



FSPS Professionals Survey Analysis

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Note: Some totals may not equal 100%; this is due to rounding or missing data

Background

This year’s survey was launched on July 7th 2020 and closed on September 11th 2020. The survey was open for about 4 to 5 weeks. There were total of 34 questions. Outreach for this survey was 386 professionals across the state of Oklahoma who received an online link to access the survey. 324 (84%) professionals responded to survey questions. 62 (16%) professionals accessed the survey via the link but did not enter responses. Among survey respondents, 245 (76%) completed the entire survey whereas 79 (24%) completed partially.

Demographics

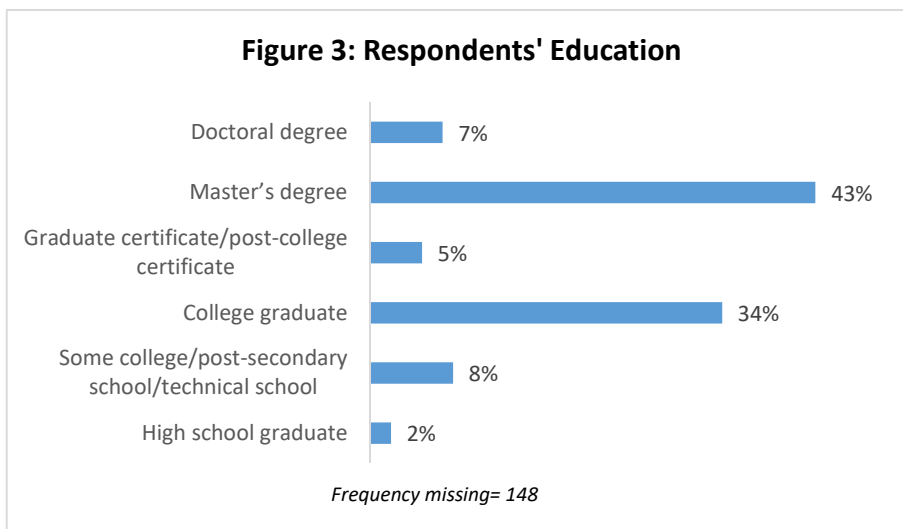
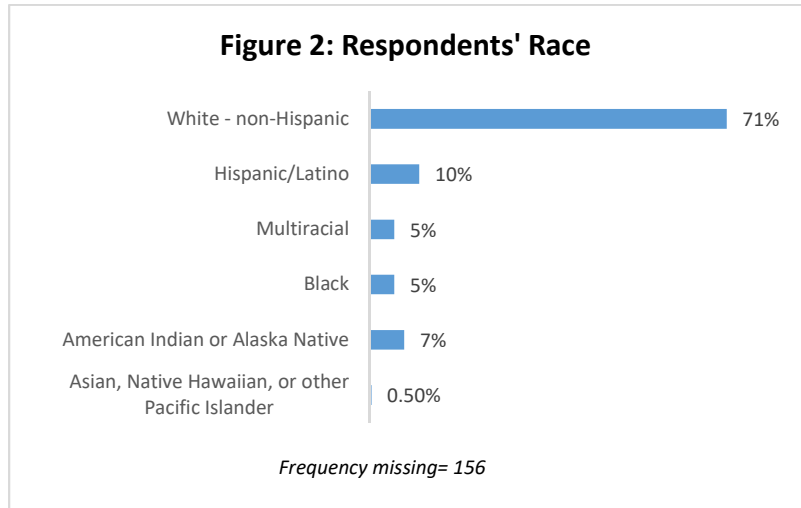
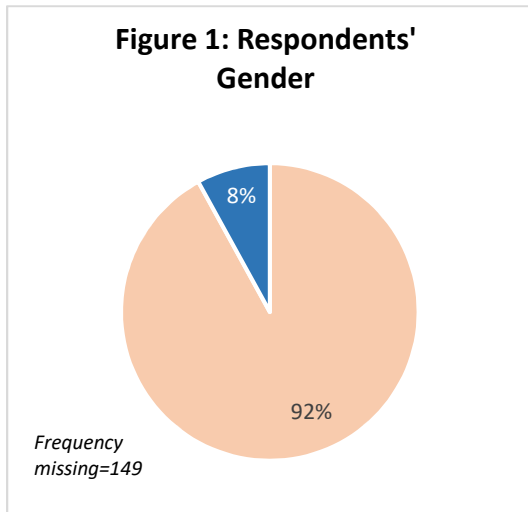
Professionals served 37 of the 77 counties (see **Table 1**), Majority of respondents practices in Oklahoma 100 (33%), Tulsa 66 (22%), Canadian 13 (4%), Garfield 11 (4%) and Kiowa 12 (4%) counties, with several serving multiple counties or statewide.

Table 1: Counties

County	#	%	County	#	%	County	#	%
Beckham	3	1%	Kay	2	1%	Payne	5	2%
Blaine	2	< 1%	Kingfisher	4	1%	Pottawatomie	2	< 1%
Bryan	1	< 1%	Kiowa	12	4%	Pittsburg	1	< 1%
Canadian	13	4%	Lincoln	3	1%	Rogers	6	2%
Carter	2	< 1%	Logan	7	2%	Seminole	1	< 1%
Cherokee	1	< 1%	Major	1	< 1%	Sequoyah	1	< 1%
Cleveland	7	2%	Mayes	3	1%	Tulsa	66	22%
Comanche	2	< 1%	McClain	2	< 1%	Wagoner	1	< 1%
Creek	3	1%	Muskogee	1	< 1%	Washington	1	< 1%
Delaware	1	< 1%	Okfuskee	1	< 1%	Multiple	16	5%
Garfield	11	4%	Oklahoma	100	33%	Unknown	1	< 1%
Garvin	1	< 1%	Okmulgee	1	< 1%			
Grady	4	1%	Osage	1	< 1%			
Jackson	8	3%	Ottawa	2	1%			

Majority of professionals are females 219 (92%) (**Figure 1**) and White non- Hispanic by race 165 (71%) (**Figure 2**). Most of our professionals are well qualified with majority holding a graduate degree 104 (43%), 82 (34%) being college graduates and 17 (7%) having doctoral degree (**Figure 3**).

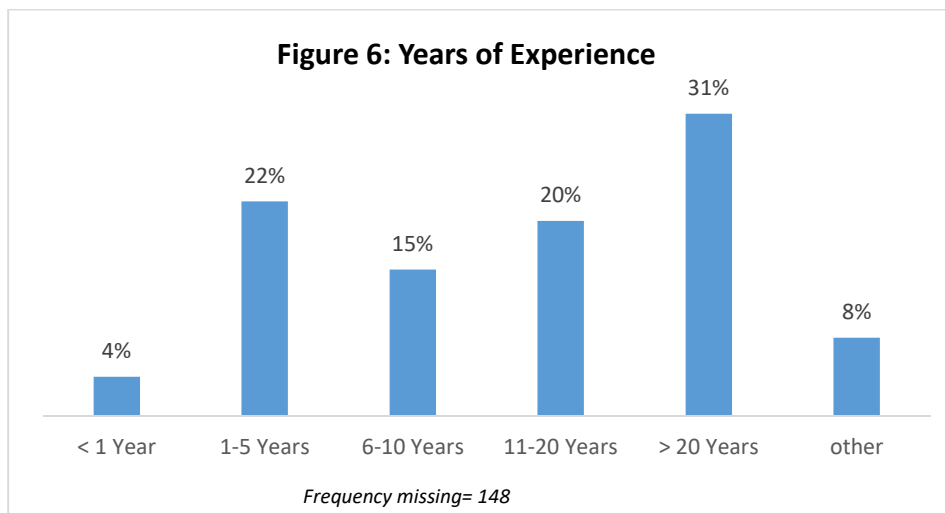
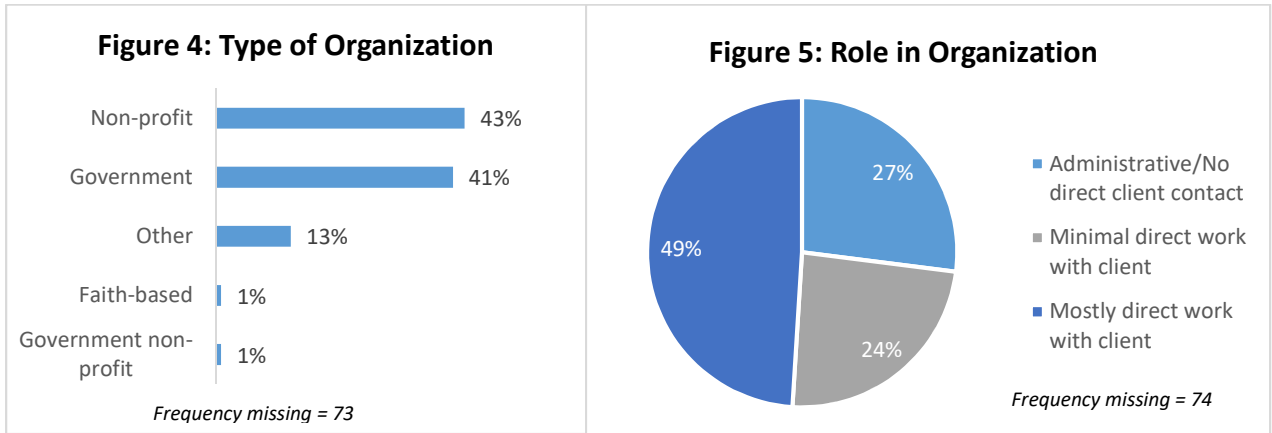
Figures 1-3: Demographics



Career

Most professionals worked in non-profit settings as well as government settings (see **Figure 4**), of those who answered "Other", most worked in a health care field as well as for academics. The majority (80%) of professionals worked with children and families directly (see **Figure 5**), often with more than 10 years of experience (see **Figure 6**).

Figures 4-5: Career



Awareness of and Referral to Community Resources

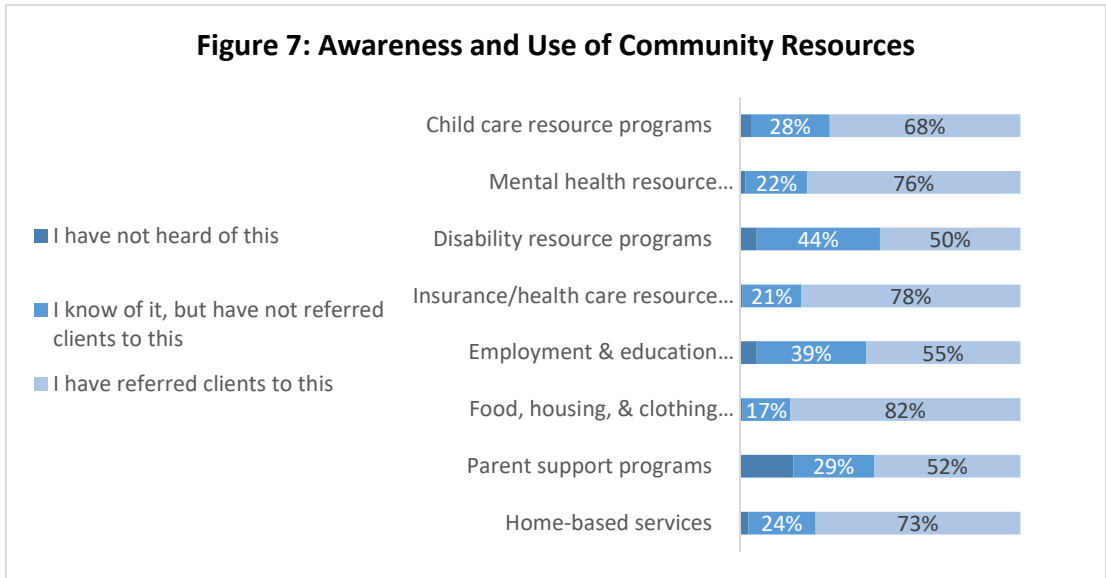
Most professionals have heard of and referred clients to community resources (see **Table 2 and Figure 7**). The resource least heard of was parent support programs. A total of 310 respondents responded to this question.

Table 2: Awareness and Use of Community Resources

	"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	3%	24%	73%
Parent support programs	19%	29%	52%
Food, housing, & clothing resource programs	1%	17%	82%
Employment & education resource programs	6%	39%	55%
Insurance/health care resource programs	1%	21%	78%
Disability resource programs	6%	44%	50%

Mental health resource programs	2%	22%	76%
Child care resource programs	4%	28%	68%

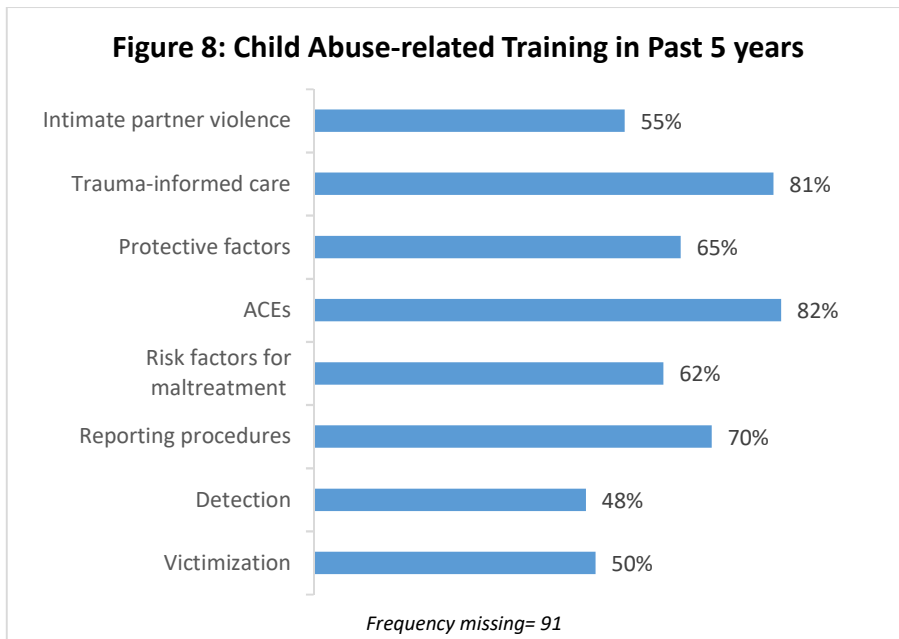
Figure 7: Awareness and Use of Community Resources



Child Abuse and Neglect (CAN) Training

247 (79%) of our professional responded that their agency provides training on Child abuse and neglect or provides access to outside training. As seen in **Figure 8**, most professionals had training in ACEs (82%), Trauma-informed care (81%) and, Reporting procedures (70%), followed Protective factors (65%), Risk factors for maltreatment (62%), Intimate partner violence (55%), Victimization (50%), Detection (48%).

Figure 8: Child Abuse-related Training in Past 5 years



Knowledge of CAN/Laws

Figure 9 highlights that our professionals are more confident than not in performing child abuse and neglect related services to their clients. Professionals are more confident in efficiently reporting child abuse and neglect (78%), followed by referring clients to resources (65%), accurately identify child abuse and neglect (62%). Most respondents possessed good knowledge of ACEs (84%, $n = 260$) and protective factors (72%, $n = 227$); see **Figures 10 and 11** for more information. Additionally, 81% ($n = 192$) of respondents have reported CAN sometime in past and only 8% ($n = 20$) have a current CAN concern (**Figure 12**).

Figure 9: Confidence in Identifying and Reporting CAN

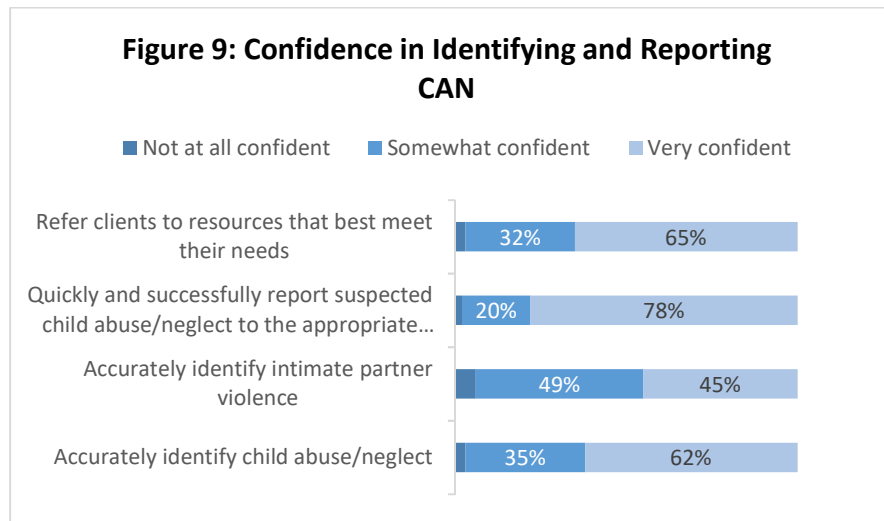


Figure 10: Respondents' Knowledge of ACEs

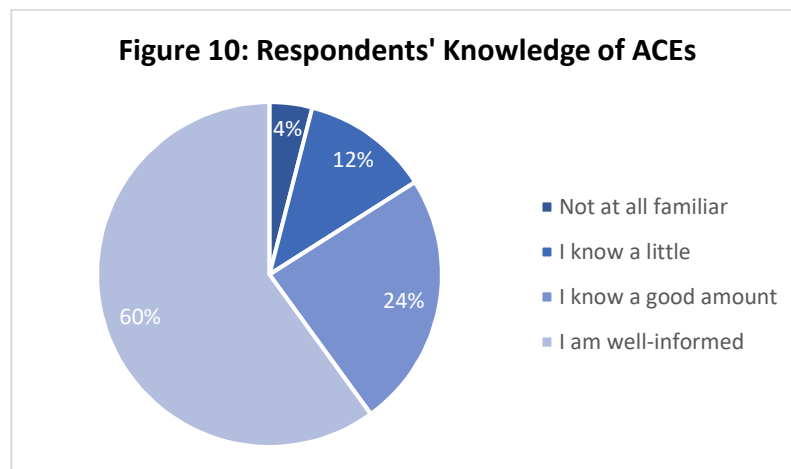


Figure 11: Respondents' Knowledge of Protective Factors

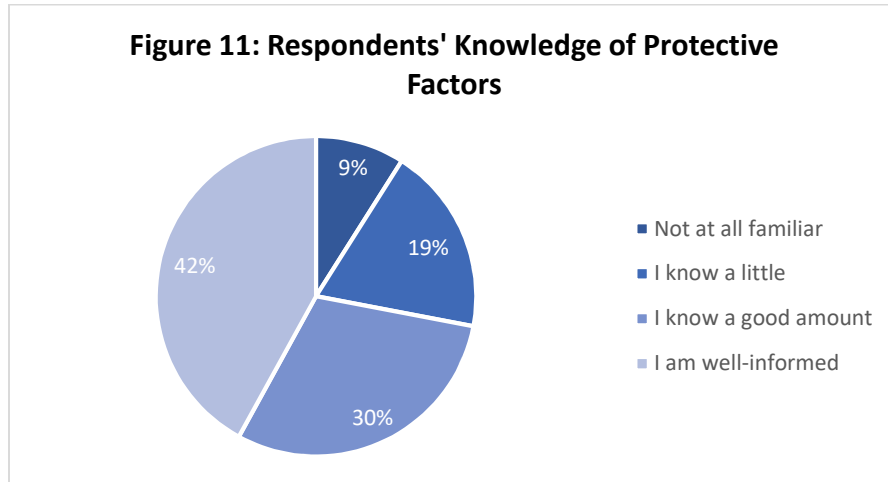
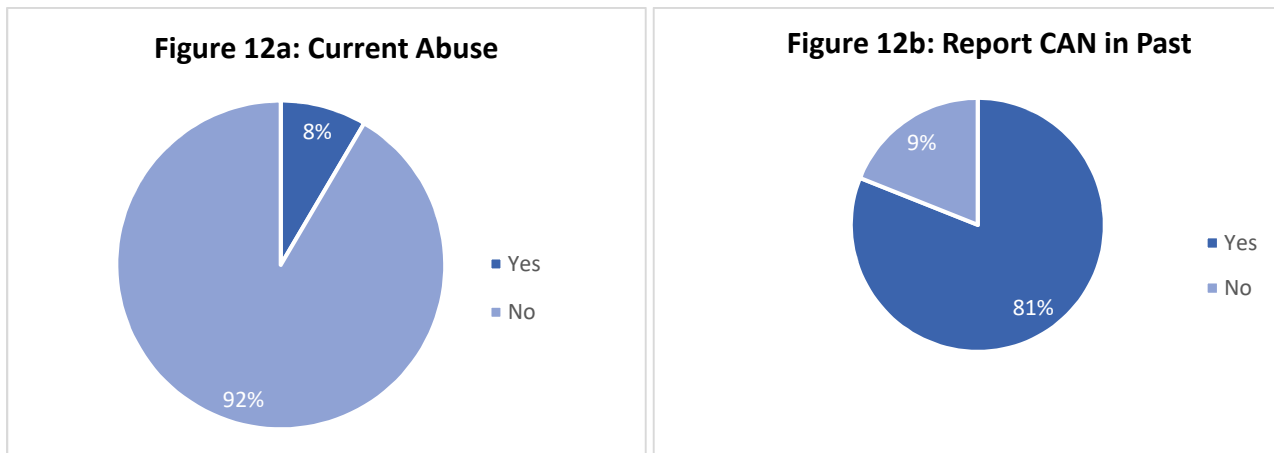


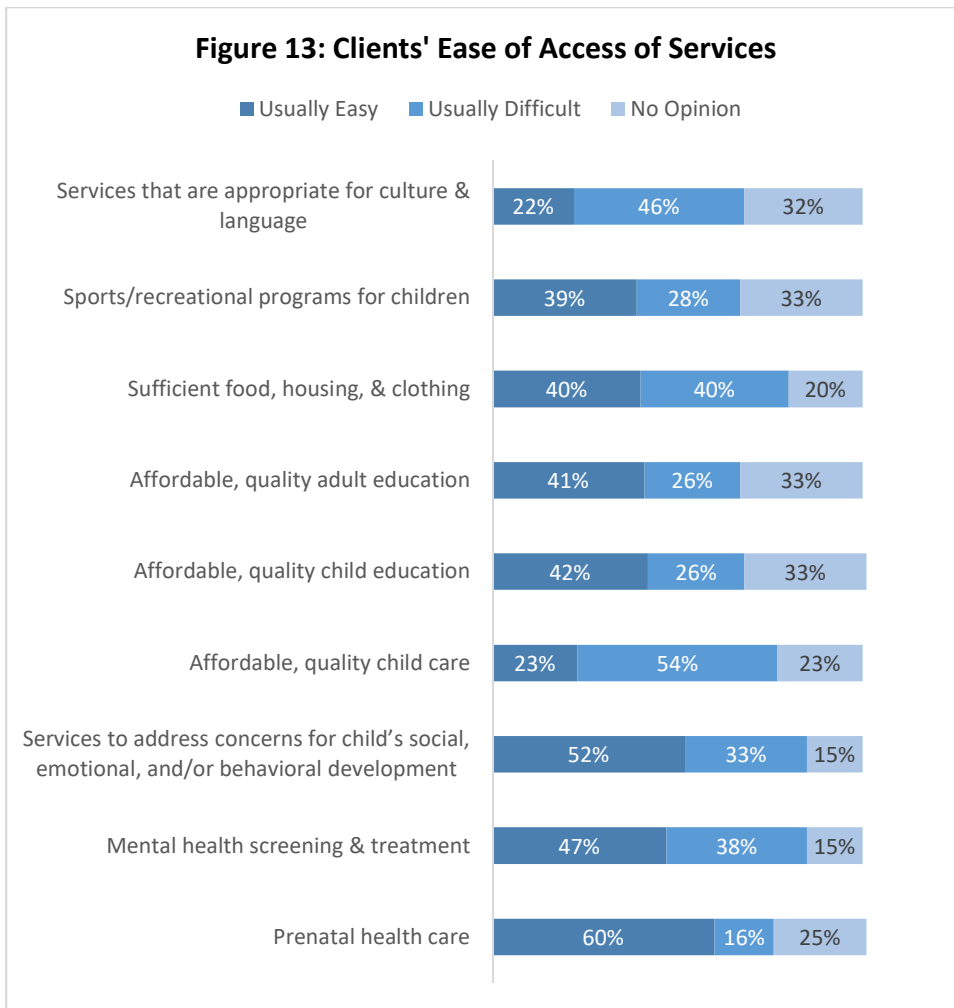
Figure 12: CAN Reporting in Past VS Current CAN Concern



Ease of Access

Most respondents felt it was usually easy for their clients to access prenatal health care, child’s social and emotional support services, child education, and adult education; conversely, they felt it was usually difficult for their clients to access affordable quality child care, and services appropriate for their client’s culture (see **Figure 13**). Respondents were split (some believing it easy, some believing it difficult) on access for sufficient food, housing and clothing.

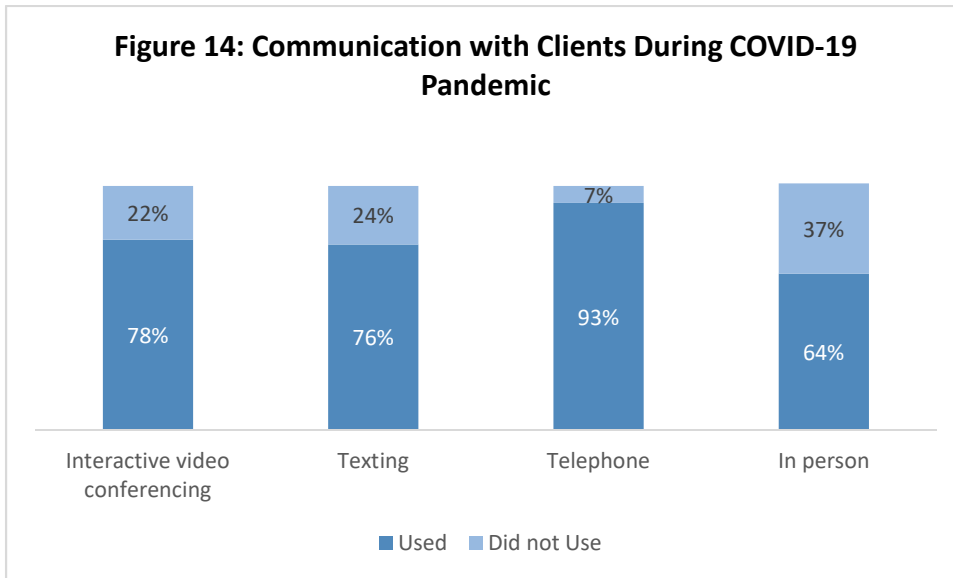
Figure 13: Ease of Access



Analysis for questions related to COVID-19 pandemic

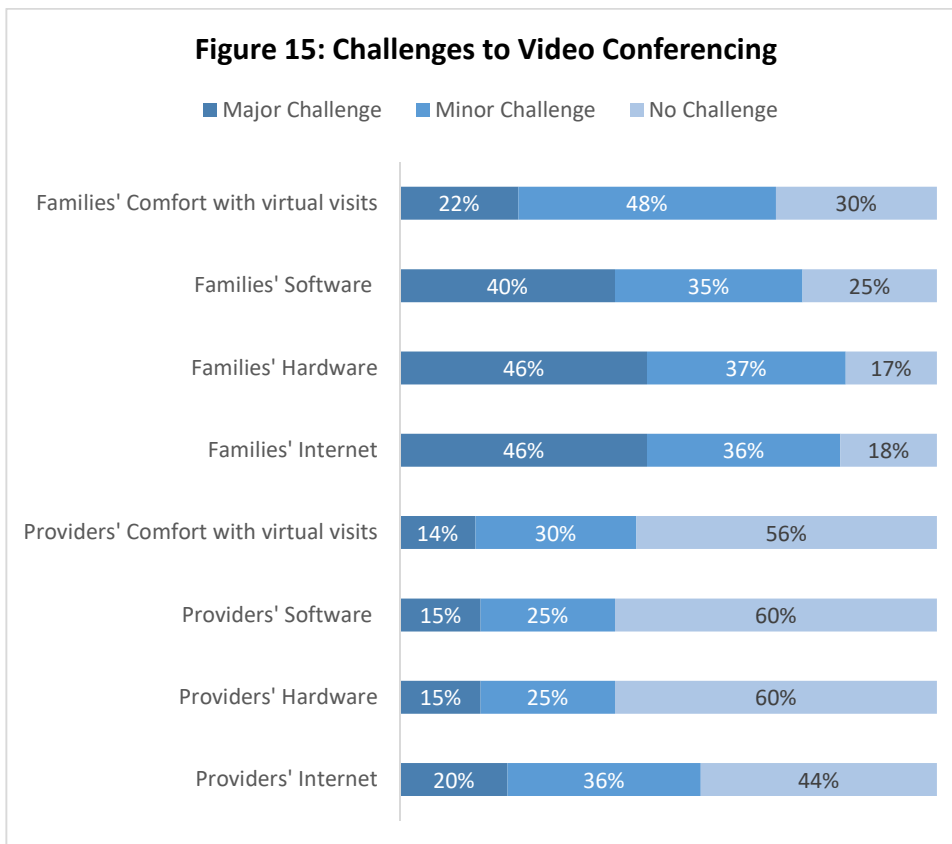
State Plan 2020 Stakeholder Survey was launched when people of Oklahoma were over 3 months in COVID-19 pandemic. The Professional's survey had questions for stakeholder's perspective on how COVID-19 pandemic affected lives of their clients. Professionals were first asked about the use of various modes of communication with their client during the pandemic. **Figure 14** summarizes that telephone communication was the most widely used mode (93%), followed by interactive video conferencing (78%) and texting (76%). However, 64% of providers responded about using in-person communication as well.

Figure 14: Communication with Clients during COVID-19 Pandemic



Since, video conferencing could be the most useful alternative to in-person meetings with clients, providers were asked if they experienced any challenges with it. Providers were also asked about their perceptions of the challenges their clients were facing with video conferencing. **Figure 15** summarizes their responses. Providers noticed that their clients had major challenges with communication devices as well as communication software and internet. However, there were minor challenges with families’ comfort with video conferencing. On the contrary, most providers only faced minor challenges with videoconferencing software, hardware, comfort or internet.

Figure 15: Challenges to Video Conferencing



Positive Togetherness during COVID-19 compared to before COVID-19

Professionals were asked about positive influence e.g. increase in togetherness while performing various routine activities and making choices. Some respondents preferred not to answer questions related to positive togetherness during COVID-19, while some reported “I do not know”, such responses were excluded from the analysis. **Figure 16** summarizes the respondents believed there was more positive togetherness in their clients’ families during pandemic compared to before pandemic. Most positive togetherness was perceived in “getting involved in children’s education” (71%), followed by “eating together” (65%), “showing emotional support” (63%), “spending leisure time together” (62%), “helping each other” and “engaging in conversation” (61%), “sharing household tasks” (59%), “facing challenges or solving problems together” (51%), “sharing material resources” (50%), “helping others together” (49%). The responses to open ended questions in this context have been summarized in **Table 3** and **Figure 17**.

Figure 16: Positive Togetherness during COVID-19 Pandemic

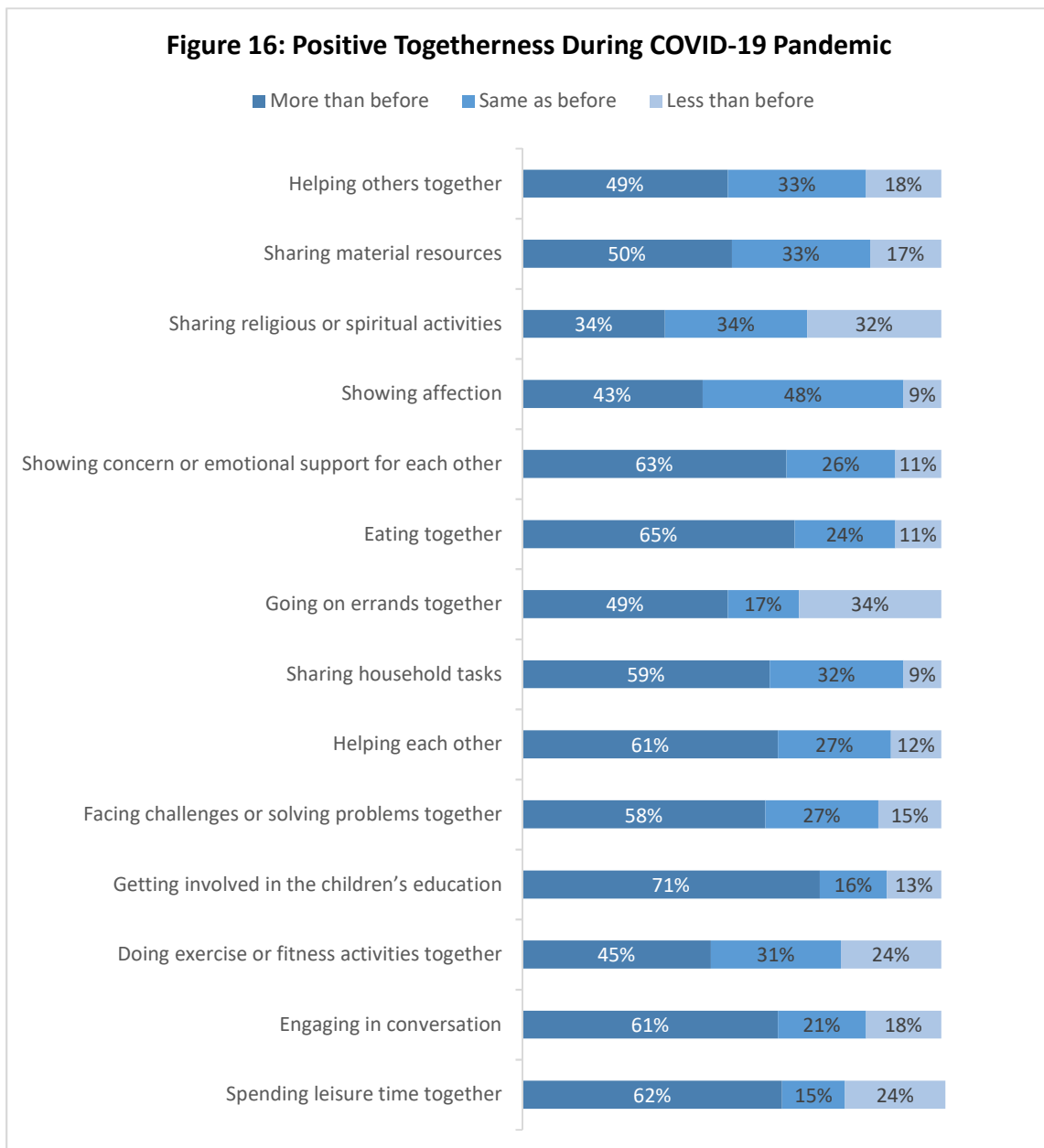
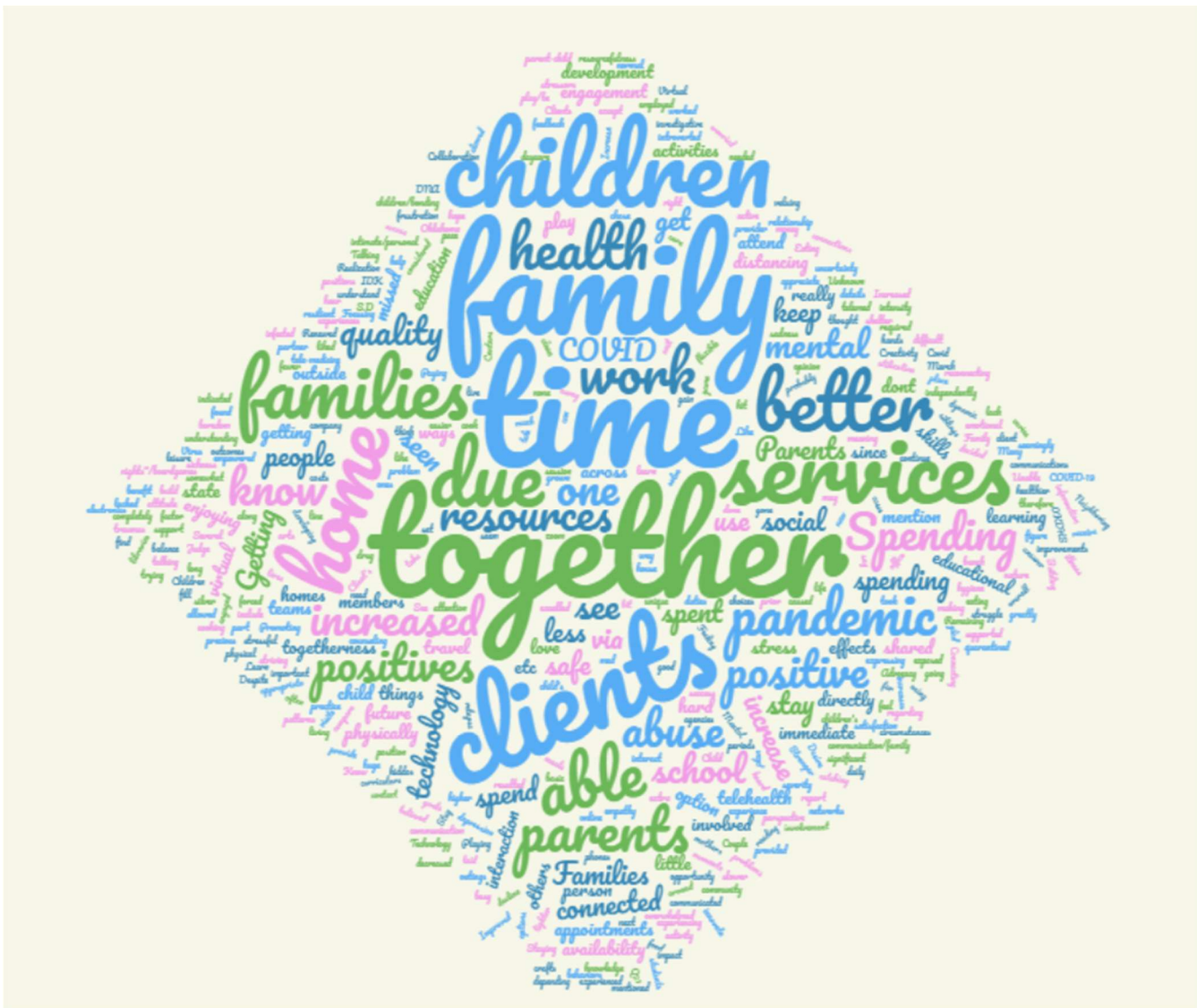


Table 3: Summarized Open-ended Responses to COVID-related Positive Togetherness

<p>Quality family time (45)</p> <ul style="list-style-type: none"> • <i>Immediate family Being together</i> • <i>Eating together</i> • <i>Board games / game nights</i> • <i>Better communication and understanding each other</i>
<p>Parents involvement with Child's education (14)</p> <ul style="list-style-type: none"> • <i>Improved parent-child interaction</i> • <i>Children who struggled at school have improved mental health and behaviors</i> • <i>Parents desire to work on child's education</i> • <i>Parents promoting their child's development</i>
<p>Online Education (10)</p> <ul style="list-style-type: none"> • <i>Introvert people feel better with remote school</i> • <i>Positive effect on Mental health due to no school</i>
<p>Improved access to services due to Telehealth (10)</p> <ul style="list-style-type: none"> • <i>Improved access to Mental health services</i>
<p>More Creativity In clients</p>

Figure 17: Summarized Open-ended Responses to COVID-related Positive Togetherness-Word Cloud



Conflicts during COVID-19 Pandemic compared to before

Other questions asked about professional’s perception of the negative influence of COVID-19 pandemic on their clients’ families. Some respondents preferred not to answer questions related to conflicts during COVID-19, while some reported “I do not know”, such responses were excluded from the analysis. **Figure 18** summarizes that during pandemic more conflicts in clients’ families happened than before on, “children’s schoolwork” (79%), followed by “finances”, “news or social media”, “decisions about visitors at home”(76%), “decision about going out” (74%) and “parenting and childcare” (72%), “work or employment”(68%), “privacy or personal space” (66%), “food related decisions” (63%), “alcohol, tobacco or drug related issues” (62%), “how to spend leisure time” (58%),“home maintenance” (54%). The responses to open ended questions in this context have been summarized in **Table 4** and **Figure 19**.

Figure 18: Conflicts during COVID-19 Pandemic

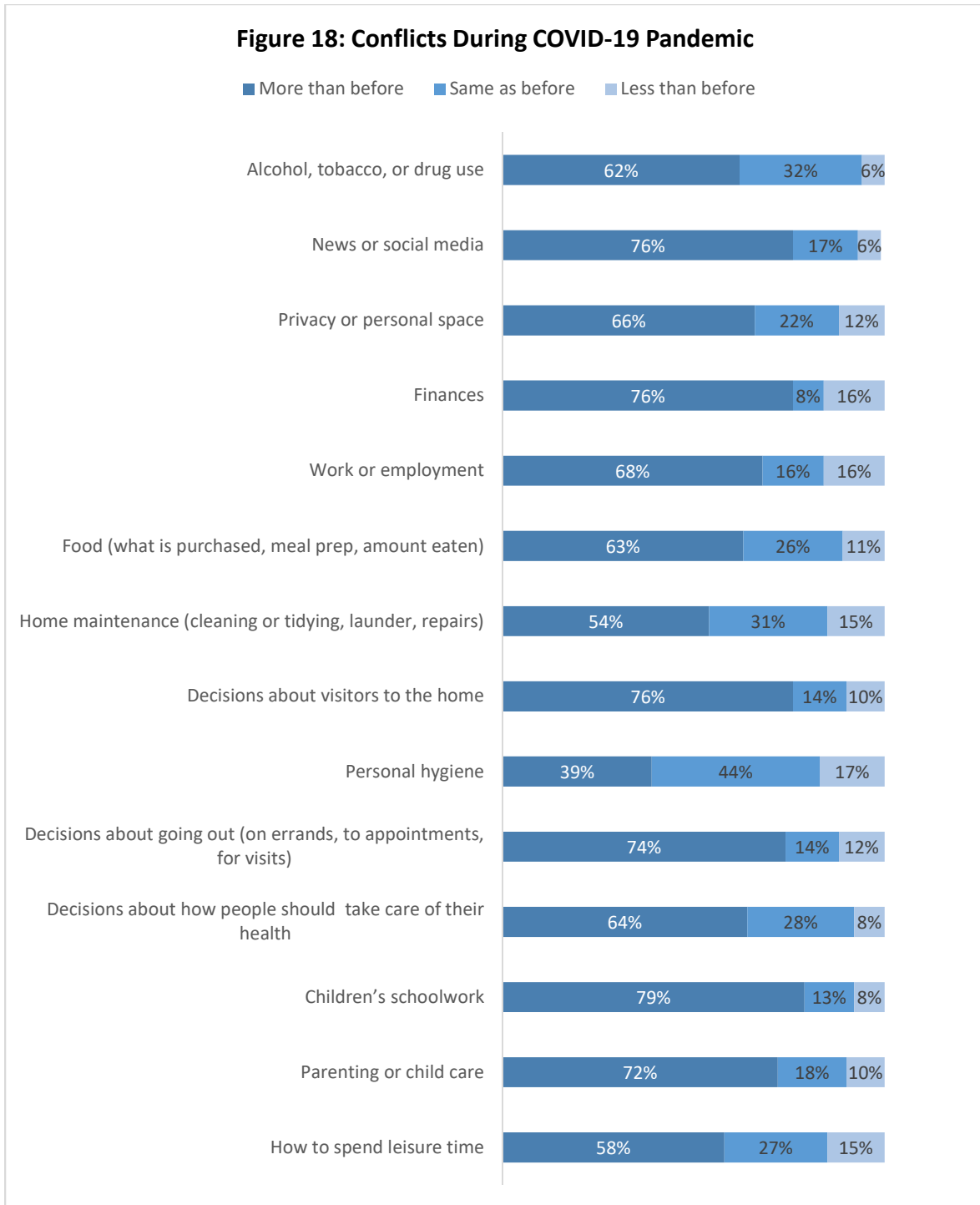


Table 4: Summarized Open-ended Responses to COVID-related Conflicts

<p>Family conflicts (50)</p> <ul style="list-style-type: none"> • <i>Differing opinions</i> • <i>Conflicts regarding handling youth behaviors</i> • <i>Conflicts on hygiene issues</i>
<p>Social Isolation (35)</p> <ul style="list-style-type: none"> • <i>More distressing and worsening mental health</i> • <i>Adults hiding medical issues from loved ones to avoid going to hospitals</i>
<p>Financial stress (20)</p> <ul style="list-style-type: none"> • <i>Lost jobs</i> • <i>Less resources, more sharing</i> • <i>Less resources to support child care</i>
<p>Limited social freedom (10)</p> <ul style="list-style-type: none"> • <i>Family members have to adjust work or school routine around each other</i> • <i>Cannot talk freely with friends</i>
<p>Mental health issues (8)</p> <ul style="list-style-type: none"> • <i>kids having more down times and less supervision</i> • <i>Poor mental health</i>
<p>Family stress</p> <ul style="list-style-type: none"> • <i>Parents have to struggle with work, child watch at home, and remote schooling</i>
<p>Less technological resources for virtual education /work</p>

Table 5: Summarized Perceived Community Strengths

<p>Evidence based home visitation services and child abuse prevention programs (parent PRO, PAT, C1) (50)</p> <ul style="list-style-type: none"> • Evidence based home visitation services (Parent Pro) • Evidence based home visitation services (PAT) • Home visitation programs
<p>Education (24)</p> <ul style="list-style-type: none"> • For parents and care givers • For students • For providers
<p>Schools as potential resource (22)</p> <ul style="list-style-type: none"> • Assessment and screening with in schools • In-school abuse and neglect education for students • Afterschool and summer programs to reduce parental stress • Training on early detection and reporting • Youth and sports programs • Getting kids back to school
<p>Resources, Support and Access (32)</p> <ul style="list-style-type: none"> • Concrete resources • Abundant resources • Resources that are informed on trauma symptoms, abuse cycles • Interagency resources • Free resources • Information to families about resources • Resources related to awareness, identification, support, and prevention • Support to families • Mental health support • Concrete support • Affordable • Support to build relationships
<p>DHS and Red rock (20)</p>
<p>Law Enforcement (7)</p>
<p>Relationships (5)</p> <ul style="list-style-type: none"> • Teacher-student relationship

<ul style="list-style-type: none"> Teacher- parent relationship Provider- families relationship
Faith-based organizations (5)
Partnerships (Community, interagency communication)
Direct referrals from providers to services

Figure 20: Community Strengths Summary- Word Cloud



Community Weakness

Professionals voiced many weaknesses in their community. Their responses have been summarized in **Table 6** and in **Figure 21** in the form of a word cloud.

Table 6: Perceived Community Weakness

<p>DHS (25)</p> <ul style="list-style-type: none"> • <i>Case load and burnout</i> • <i>Lack of power or motivation</i> • <i>Closing offices</i> • <i>Hard to access via phone calls</i> • <i>Child protective services come into play on serious incidents to children only</i>
<p>Knowledge of Services (15)</p> <ul style="list-style-type: none"> • <i>Families don't know many resources</i> • <i>Providers lack early detection knowledge</i>
<p>Education and Training (18)</p> <ul style="list-style-type: none"> • <i>Public education in identifying signs of trauma and abuse</i> • <i>Parental education about child abuse</i> • <i>Improper sex education in schools leading to teen pregnancies/ at risk families</i> • <i>Lack of preventive education</i> • <i>Stress management techniques</i>
<p>Pandemic</p> <ul style="list-style-type: none"> • <i>Unwilling families and distanced further from interaction with provider</i> • <i>No accountability of families due to home schooling.</i>
<p>Substance abuse support</p> <ul style="list-style-type: none"> • <i>Substance abuse and Mental health support</i> • <i>Treatment centers for under age substance abuse</i>
<p>Cost and transportation are barriers to access of services</p>

Figure 21: Community Weakness Summary

