OHIO CHILDREN OF FIRST INCIDENT RESPONDERS SUPPORT TEAM (C-FIRST) NEEDS ASSESSMENT

Background of the Problem

First responders routinely experience occupational stress and trauma throughout their careers, increasing their risk of adverse outcomes like PTSD, anxiety, depression, and suicidality (Substance Abuse and Mental Health Services Administration, 2018). Although research has focused on the association between occupational exposure and mental health among first responders, little is known about these occupations’ impact on the children of first responders, an often-overlooked population. Few studies have focused on this relationship, yet findings suggest that occupational trauma exposure can lead to higher rates of anxiety, depression, and trauma symptomology among children in first-responder families (Duarte et al., 2006; Kishon et al., 2020).

No current research offers guidance for effectively implementing supportive services to address the unique needs of children of first responders. Further, anecdotal conversations also revealed that although there is a recognized need to support these children, there are no nationwide programs to directly support this population. Therefore, the current study sought to fill the gaps in both research and service by creating the Ohio Children of First Incident Responders Support Team (C-FIRST).

Overview of the Project

Utilizing sequential exploratory mixed methods, the C-FIRST study started with a focus group of social work students from the Ohio State University College of Social Work (CSW) with a direct familiar relationship with a first responder, including children of first responders. The focus group discussed various aspects of being the child of a first responder and collectively determined that it would have been beneficial to have had opportunities to interact with other children of first responders with the support of mentors who grew up with a first responder parent.

The information provided by the focus group was used to develop a survey to gather information from first responders to ascertain the desired support and the likelihood of their utilizing a mentored peer support program for their children.
Overview of the Project (continued)

From April to June 2022, 985 responses were received from first-responders (77.2%), first-responder significant other (14.3%) or other family member (8.5%). Analysis is focused on the almost 60% (n = 581) of respondents who indicated the likelihood of their child(ren) participating in a peer intervention.

The respondents primarily had a fire service (41.0%) or law enforcement (38.0%) first responder, who was a White (95.2%) male (84.7%), averaging 42.2 years of age with 18.3 years of service; almost 80% of the respondents were the first responder. Eighty-six of Ohio’s 88 counties were represented by at least one participant. The family of the respondent tended to be married (80.2%), with two children (41.8%) with children between 10 and 18 years of age (58.4%).

Key Findings

♦ Although the average reported emotional well-being for child(ren) was positive (7.7 out of 10), mental health resources were the most requested support.
♦ Multiple areas of concern for child(ren) well-being was indicated by 61.8% of respondents, and stress/anxiety was the singular issue for 10.7%.
♦ Over 30% indicated that their child(ren) does not have a trusted adult.
♦ Only 23.8% want their child(ren) to be a first responder citing the toll of the job, current societal views of first responders, and political tension as reasons for not wanting their child(ren) to be a first responder.
♦ Around 20% indicated they were unlikely (6.5% extremely unlikely) to allow their child(ren) to participate in a peer-based intervention; concerns about the program details and logistics contributed to neutral responses.

Recommendation

To best support these identified needs among children of first responders, we recommend creating and implementing a mentored peer group support intervention similar to Big Brothers Big Sisters of America, 4-H Mentoring: Youth and Families with Promise, and Youth to Youth (Y2Y). These youth-based programs have been found effective in achieving common goals, such as improving inter- and intrapersonal relationships; academic performance; family relationships; and resiliency, as well as providing supportive relationships with peer mentors (Galvin, 1989; Higginbotham et al., 2010; Kannallly et al., 2003; Love, n.d.; Poulin & Orchowsky, 2012; Riggs et al., 2007).

Based on the by-county responses, we recommend piloting the mentored peer group intervention with the following counties:

• Franklin County (Urban)
  ◊ Home county: 27 responses, 78% participation neutral to likely and 52% likely
  ◊ Work county: 76 responses, 75% participation neutral to likely and 53% likely

• Clark County (Rural)
  ◊ Home county: 18 responses, 83% participation neutral to likely and 39% likely
  ◊ Work county: 16 responses, 75% participation neutral to likely and 31% likely

Led by the CSW, a collaborative team of community partners from Franklin and Clark Counties, First Responder Wellness at Ohio Department of Public Safety, and Ohio Job and Family Services are developing the framework and procedures for the pilot program.