for addressing other mandatory training topics that cross program areas.

LIMITATIONS

We recognize that this data was collected in 2017, prior to a global shift in the way Extension programming is delivered. Even though virtual programming seems commonplace in today's world, training that applies to volunteers within multiple program areas of Extension is not. While the pandemic resulted in numerous disruptions, including publication delays, we include our account of this study because we believe it contributes to the body of knowledge for other Extension professionals who are working with both 4-H and EMG volunteers. Given the sharp increase in virtual programming and forced patron usage during and following the COVID-19 pandemic, we expect this training approach to be more effective for all volunteers in the future.

CONCLUSION

This training module that extends to volunteers in multiple program areas provides a successful, cohesive approach to offering future mandated trainings. When data of this magnitude suggests that volunteers are increasing their understanding of youth protection protocols and are more prepared for volunteer service by means of a virtual training module, volunteer coordinators can approach their work with confidence.

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APPENDIX: SURVEY QUESTIONS INCLUDED IN THIS ANALYSIS

Respondents who had completed the RMT module were asked to answer the following questions.

Retrospective pre-post assessment

2.16. My understanding of UGA's protocols for working with youth was_____ before completing the Risk Management Training module.

a. Far below average

b. Somewhat below average

c. Average

d. Somewhat above average

e. Far above average

2.17. My understanding of UGA's protocols for working with youth is _____ after completing the Risk Management Training module.

a. Far below average

b. Somewhat below average

c. Average

d. Somewhat above average

e. Far above average

Summated scale: Ease of Access (Cronbach's alpha = .849)

I thought that the training subject matter was...

2.11. Easy to understand

a. Strongly disagree

b. Disagree

c. Somewhat disagree

d. Neither agree nor disagree

e. Somewhat agree

f. Agree

g. Strongly agree

2.12. Appropriate in length

a. Strongly disagree

b. Disagree

c. Somewhat disagree

d. Neither agree nor disagree

e. Somewhat agree

f. Agree

g. Strongly agree

2.13. Appropriate in coverage of topic

a. Strongly disagree

b. Disagree

c. Somewhat disagree

d. Neither agree nor disagree

e. Somewhat agree

f. Agree

g. Strongly agree

Summated scale: Module Content (Cronbach's alpha = .917)

I thought that _____ for the online training module was _____.

2.7. Accessing the training video

a. Extremely difficult

b. Somewhat difficult

c. Neither easy nor difficult

d. Somewhat easy

e. Extremely easy

2.8. Accessing the training quiz

a. Extremely difficult

b. Somewhat difficult

c. Neither easy nor difficult

d. Somewhat easy

e. Extremely easy

2.9. Achieving 100% passing score

a. Extremely difficult

b. Somewhat difficult

c. Neither easy nor difficult

d. Somewhat easy

e. Extremely easy

Additional questions about training experience (analyzed separately):

2.14. The length of time to complete the RMT training module was....

a. Far too little

b. Moderately too little

c. Slightly too little

d. Neither too much nor too little

e. Slightly too much

2.15. The RMT training format was...

a. Extremely inconvenient

b. Somewhat inconvenient

c. Neither convenient nor inconvenient

d. Somewhat convenient

e. Extremely convenient

Summated scale: Preparedness (Cronbach's alpha = .789)

2.10. I thought that the training subject matter was...
Applicable to my volunteer role*

a. Strongly disagree

b. Disagree

c. Somewhat disagree

d. Neither agree nor disagree

e. Somewhat agree

f. Agree

g. Strongly agree

2.19. I feel _____ prepared for my volunteer role after completing this training.

a. Much less

b. Slightly less

c. About the same

d. Moderately more

e. Much more

2.21. This training was _____ for my role as an Extension Volunteer.

a. Not at all useful

b. Slightly useful

c. Moderately useful

d. Very useful

e. Extremely useful

* 7-point response scale converted to 5-point response scale prior to creating the summated scale.