

Oklahoma Child Abuse Prevention
Professional Survey

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. What county do you work in? _____

2. What type of organization are you employed with?

- Government
- Non-profit
- Faith-based
- Other: _____

3. What is your role in your company?

- Direct client services
- Administration (no client contact)
- Child advocate (minimal or no client contact)
- Other: _____

4. Please indicate your awareness of the following community services:

	I have not heard of this	I know of it, but have not referred clients to this	I have referred clients to this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Education Resource Programs (Job training, job placement, temp agency, interview resources, GED/HSE, ESL, FAFSA, GI Bill, child care subsidy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veterans centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Resource Programs (Sooner Success, ADA DDS waiver, OK Department of Veterans Affairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. In the past 5 years, I have taken a class/training on the following child abuse/neglect topics: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Risk factors for maltreatment | <input type="checkbox"/> Trauma-informed care |
| <input type="checkbox"/> Detection | <input type="checkbox"/> ACEs | <input type="checkbox"/> Intimate partner violence |
| <input type="checkbox"/> Reporting procedures | <input type="checkbox"/> Protective factors | |

6. Does your agency provide classes/training in child abuse/neglect, or provide access to a class outside of the agency? YES NO

7. How confident are you in your ability to do the following?

	Not at all confident	Somewhat confident	Very confident
Accurately identify child abuse/neglect			
Accurately identify intimate partner violence			
Quickly and successfully report suspected child abuse/neglect to the appropriate authorities			
Refer clients to resources that best meet their needs			

8. How knowledgeable are you of ACEs (Adverse Childhood Experiences)? (circle one)

- Not at all familiar I know a little I know a good amount I am well-informed

9. How knowledgeable are you of Protective Factors? (circle one)

- Not at all familiar I know a little I know a good amount I am well-informed

10. On average, how easily are your clients able to access the following services?

	Very easy	Easy	No opinion	Difficult	Very difficult
Prenatal health care					
Mental health screening & treatment					
Services to address concerns for the child's social, emotional, and/or behavioral development					
Affordable, quality child care					
Affordable, quality child education (pre-K, grade school, etc.)					
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)					
Parenting education (classes, training, or groups to learn parenting skills)					
Sufficient food, housing, and clothing					
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)					
Services that are appropriate for their culture and language					

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11. When you think about your clients, what do you think are the most significant barriers to accessing concrete resources (food, clothing, shelter)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

12. When you think about your clients, what do you think are the most significant barriers to accessing mental health resources? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

13. When you think about your clients, what do you think are the most significant barriers to accessing parent resources (home-visiting services, parent education groups, etc.)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

14. When you think about your clients, what do you think are the most significant barriers to accessing quality childcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

15. When you think about your clients, what do you think are the most significant barriers to accessing quality healthcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

