



FSPS Professionals Survey Analysis

October 2021

ANEERA SADIQ

Contents

<i>Background</i>	2
<i>Demographics</i>	2
<i>Career</i>	4
<i>Awareness of and Referral to Community Resources</i>	5
<i>Child Abuse and Neglect (CAN) Training</i>	7
<i>Past Training Support through Agency</i>	8
<i>Future Training Demands by Type and Mode of Training</i>	8
<i>Knowledge of CAN/Laws</i>	9
<i>Ease of Access</i>	11
<i>Clients' Barriers to Services</i>	12
<i>Analysis for questions related to COVID-19 pandemic</i>	12
<i>Positive Togetherness during COVID-19 compared to before COVID-19</i>	12
<i>Conflicts during COVID-19 Pandemic compared to before</i>	13
<i>Perceived Community Strengths</i>	14
<i>Perceived Community Strengths and Weaknesses towards Child Abuse Prevention</i>	15



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

Background

This year’s survey was launched in August 2021. The survey was open for about 4 to 5 weeks. There were a total of 35 questions. Around 145 professionals responded to survey questions. This year’s analysis includes most of the prior years’ parameters, with a focus on urban rural comparison on certain variables.

Demographics

Professionals served 37 of the 77 counties (**Table 1a; 1b, and Figure 1**). 52% (n=76) of professionals worked in 10 urban counties, 37% (n=54) in 27 rural counties, while 10% either did not report or they worked statewide. Most urban representation came from Oklahoma (58%), Cleveland (16%) and Tulsa (9%) counties. Most rural representation was from Pottawatomie (13%), Ottawa (9%), Okmulgee, Kiowa and Jackson (7%) counties.

Table 1a: Urban Counties

County	#	%
Canadian	4	5%
Cleveland	12	16%
Comanche	1	1%
Creek	1	1%
Garfield	1	1%
Logan	3	4%
Oklahoma	44	58%
Tulsa	7	9%
Rogers	1	1%
Wagoner	2	3%
Total	76	

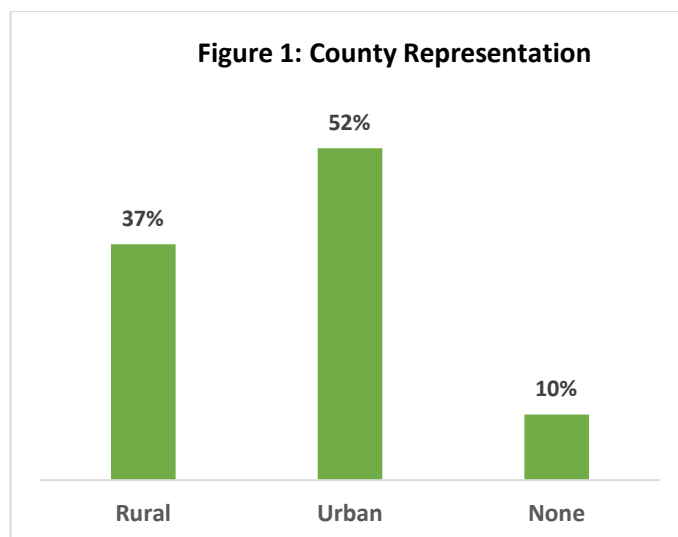


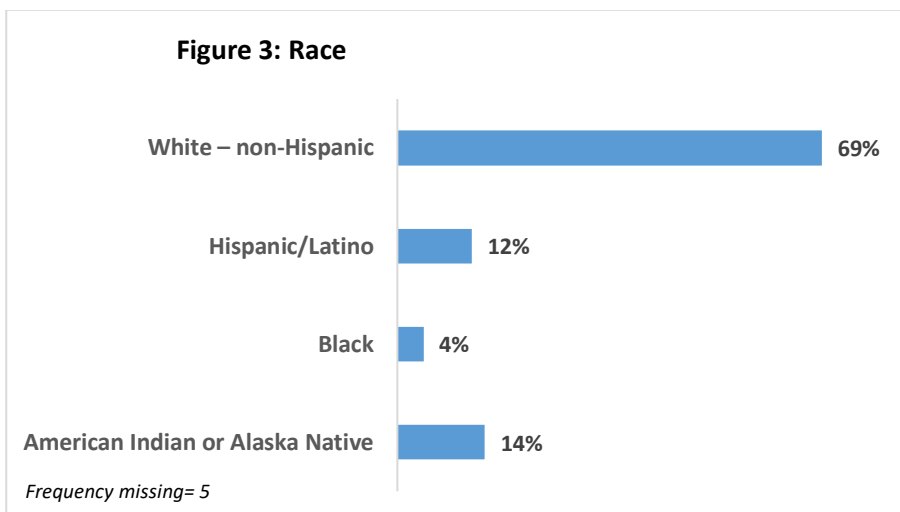
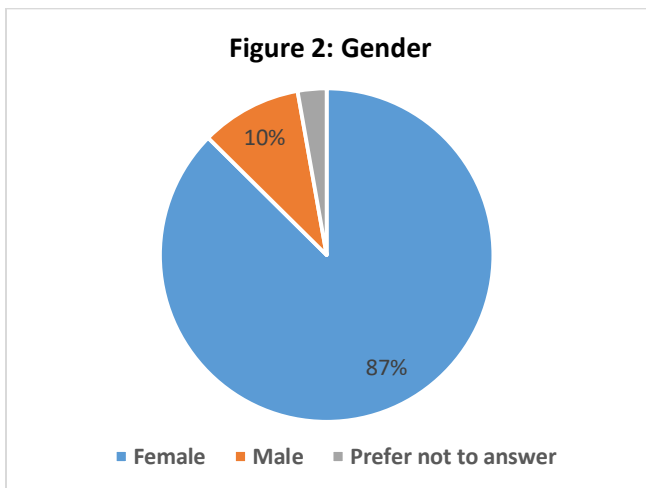
Table 1b: Rural Counties

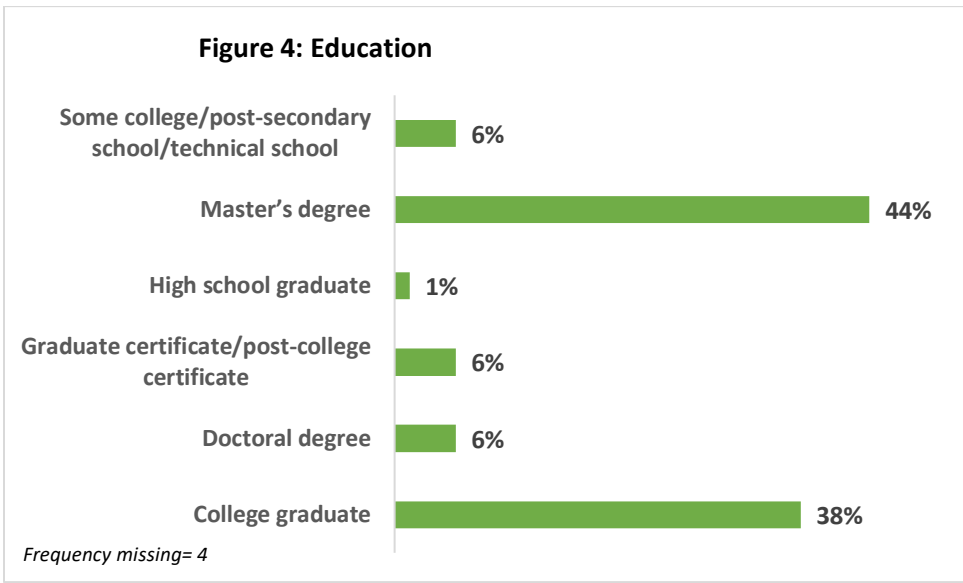
County	#	%	County	#	%
Beckham	1	2%	McClain	1	2%
Carter	1	2%	McIntosh	1	2%
Cherokee	1	2%	Muskogee	2	4%
Custer	1	2%	Okmulgee	4	7%
Grady	1	2%	Ottawa	5	9%

Jackson	4	7%	<i>Payne</i>	2	4%
<i>Johnston</i>	1	2%	<i>Pittsburg</i>	2	4%
<i>Kay</i>	2	4%	<i>Pontotoc</i>	1	2%
<i>Kingfisher</i>	2	4%	Pottawatomie	7	13%
Kiowa	4	7%	<i>Roger Mills</i>	1	2%
<i>Leflore</i>	1	2%	<i>Seminole</i>	2	4%
<i>Lincoln</i>	1	2%	<i>Washington</i>	2	4%
<i>Marshall</i>	1	2%	<i>Washita</i>	1	2%
<i>Mayes</i>	1	2%			
Total				54	

The majority of professionals are females n=125 (87%) (**Figure 2**), and White non- Hispanic by race, n=97 (69%) (**Figure 3**). Most of our professionals are well qualified with a majority holding a Master’s degree, n=62 (44%), n=53 (38%) being college graduates and n=8 (6%) having doctoral degree (**Figure 4**). Master’s Level degree is significantly higher in Urban professionals (p value= 0.006).

Figures 2-4: Professionals’ Demographics

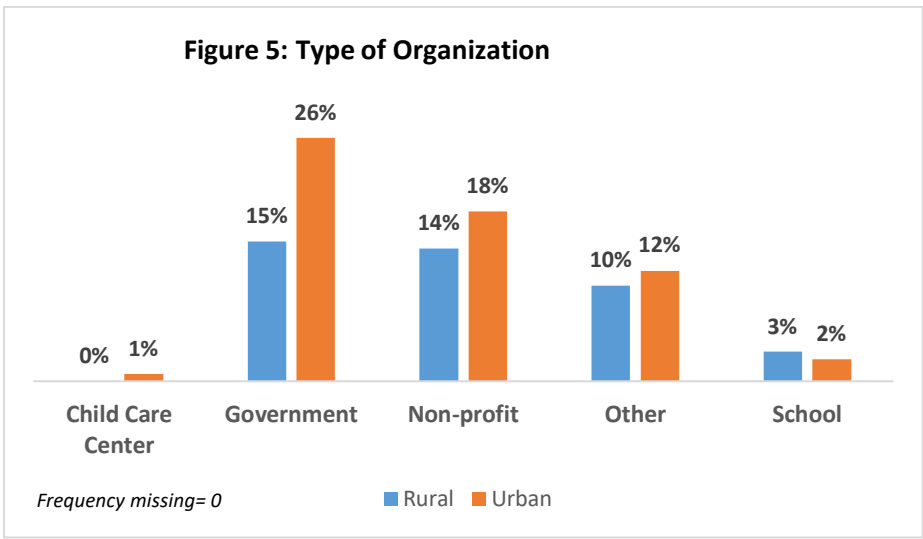


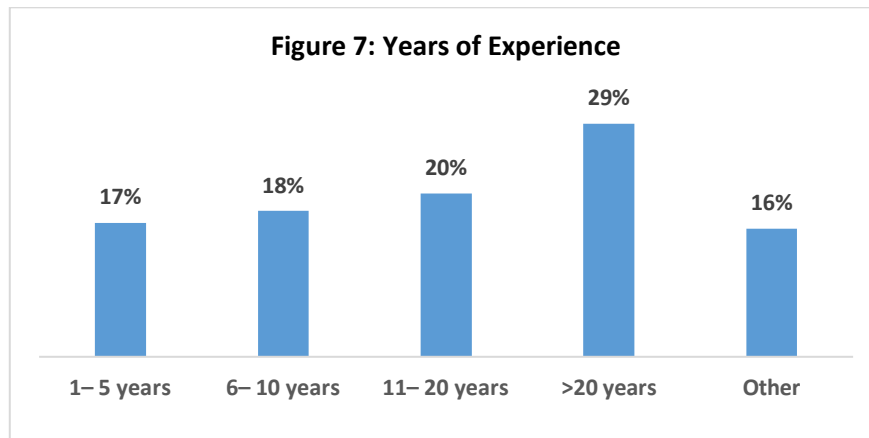
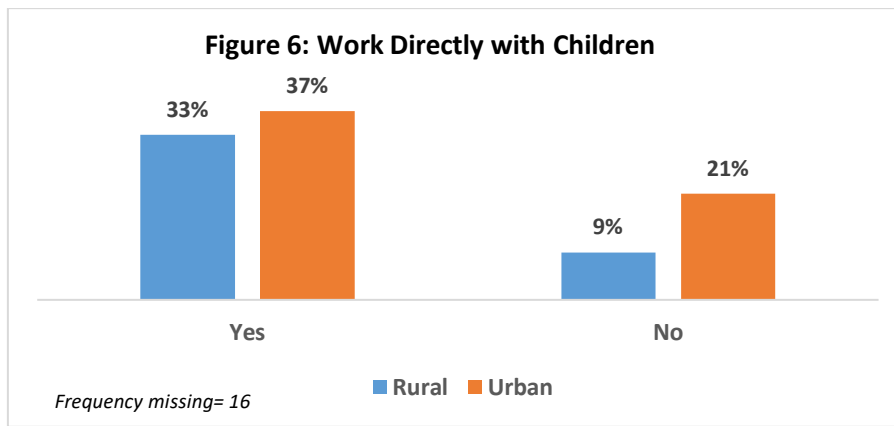


Career

Most professionals work in government and non-profit settings (**Figure 5**) others work in schools and tribal settings. The majority work directly with children and their families with no statistically significant urban / rural difference (p value= 0.09) (**Figure 6**), often with more than 10 years of experience (**Figure 6**).

Figures 5 and 6: Career





Awareness of and Referral to Community Resources

Most professionals have heard of and referred clients to community resources (see **Tables 2a and 2b and Figures 8a-8h**), with no statistically significant difference among Urban and Rural counties for home-based services (p value=0.16), for parent support programs (p value=0.85), concrete resources (p value=0.81), education and employment resources (p value= 0.59), healthcare and insurance resources (p value= 0.08), disability resources (p value= 0.73), childcare resources (p value=0.72). The use of mental health resources was significantly different among urban and rural counties (p value=0.0005)

Table 2a: Awareness and Use of Community Resources among Urban Counties

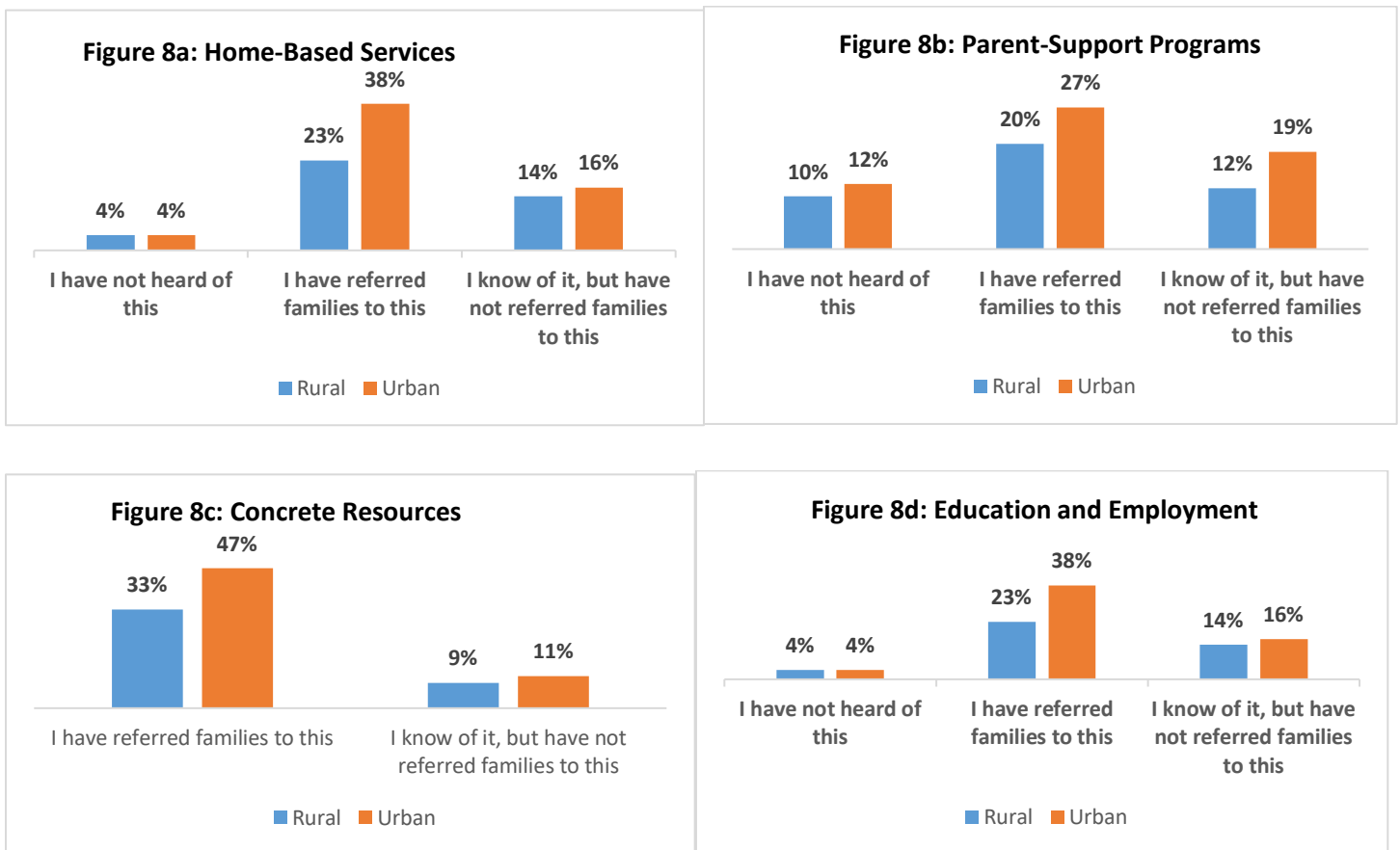
	"I have not heard of this"	"I know of it, but have not referred clients to this"	"I have referred clients to this"
Home-based services	4%	16%	38%
Parent support programs	12%	19%	27%
Food, housing, & clothing resource programs	0%	11%	47%
Employment & education resource programs	4%	16%	38%
Insurance/health care resource programs	1%	16%	42%
Disability resource programs	6%	22%	30%
Mental health resource programs	1%	20%	38%

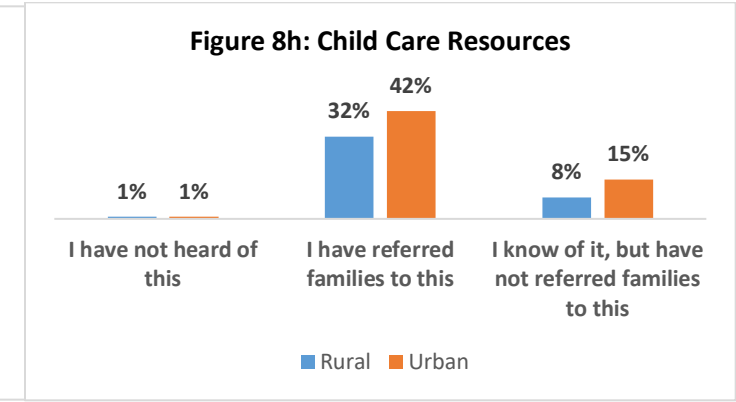
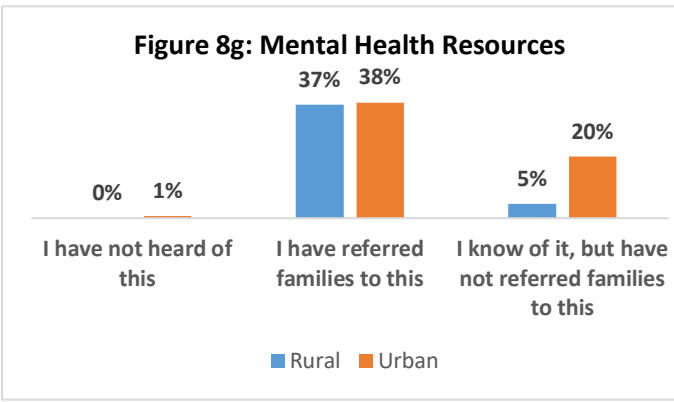
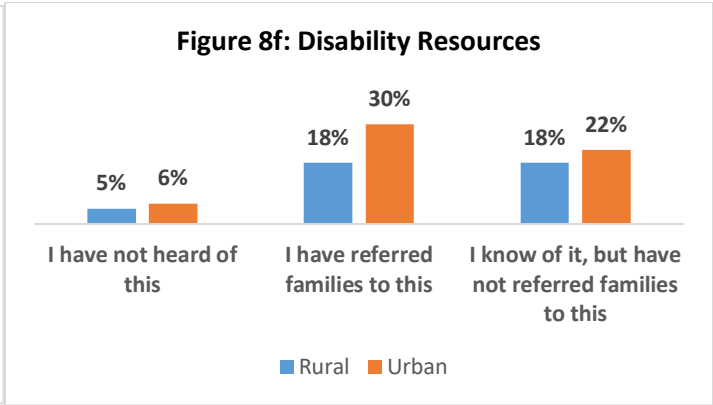
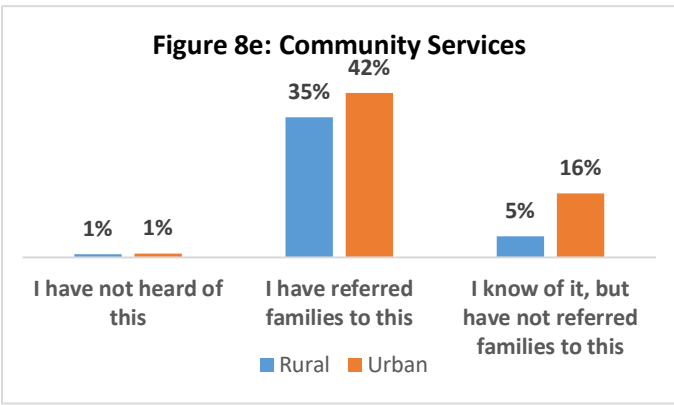
Child care resource programs	1%	15%	42%
------------------------------	----	-----	-----

Table 2b: Awareness and Use of Community Resources among Rural Counties

	“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	4%	14%	23%
Parent support programs	10%	12%	20%
Food, housing, & clothing resource programs	0%	9%	33%
Employment & education resource programs	4%	14%	23%
Insurance/health care resource programs	1%	5%	35%
Disability resource programs	5%	18%	18%
Mental health resource programs	0%	5%	37%
Child care resource programs	1%	8%	32%

Figures 8a-8h: Awareness and Use of Community Resources by Urban / Rural Counties



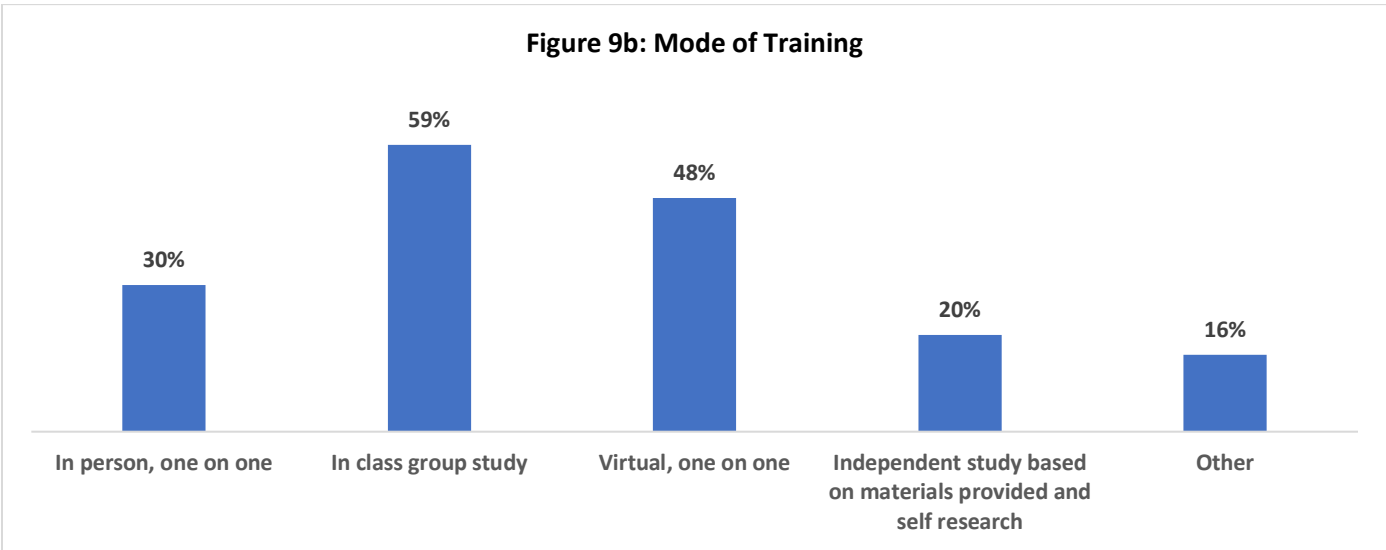


Child Abuse and Neglect (CAN) Training

When asked about type and mode of past CAN training, most professionals had training in Trauma-informed care (87%), ACEs (82%), and Reporting procedures (73%), followed by Protective factors (68%), Risk factors for maltreatment (63%), Intimate partner violence (59%), Detection (55%), and Victimization (51%) (Figure 9a). The most used mode of training was in-class group study (59%), Virtual, one on one (48%) and in-person, one on one (30%) (Figure 9b).

Figure 9a and 9b: Type and Mode of Child Abuse-related Training in Past 5 years

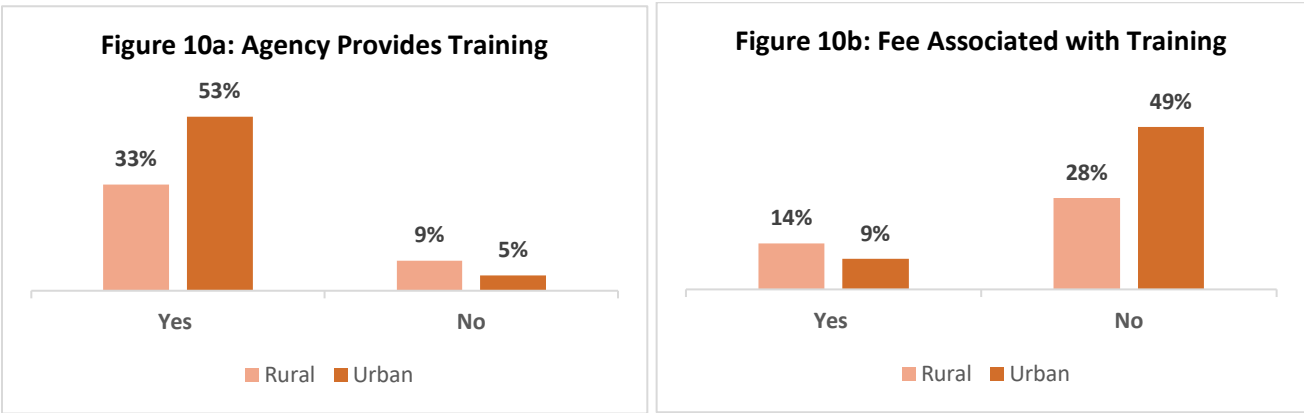




Past Training Support through Agency

When asked about the agency support for the above mentioned CAN trainings, there was significant difference among urban and rural respondents with more support available for urban professionals in terms of agency providing training (p value=0.02) (**Figure 10a**), and for fee associated with training (p value=0.01) (**Figure 10b**).

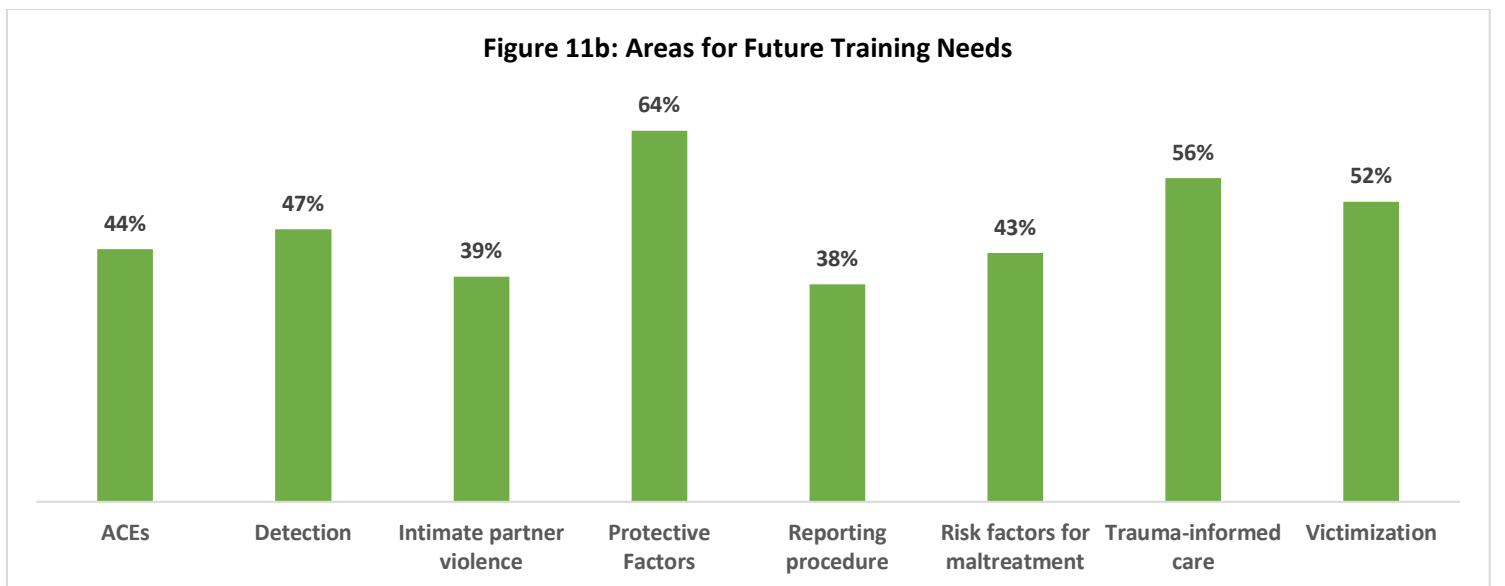
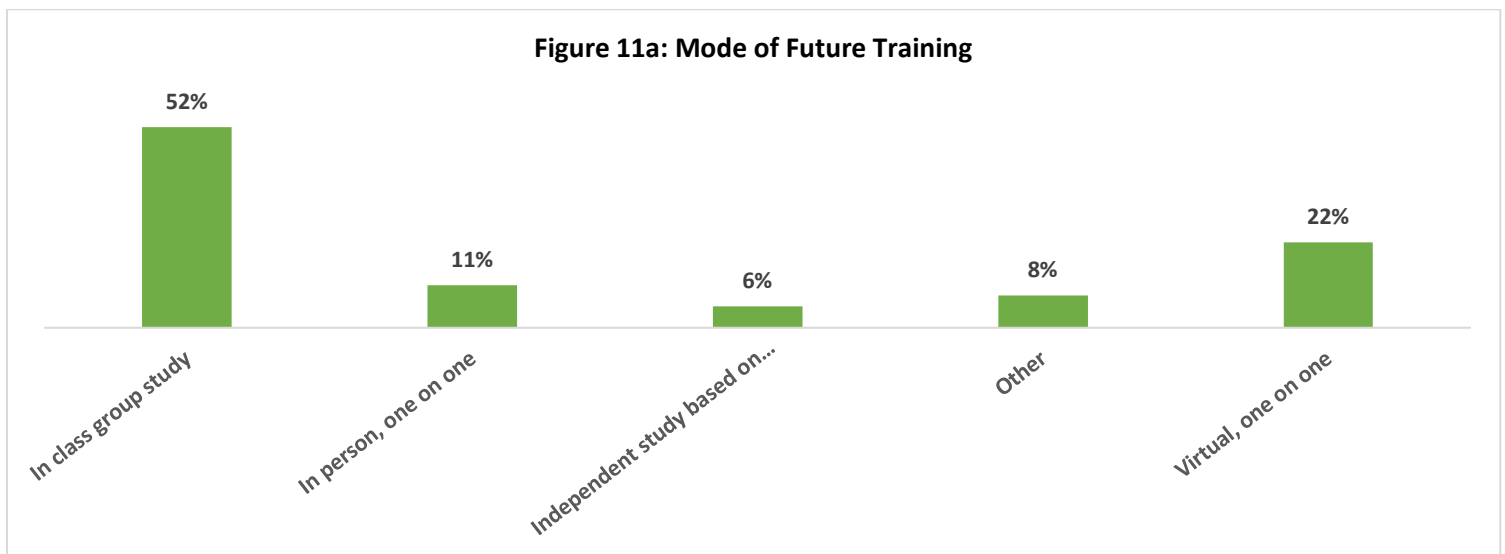
Figures 10a and 10b: Past Training Support through Agency among Urban / Rural Counties



Future Training Demands by Type and Mode of Training

The future demand for CAN trainings was highest for Protective factors (64%), Trauma informed care (56%), Victimization (52%), followed by Detection (47%), ACES (44%), and Risk factors for Maltreatment (43%). The most demanded mode of future training was In-class group training (52%) followed by Virtual one on one training (22%) (**Figure 11a and 11b**)

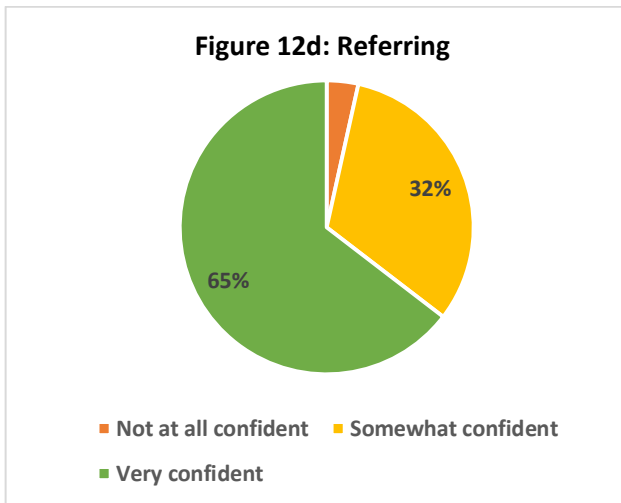
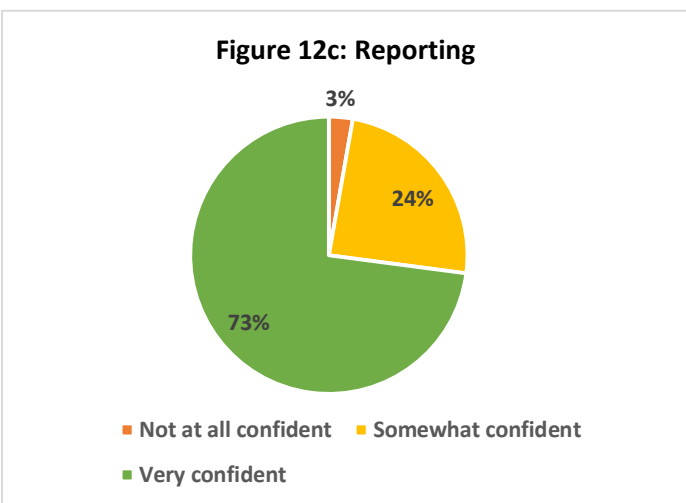
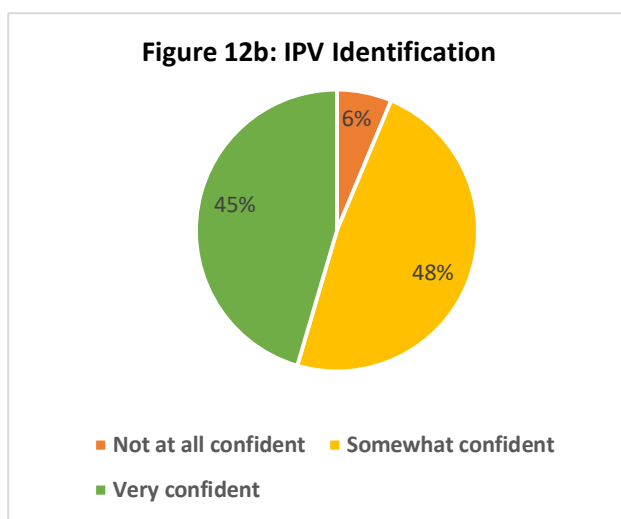
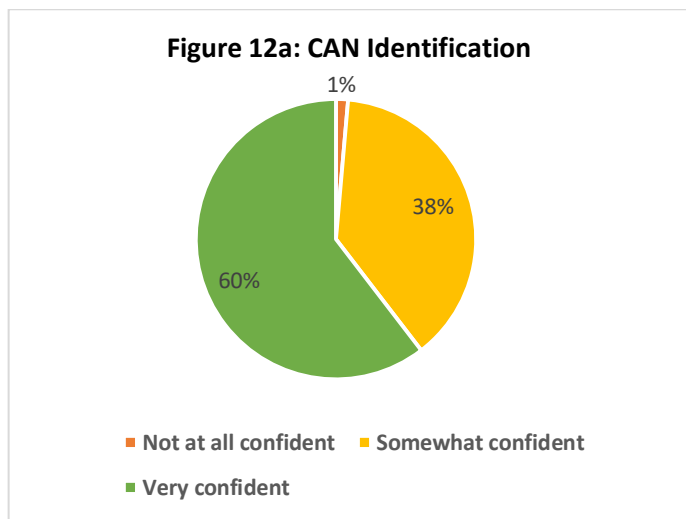
Figure 11a and 11b: Type and Mode of Child Abuse-related Training Needs for Future



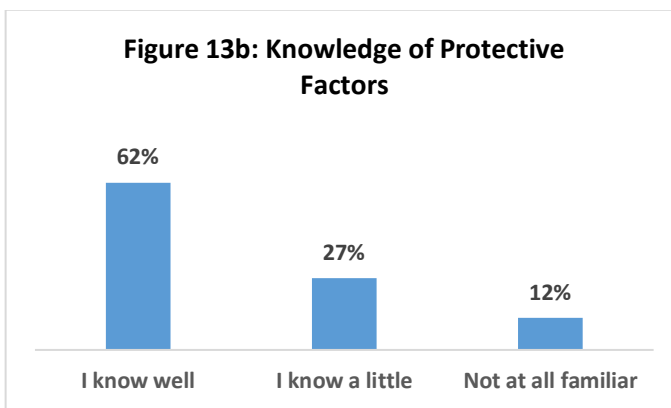
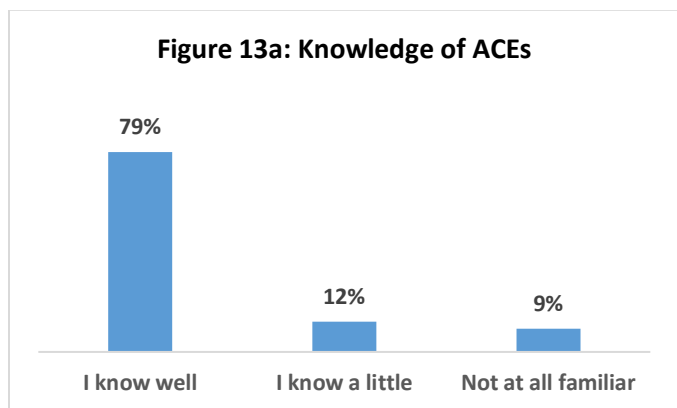
Knowledge of CAN/Laws

Figures 12a-12d highlight that our professionals are generally 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 (73%), followed by referring clients to resources (65%), accurately identifying child abuse and neglect (60%). However, there is room for improvement with IPV identification (45%). There was no urban rural distinction in above metrics (p value= 0.2). About 80% of respondents believe they have a good understanding of ACEs, while only about 60% believe they have a good understanding of protective factors (**Figures 13a and 13b**). *This report aligns with the previously reported demand for Protective Factors training.* There was no urban rural distinction in ACEs and Protective Factors knowledge (p value= 0.25). Additionally, 86% of respondents have reported CAN sometime in past and only 6% have a current CAN concern (**Figure 14a and 14b**), no urban rural distinction estimated (p value=0.281 and 0.0972).

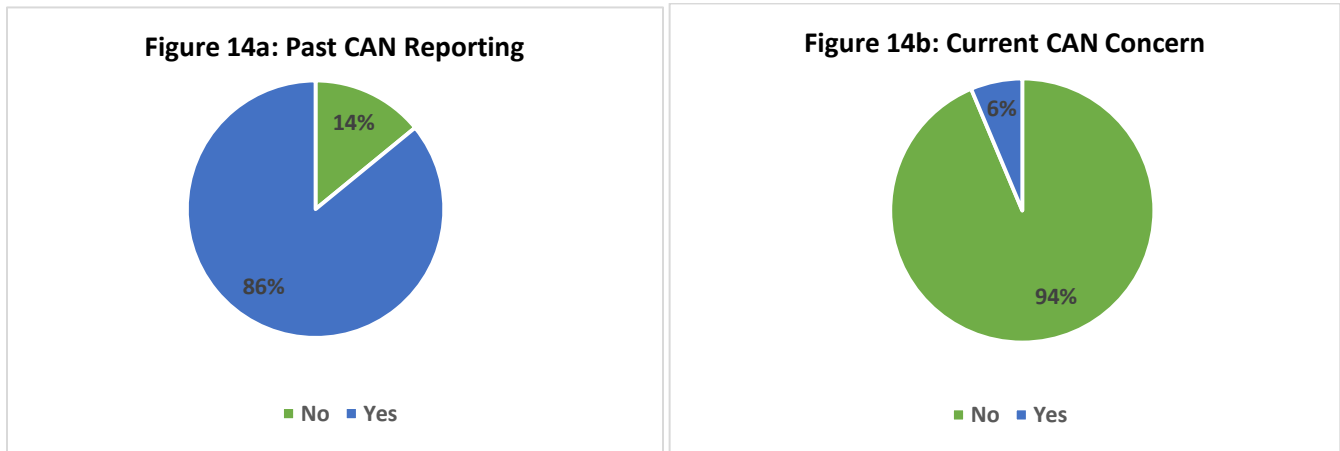
Figure 12a – 12c: Confidence in Identifying and Reporting and Referring CAN and IPV



Figures 13a and 13b: Respondents' Knowledge of ACEs and Protective Factors



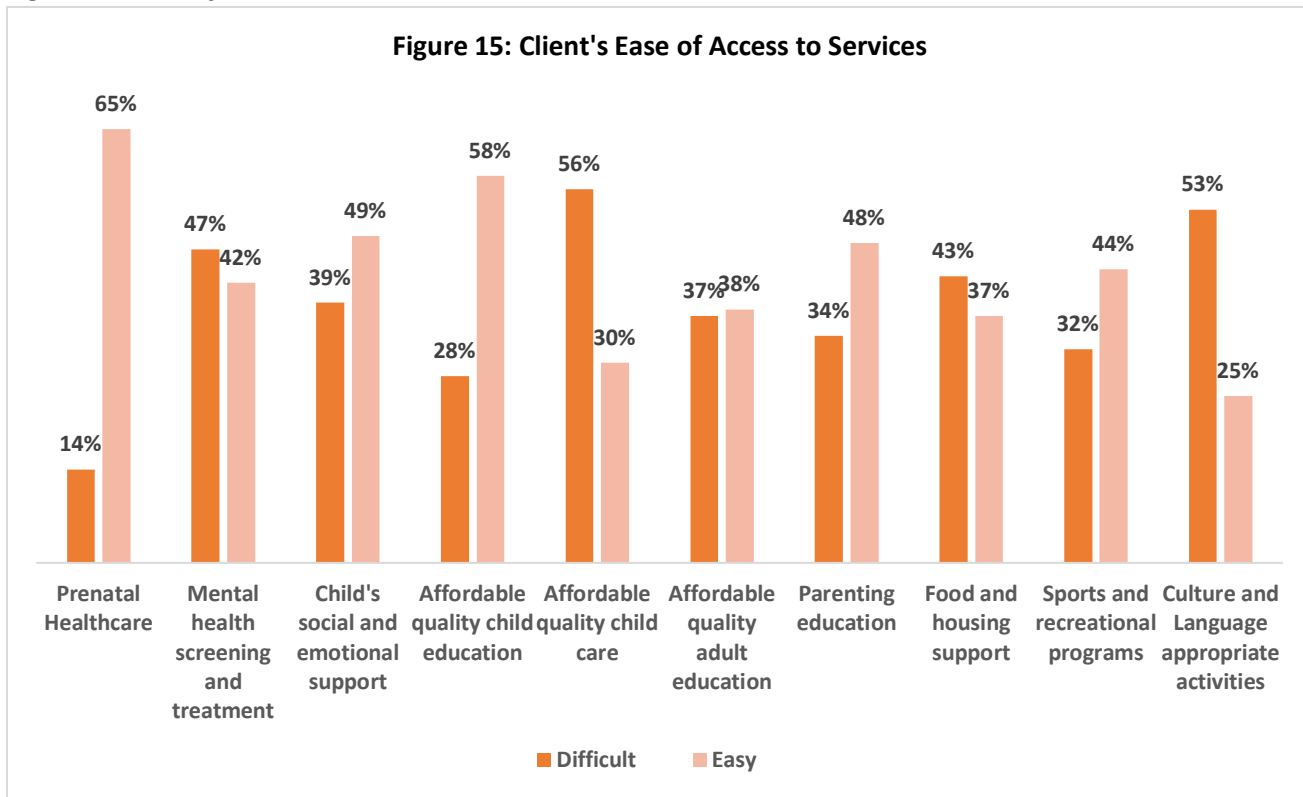
Figures 14a and 14b: CAN Reporting in Past VS Current CAN Concern



Ease of Access

Most respondents felt it was usually easy for their clients to access prenatal health care (65%), child’s social and emotional support services (49%), child education (58%), and parenting education (48%); conversely, they felt it was usually difficult for their clients to access affordable quality child care (56%), services appropriate for their client’s culture (53%), mental health screening and treatment (47%), and food, and housing support (43%) (**Figure 15**). Respondents were split (some believing it easy, some believing it difficult) on access for affordable quality adult education. For the ease of understanding the unknown or did not report responses are not shown in this question’s visualization.

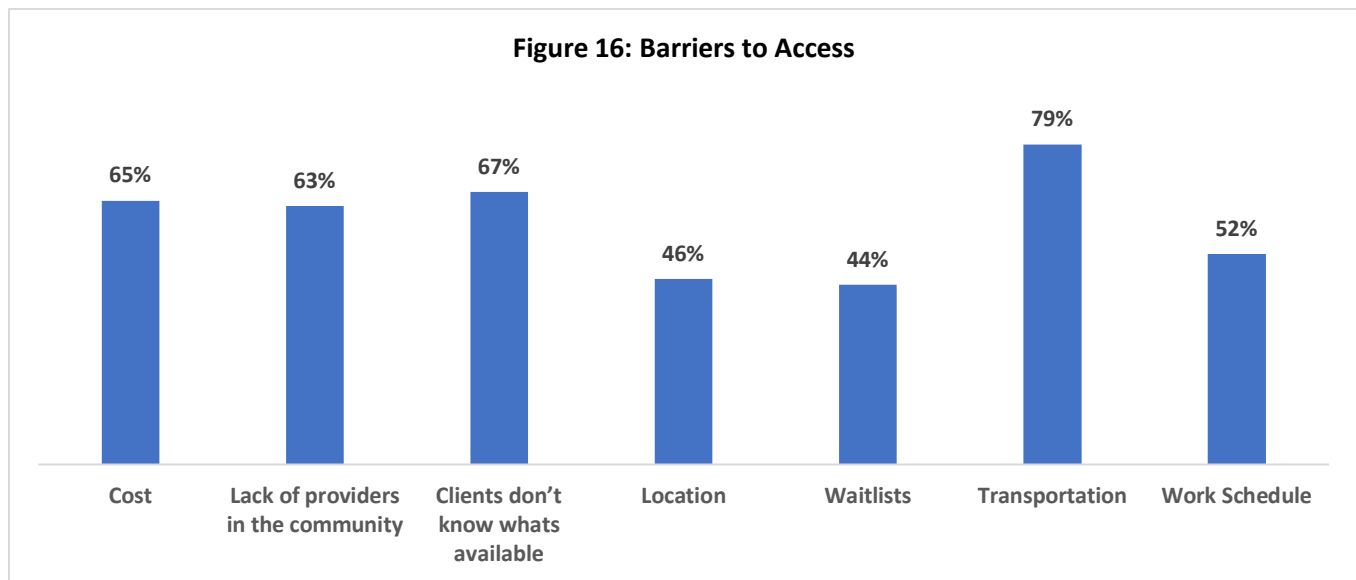
Figure 15: Ease of Access



Clients' Barriers to Services

Professionals reported their perception of the barriers to access to services for their clients. The most common perceived barriers were transportation (79%), client's lack of knowledge of services (67%), cost (65%), and lack of providers in the community (63%) (**Figure 15**).

Figure 15: Barriers to Access



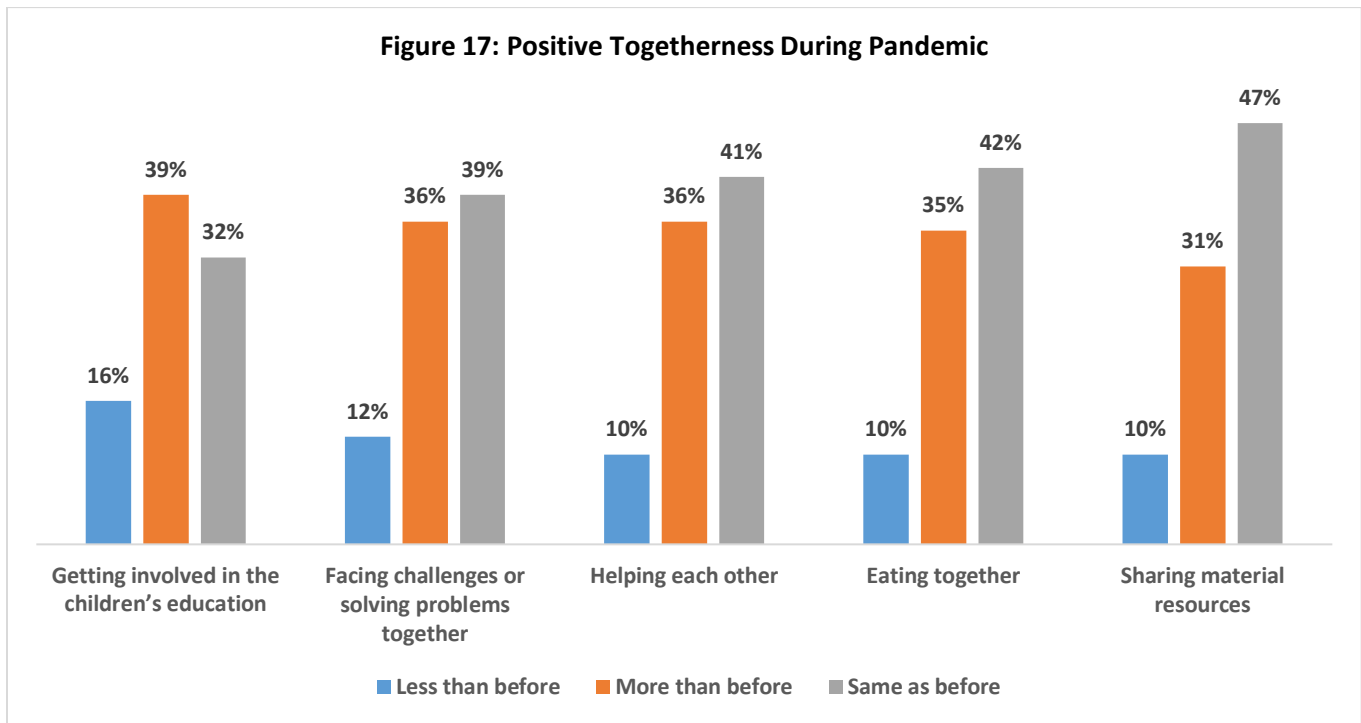
Analysis for questions related to COVID-19 pandemic

State Plan 2021 Professional Survey was launched when people of Oklahoma were about a year and half in COVID-19 pandemic. The Professional's survey asked for their perspective on how COVID-19 pandemic affected lives of their clients. The frequently used modes of communications were interactive video conferencing, texting, telephone. In-person visits were resumed for some providers as well. Most providers did not report challenges to video conferencing. However, like the previous year, most families still had challenges with stable internet connection, appropriate hardware and software for video conferencing, and being comfortable with remote appointment.

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 while some reported "I do not know", such responses were excluded from the analysis. **Figure 17** summarizes the respondents believed that the positive togetherness in their clients' families during this pandemic year was similar to the last year in most activities like facing challenges together (39%), helping each other (41%), eating together (42%) and sharing material resources (47%). However, more positive togetherness was perceived in getting involved in children's education (39%).

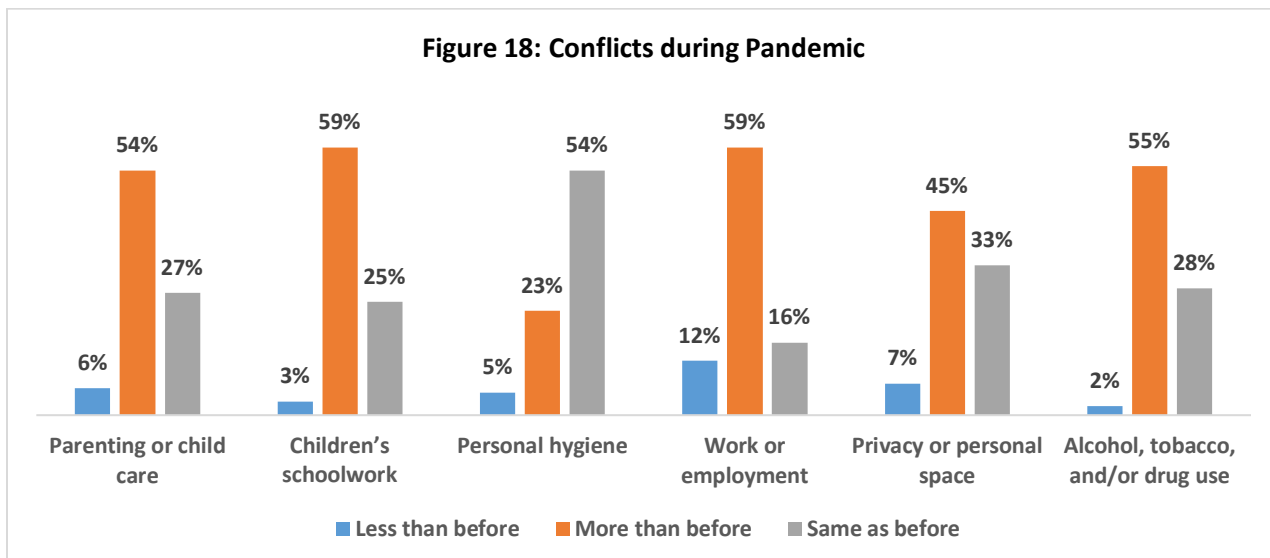
Figure 17: Positive Togetherness during COVID-19 Pandemic



Conflicts during COVID-19 Pandemic compared to before

Professional’s perception of the negative influence of COVID-19 pandemic on their clients’ families brings up some concerns. 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 (59%), parenting or childcare (54%), work or employment (59%), and alcohol and drug use (55%) among others.

Figure 18: Conflicts during COVID-19 Pandemic



Perceived Community Strengths

Professionals voiced many strengths in their community during the pandemic that supported families. Their responses have been summarized in **Table 3**

Table 3: Summarized Perceived Community Strengths (Open-ended Question)

<p>Virtual tools for continuity of visits and family engagement (30)</p> <ul style="list-style-type: none">• Virtual conferencing tool provided by NFP• Telehealth• WIFI devices, hotspots, gadgets for virtual connectivity• More flexibility for family engagement• Free internet• Zoom meetings fixed the Transportation barriers to visits• Adapting the program to utilize current technology
<p>Federal and State financial assistance programs (25)</p> <ul style="list-style-type: none">• CARES funding <p>Efforts to enhance resource access for clients (15)</p> <ul style="list-style-type: none">• Food services• Resources like diapers, food, educational materials, books, gift cards, play pens, clothing• Referrals to services• Child Care Co-payments being paid.• Food bank• Extra Rental assistance• USDA• 211 posters• Follow-ups to see how they are doing/ if they need any additional resources.
<p>Parent Education (10)</p> <ul style="list-style-type: none">• Online parenting classes• Constant information and resources• Parenting support programs: parents had someone they could reach out to and discuss the challenges they were facing during the pandemic.
<p>Family Bonding (7)</p> <ul style="list-style-type: none">• Time, to reconnect and get back to the heartbeat of connection by opportunities for relationships to grow• Virtual visits as which we did activities with the entire family.
<p>Social Connections (5)</p> <ul style="list-style-type: none">• Networking• Community coming together anywhere possible to fill in where needed• Mutual support
<p>COVID Testing Sites</p> <ul style="list-style-type: none">• Access to vaccine and testing facilities• Robust vaccination rollout.

Perceived Community Strengths and Weaknesses towards Child Abuse Prevention

Table 4 summarizes the Professionals’ responses to the open-ended questions regarding Child abuse and prevention resources in their community.

Table 4: Summarized Perceived Community Strengths and Weaknesses (Open-ended Questions)

<p>Top 5 Strengths</p>	<ol style="list-style-type: none"> 1. Home visitation services. 2. Concrete support: SoonerCare / Food stamps/ WIC 3. Education and Support to families and children 4. Training access for professionals. 5. Interagency collaboration among DHS, schools, Community mental health services and law enforcement
<p>Top 5 Weaknesses</p>	<ol style="list-style-type: none"> 1. Lack of sufficient advertisement of services to families 2. Lack of enough funds for school based parenting programs 3. DHS Child Welfare, understaffed and slow. 4. Lack of prosocial leisure activities for youth to engage in from 7th grade and beyond. 5. Many counseling agencies that don’t provide services but say they will.