Student Perceptions of Community Accountability for Child Wellbeing

Survey Questions, Response Summary, Synthesis, and Follow-Up Questions

Prepared for website publication by Oklahoma Child Wellbeing
www.okchildwellbeing.org

Core takeaway: Participants largely supported clear procedures, documentation, shared responsibility, and follow-up, but confidence in actual community response systems was only moderate.

Use: Educational/public-interest summary and pilot feedback for child wellbeing systems-accountability discussions.

Sample: 18 consenting survey respondents, primarily graduate social work students.

Website: Oklahoma Child Wellbeing - www.okchildwellbeing.org

Disclosures and Publication Notes

This report is an educational summary of a classroom survey project and related pilot feedback. It is not an official government report, university position statement, legal finding, clinical assessment, child welfare determination, or investigative conclusion.

The survey was anonymous and asked about student perceptions of child wellbeing, reporting pathways, and institutional accountability. It did not ask participants to provide names, client information, confidential case details, or personal trauma histories. Responses are summarized in aggregate or paraphrased for public-facing use.

Because the sample was small and based on a convenience group of mostly graduate social work students, the results should not be generalized to the public, all mandated reporters, all Oklahoma communities, or all professional systems. The results are best understood as early pilot feedback that can help shape future research questions, training ideas, and systems-accountability models.

For public posting, personal contact details included in the original classroom form are intentionally omitted. Oklahoma Child Wellbeing presents this material for education, prevention, accountability discussion, and future research development.

Normal website disclosure language

• Created by Oklahoma Child Wellbeing for educational and public-interest purposes.

• No confidential child welfare records, private client records, or identifying respondent information are included.

• This report should not be used as legal, medical, mental health, or child protection advice.

• Any immediate concern about a child should be reported through the appropriate official reporting channel or emergency service.

• The purpose of this report is to strengthen public understanding of reporting pathways, accountability, documentation, follow-up, and cross-system responsibility.

Project Overview

The survey examined how students perceive their community accountability for promoting and protecting child wellbeing. It focused on whether respondents understood reporting pathways, believed institutions should maintain clear procedures, supported documentation and follow-up, and identified barriers that may prevent effective response after a concern is raised.

Primary research question: How do students perceive their community accountability for promoting and protecting child wellbeing?

Secondary focus areas: reporting-pathway familiarity, institutional accountability, confidence in response systems, perceived barriers, shared responsibility, and recommendations for future improvement.

The research design fits the group assignment because it operationalizes abstract concepts - such as accountability, reporting clarity, and follow-up - into measurable survey questions.

Sample Snapshot

Participant category	Count	Percent
Graduate social work student	16	88.9%
Human services professional	1	5.6%
Other	1	5.6%

Prior familiarity with reporting process	Count	Percent
Very familiar	10	55.6%
Somewhat familiar	7	38.9%
Neither familiar nor unfamiliar	1	5.6%

Interpretation: The sample was not a general-public sample. Most respondents were graduate social work students and most were at least somewhat familiar with reporting processes before taking the survey. That makes the sample useful for classroom learning and professional-preparation feedback, but limited for broad public conclusions.

Survey Questions

The following questions were used to measure knowledge, confidence, attitudes, and perceived barriers related to community accountability for child wellbeing.

#	Question / Item
1	Informed consent: I agree to participate / I do not agree to participate.
2	Which statement best describes your current level of education or professional preparation?
3	Before today, how familiar were you with the process for reporting concerns about a child safety or wellbeing?
4	Matrix item: I understand where to report a concern about a child safety or wellbeing.
5	Matrix item: Schools, healthcare providers, and community organizations should have clear procedures for responding to child wellbeing concerns.
6	Matrix item: Institutions should document what actions they take after receiving a child wellbeing concern.
7	Matrix item: A child concern should not be considered resolved until there has been follow-up to determine whether the child is safer or better supported.
8	On a scale from 1 to 10, how confident are you that community systems in your area can respond appropriately when a child wellbeing concern is reported?
9	What are the biggest barriers to responding effectively to child wellbeing concerns? Select all that apply.
10	Which institution has the greatest responsibility for ensuring child wellbeing concerns receive an appropriate response?
11	What is one change that would make it easier for people to report child wellbeing concerns and receive an appropriate response?
12	Rank actions from most important to least important for improving child wellbeing accountability: clear reporting procedures, faster response times, better interagency communication, documented follow-up, public education, and independent review when systems fail.

Response Summary and Analysis

The most meaningful finding is not that participants were unfamiliar with reporting. Most were familiar. The more important finding is that participants still identified structural barriers that can interfere with effective response: staffing limits, training gaps, fear of retaliation or conflict, limited resources, communication problems, and lack of follow-up.

Accountability Matrix Results

Measured concept	Result	Interpretation
Understand where to report a child safety or wellbeing concern	16 of 18 agreed or strongly agreed	High reporting-pathway awareness among this class sample
Schools, healthcare providers, and community organizations should have clear procedures	17 of 18 agreed or strongly agreed	Very strong support for clear institutional procedures
Institutions should document actions taken after receiving a concern	16 of 18 agreed or strongly agreed	Strong support for documentation and traceability
A concern should not be resolved until follow-up determines whether the child is safer or better supported	15 of 18 agreed or strongly agreed	Strong support for outcome-oriented follow-up

Synthesis: The group strongly supported the idea that child wellbeing concerns should be handled through clear procedures, documented action, and follow-up. This supports a systems-accountability frame rather than a one-time reporting frame.

Confidence in Community Response Systems

The mean confidence score was approximately **6.6 out of 10**. Scores ranged from 3 to 9, with the most common score being 8. This reflects moderate confidence rather than full trust in response systems.

Score	Number of responses
3	1
4	1
5	3
6	3
7	3
8	6
9	1

Top Barriers and Responsibility

The strongest barrier finding was that respondents viewed caseload and staffing limits as a major obstacle. This is important because it suggests respondents were not only thinking about individual reporting behavior; they were also identifying system capacity as a barrier to effective protection and support.

Barriers Selected by Respondents

Barrier	Count	Percent
Too many cases or limited staff	16	88.9%
Lack of training	11	61.1%
Fear of retaliation or conflict	10	55.6%
Limited funding or resources	10	55.6%
Lack of communication between agencies	8	44.4%
Unclear reporting procedures	7	38.9%
Lack of public awareness	7	38.9%
Lack of follow-up after a report is made	6	33.3%
Concerns not being taken seriously	6	33.3%

Responsibility for Appropriate Response

Institution / responsibility category	Count	Percent
Shared responsibility across multiple systems	11	61.1%
Schools	3	16.7%
Child welfare agencies	2	11.1%
Courts	1	5.6%
Other	1	5.6%

Synthesis: Most respondents selected shared responsibility across multiple systems. This aligns with the Oklahoma Child Wellbeing position that children are affected by schools, healthcare, child welfare, courts, law enforcement, families, and community organizations. When responsibility is shared but not assigned, gaps can form. The next step is to define ownership, handoffs, documentation, and follow-up.

Open-Ended Responses: Themes

The open-ended question asked respondents to identify one change that would make it easier for people to report child wellbeing concerns and receive an appropriate response. Responses clustered around the following themes.

Theme	Meaning for child wellbeing accountability
Clear access and public reporting information	Respondents asked for online reporting, accessible phone numbers and websites, and a publicized hotline.
Follow-up and outcome visibility	Respondents wanted reporters to know whether a concern was reviewed and whether action was taken, when appropriate and legally permissible.
Assigned ownership and tracking	One response specifically recommended a single system that assigns every concern to a person, tracks the response, provides updates, and measures whether the child improved.
Training and legal knowledge	Respondents identified training, knowledge of child abuse laws, and clearer professional instructions as needed supports.
School-based support	One response emphasized school counselors in every elementary and middle school and public awareness that counselors can help with wellbeing concerns.
Workforce stability	One response identified child welfare turnover as a concern.
Misinformation and fear	Respondents named misinformation, fear of being in trouble, and tension between professionals and reporters as barriers.

Interpretation: Respondents were asking for more than awareness. They were asking for a system that is easier to access, easier to understand, more accountable after the report is made, and more transparent about follow-through when disclosure rules allow.

De-Identified Open-Ended Answer Examples

The following examples are de-identified and lightly formatted for readability. They illustrate the repeated themes of access, training, documentation, follow-up, public awareness, and assigned responsibility.

#	Response theme / example
1	Online reporting.
2	Updates or outcome information for people who make reports, when appropriate.
3	A single, easy-to-use reporting system that assigns every concern to a specific person, tracks response, provides updates when appropriate, and measures whether the child actually improved.
4	A child wellbeing hotline.
5	School counselors in every elementary and middle school, with parents and caregivers made aware of them.
6	Better knowledge of child abuse laws.
7	Address misinformation around reporting, fears of being in trouble, and tension between helping professionals and reporters.
8	Clear reporting expectations and timely follow-up with the reporter.
9	Accessible documentation so reporters understand what steps were taken.
10	Clear instructions for professionals working with children.
11	Confirmation that the concern was taken seriously.
12	A highly publicized hotline, similar to 911 for emergencies or 988 for crisis.
13	More training.
14	Streamlined processes.
15	More follow-up with the case.
16	Lower turnover in child welfare agencies.
17	More accessible public phone numbers and websites.

Synthesis for Oklahoma Child Wellbeing

These results support the core idea behind Oklahoma Child Wellbeing: people can agree that child wellbeing matters, but agreement is not enough unless responsibility, documentation, communication, and follow-up are built into the response structure.

The survey results point toward a practical model:

• **Warning sign identified:** a concern is noticed by a school, healthcare provider, social worker, caregiver, neighbor, community organization, or other reporter.

• **Clear reporting pathway:** the reporter knows where to go and what information to provide.

• **Assigned ownership:** the concern is assigned to a specific person, role, or agency rather than floating between systems.

• **Documented response:** actions taken are recorded, including referrals, safety checks, service connections, or case decisions.

• **Follow-up:** the system determines whether the child is safer, better supported, or still at risk.

• **Outcome review:** the community learns from patterns, missed warning signs, repeated concerns, and system barriers.

The data also show a tension that matters: respondents were familiar with reporting, but still identified barriers. That means training people to report is necessary but not sufficient. The deeper need is a response system that can demonstrate action and follow-through.

For the personal project, these findings can be described as **pilot feedback** rather than proof. They support further development of an accountability model and justify future surveys with mandated reporters, educators, healthcare workers, child welfare professionals, courts, law enforcement, parents, faith leaders, and community organizations.

Recommendations

Recommendations for the Group Research Project

• In the class PowerPoint, focus on four findings: moderate confidence, strong support for accountability, shared responsibility across systems, and top barriers.

• Do not present every chart. Use the strongest results to answer the research question clearly.

• Name the limitation directly: this was a small convenience sample of 18 respondents, mostly graduate social work students.

• Use the open-ended themes to explain what the numbers mean in practice.

• Frame the conclusion around accountability: clear procedures, documentation, follow-up, and responsibility.

Recommendations for Future Research

• Survey a larger and more diverse sample that includes educators, healthcare providers, child welfare workers, parents, youth-serving nonprofits, and mandated reporters.

• Compare confidence and perceived barriers across professional groups.

• Ask respondents whether they know the specific reporting pathway in their county, school, agency, or organization.

• Evaluate whether mandated reporters receive feedback or follow-up within legally appropriate limits.

• Study whether communities with clearer reporting instructions and documented follow-up have higher confidence in response systems.

• Develop a pre/post training survey to test whether a child wellbeing accountability model improves understanding of reporting, roles, handoffs, and follow-up.

Suggested Follow-Up Survey Questions

These questions could be used in a future Oklahoma Child Wellbeing survey or training evaluation.

Concept	Follow-up question
Role clarity	When a child wellbeing concern is reported, how clear is it who is responsible for the next step?
Handoff accountability	How often do concerns fall through the cracks because one agency assumes another agency is handling the issue?
Reporter feedback	When legally permissible, should reporters receive confirmation that their concern was reviewed?
Documentation	What information should be documented after a child wellbeing concern is received?
Follow-up	How should systems determine whether a child is safer or better supported after a concern is reported?
Training	What training would help mandated reporters identify warning signs and report concerns more effectively?
Fear and retaliation	What fears prevent people from reporting or following up on concerns?
Access	Would a single website, hotline, or reporting guide make the process easier?
Cross-system communication	Which systems most need stronger communication with each other?
Outcome measurement	What outcomes should be measured to know whether child wellbeing improved?
Independent review	When systems fail to respond, who should review what happened?
Community trust	What would increase public trust that concerns are taken seriously?

Conclusion

This survey provides useful pilot feedback for both the group research project and Oklahoma Child Wellbeing. Respondents supported the importance of clear reporting procedures, documentation, follow-up, and shared responsibility across systems. At the same time, confidence in actual community response systems was only moderate, and participants identified real barriers such as limited staffing, lack of training, fear of retaliation, limited resources, unclear procedures, communication gaps, and lack of follow-up.

The clearest conclusion is that child wellbeing accountability cannot stop at reporting. A report is only the beginning. A stronger system must define who owns the concern, what response is required, how actions are documented, how follow-up occurs, and how the community determines whether the child is safer or better supported.

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