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KNOW & GROW OKLAHOMA: COMMUNITY DISCOVERY REPORT



CENTER FOR
FAMILY RESILIENCE
College of Education and Human Sciences



ACKNOWLEDGEMENTS

The Know and Grow Oklahoma Community Discovery project was made possible by the the 15 Community Contractors that engaged their communities in the discovery process and American Rescue Plan Act (ARPA) funding to Potts Family Foundation through the Oklahoma State Department of Health.



**Thank you for your support in promoting
resilience among Oklahoma's children,
families, and communities.**

Community Contractors:

Autism Foundation of Oklahoma
Great Plains Youth and Family Services
Hawkins House
Our Daily Bread
Parent Child Center of Oklahoma
Parent Promise
Pathways to a Healthier You
Pottawatomie Go

Reach Out and Read
Southeast Oklahoma Thrives
Rural Health Projects, Tri-CHIO
Weatherford Community Coalition
Woodward Area Coalition
Youth Services for Choctaw,
Pushmataha, and McCurtain Counties

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EXECUTIVE SUMMARY

Know and Grow Oklahoma (KNG) is a statewide initiative of the Potts Family Foundation (PFF) on a mission to build resilient children, families, and communities. KNG was made possible through federal funding from the American Rescue Plan Act (ARPA) through the Oklahoma State Department of Health (OSDH).

As part of the KNG initiative, 15 Oklahoma community-serving entities (community contractors; CCs) engaged in community research to understand how families with babies born between mid-2019 and May 2023 and their communities are doing. These CCs paved the way to better understanding the answers to the following questions:

- How are children born since mid-2019 and their families doing?
- What are care providers learning about the lives of children born since mid-2019?
- How is our community helping families and children to grow up safe, healthy, and skilled?
- Is our community ready to learn and grow to meet future needs?

CCs were asked to gather data to answer one, some, or all of the above questions. CCs worked from September 2023 through January 2024 to develop inquiry tools, gather data from parents/caregivers and care providers, analyze data, and develop a narrative report of findings from the inquiry. This research was supported by members of the PFF Technical Assistance Team (TAT) through written and verbal guidance, office hours, and one-on-one meetings upon request. Results gathered were presented in 14 narratives and delivered to PFF. These narratives were analyzed for themes by the Oklahoma State University Center for Family Resilience.

“There is a need in the community to discuss the children born during the pandemic and this [discovery process] is the beginning of that conversation... [this process] created awareness among community groups.”

KEY THEMES



Parents/caregivers and providers reported increased parental/family mental health issues such as anxiety, depression, and stress.



Parents/caregivers and providers reported mixed findings regarding child development.



Parents/caregivers and providers reported families are experiencing financial stress and are unable to meet basic needs.



Parents/caregivers and providers reported increased abuse in the home.



Parents/caregivers and providers reported lack of knowledge regarding community resources for families.



Parents/caregivers and providers reported lack of access to services such as healthcare, mental healthcare, childcare, and special services for children with developmental delays, disabilities and complex medical needs.

KEY THEMES



Parents/caregivers and providers reported a need for training around child development, parenting, and family needs.



Parents/caregivers and providers reported an eagerness to learn and foster new skills.



Communities reported an eagerness to collaborate to meet the needs of children born since mid-2019 and their families.



Communities reported the next steps should emphasize focused resources and supports for children, families, and providers.



Communities reported that next steps should emphasize increasing access to existing and new resources.



Communities reported that next steps should emphasize community-based initiatives such as awareness campaigns, family-focused programming, and training.

PROJECT OVERVIEW

The Potts Family Foundation (PFF) was awarded American Rescue Plan Act (ARPA) funding through Oklahoma State Department of Health (OSDH) to build community capacity to address risks to early childhood development posed by the COVID-19 pandemic. To achieve this, PFF launched the Know and Grow Oklahoma (KNG) initiative, a three-pronged approach to addressing these risks. The first phase of KNG was a process of community discovery. The goal of community discovery was to understand the experiences of families with babies born between mid-2019 and May 2023. Lack of existing, community-level data to inform this understanding was the impetus for the community discovery process which equipped communities to enter into spaces to learn from community members and uncover both strengths and challenges of families with young children on the heels of the COVID-19 pandemic. Learnings from the communities throughout this process are critical to developing and facilitating supports for children born since mid-2019, their families and the communities in which they live, work, and play.

In August 2023, PFF launched a request for proposals (RFP) seeking community-serving entities to engage in a community discovery and inquiry process. Selected entities, community contractors (CCs), were awarded contracts in September 2023. CCs were asked to facilitate community-based research, gathering data from parents/caregivers and care providers of children born since mid-2019. CCs were asked to answer one, some, or all of the following questions – these questions were referred to as the “four buckets of inquiry:”

1

How are children born since mid-2019 and their families doing?

2

What are care providers learning about the lives of children born since mid-2019?

3

How is our community helping families and children to grow up safe, healthy, and skilled?

4

Is our community ready to learn and grow to meet future needs?

DISCOVERY METHODOLOGY

A total of 15 CCs were awarded contracts by PFF. Two of the 15 CCs were asked to collaborate in their inquiry process as they worked alongside the same communities in Oklahoma. CCs worked from September 2023 to January 2023 to gather and analyze data and develop a narrative report of the findings. To ensure CCs had the tools they needed throughout the discovery process, PFF assembled a technical assistance team (TAT) comprised of skilled consultants, partners from state agencies, PFF staff and external evaluators. The purpose of the TAT was to support CCs in the form of written guidance (i.e., inquiry process guide, inquiry tool guide), office hours, project meetings, and individual support as requested.

CCs engaged local community members and partners to support their discovery processes. CCs developed their own recruitment and inquiry tools using guidance provided from the TAT. These tools were used to collect information from parents/caregivers and care providers aligned with the four buckets of inquiry. The data from the discovery processes were analyzed by CCs and presented in the form of narratives to PFF. PFF submitted the narratives to Oklahoma State University Center for Family Resilience, the external evaluator on the project, to be thematically analyzed.

Inquiry Process

CCs recruited parents/caregivers and care providers through purposive (targeted) and snowball (referral) sampling. CCs engaged in recruitment via platforms such as social media, emails to organization and community partner contacts, newsletters, print media such as newspapers, in-person events, and posting hard copy fliers at local community-serving organizations.

CCs were regarded as the experts of the communities they serve; therefore, CCs were afforded flexibility in their inquiry approaches with the goal of meeting communities where they are to learn about parent/caregiver and care provider experiences with babies born between mid-2019 and May 2023. CCs developed a total of 33 different inquiry tools throughout this process: 17 survey instruments, 6 focus group guides, and 10 interview guides. Two CCs used only surveys to gather data, 2 used only focus groups, 3 used a combination of surveys and focus groups, and 7 used a combination of surveys and interviews.

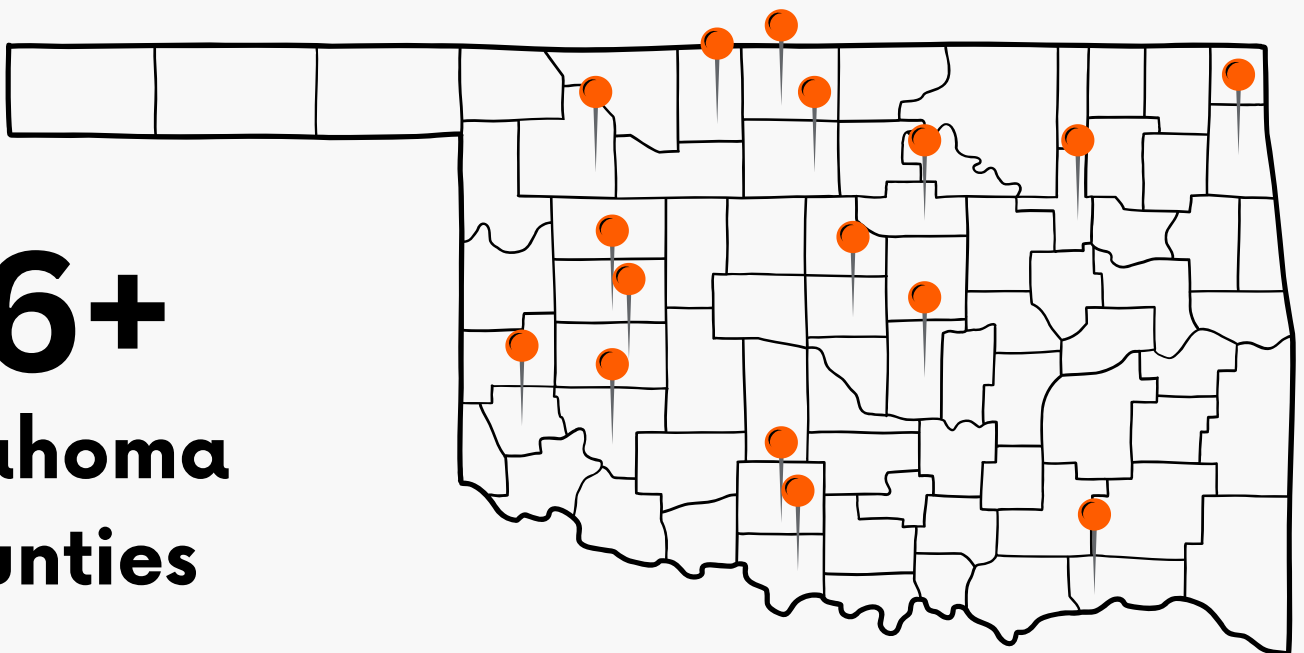
SAMPLE

CCs reported engaging **16 counties** across Oklahoma: Alfalfa County, Choctaw County, Custer County, Delaware County, Garfield County, Grant County, Greer County, Jefferson County, Kiowa County, Oklahoma County and surrounding areas, Payne County, Pottawatomie County, Stephens County, Tulsa County and surrounding areas, Washita County, and Woodward County. One CC engaged Oklahoma-based medical providers which covered several geographic areas of Oklahoma.

The sample size and demographic data presented by CCs varied, and not all CCs reported such information. However, the sample and demographic data provided was reported in aggregate form. Notably, due to varied reports, sample sizes are likely higher than reported here.

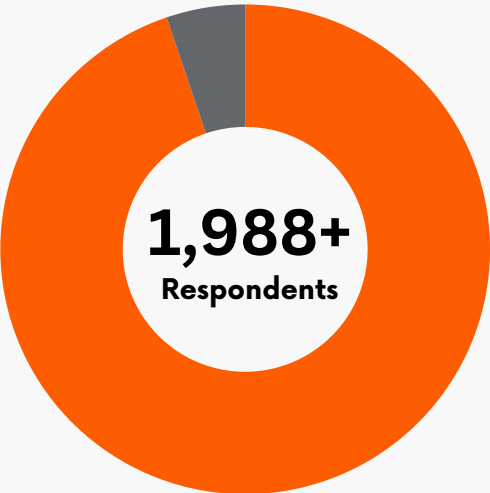
CCs reported engaging a total of **1,988 parents/caregivers and providers**. Of those, 1,885 were parents/caregivers (94.8%) and 103 were care providers (5.2%). Care providers consisted of early childhood educators; mental and behavioral health providers; physicians and nurse practitioners; and other providers. Of the 886 parents/caregivers asked about their relationship to the child born since mid-2019, 92.4% reported being the biological parent. Of the 771 parents/caregivers asked about race, 67.1% were white and 27.7% of the 408 asked about their ethnicity reported being Hispanic/Latinx. When asked, 105 of the 309 parents/caregivers reported having a child between the ages of 2.5 and 3.5 years. Parent/caregiver demographics are presented in the following pages.

16+
Oklahoma
Counties



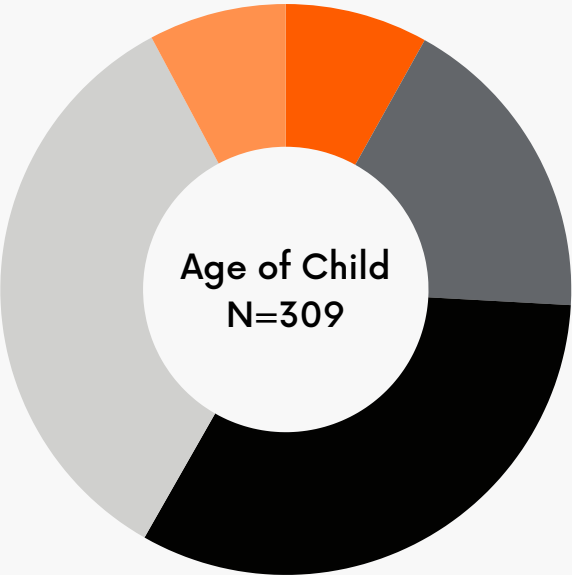
PARENT/CAREGIVER DEMOGRAPHIC

Care Providers* (N=103)
5.2%



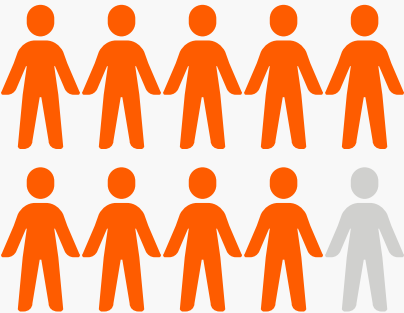
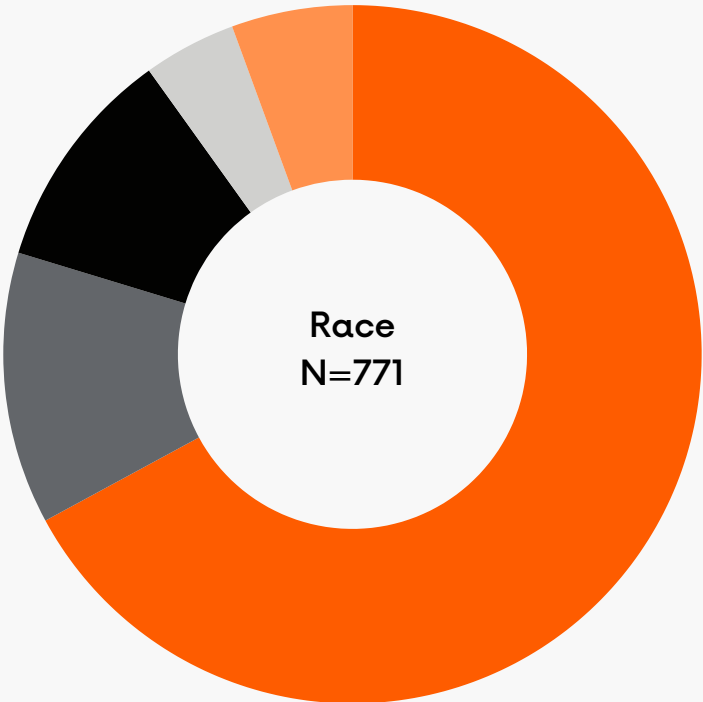
Parents/Caregivers (N=1,885)
94.8%

- Less than 10 months (8.1%)
- 11-18 months (17.8%)
- 1.5-2.5 years (32.4%)
- 2.5-3.5 years (34.0%)
- 3.5-4.5 years (7.7%)



- White (67.1%)
- Black or African American (12.6%)
- American Indian or Alaskan Native (10.4%)
- Asian (4.3%)
- Mixed or Other (5.6%)

28%
Hispanic
or Latinx
N=113



92%
Biological Parent
N=819

*Care providers = early childhood educators; mental and behavioral health providers; physicians and nurse practitioners; and other

ANALYSIS + RESULTS

Analysis

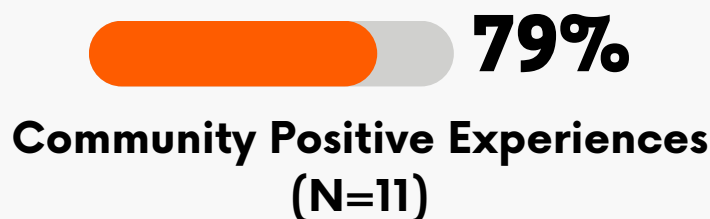
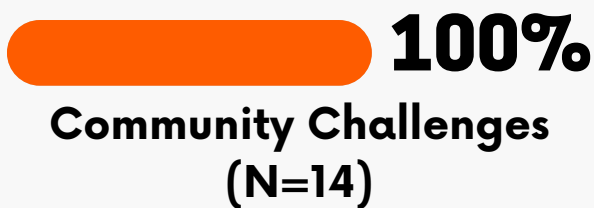
The narratives submitted by CCs included information about their organizations, population-specific secondary data, and descriptions of the data they collected in their inquiry process. Only data collected during the inquiry process was analyzed for the purpose of this report.

Inductive thematic analysis was conducted on the 14 narratives by 3 data analysts for interrater reliability. The process for thematic analysis started with a review of the narratives for familiarity. Then, analysts collaboratively coded the data within the narrative line-by-line using NVivo 14 software. Finally, the codes were constructed into themes that were agreed upon by the data analysts. For an additional layer of reliability, CCs participated in a presentation of the findings to CCs to ensure the findings are accurate representations of the narratives they submitted. No discrepancies were noted.

Results

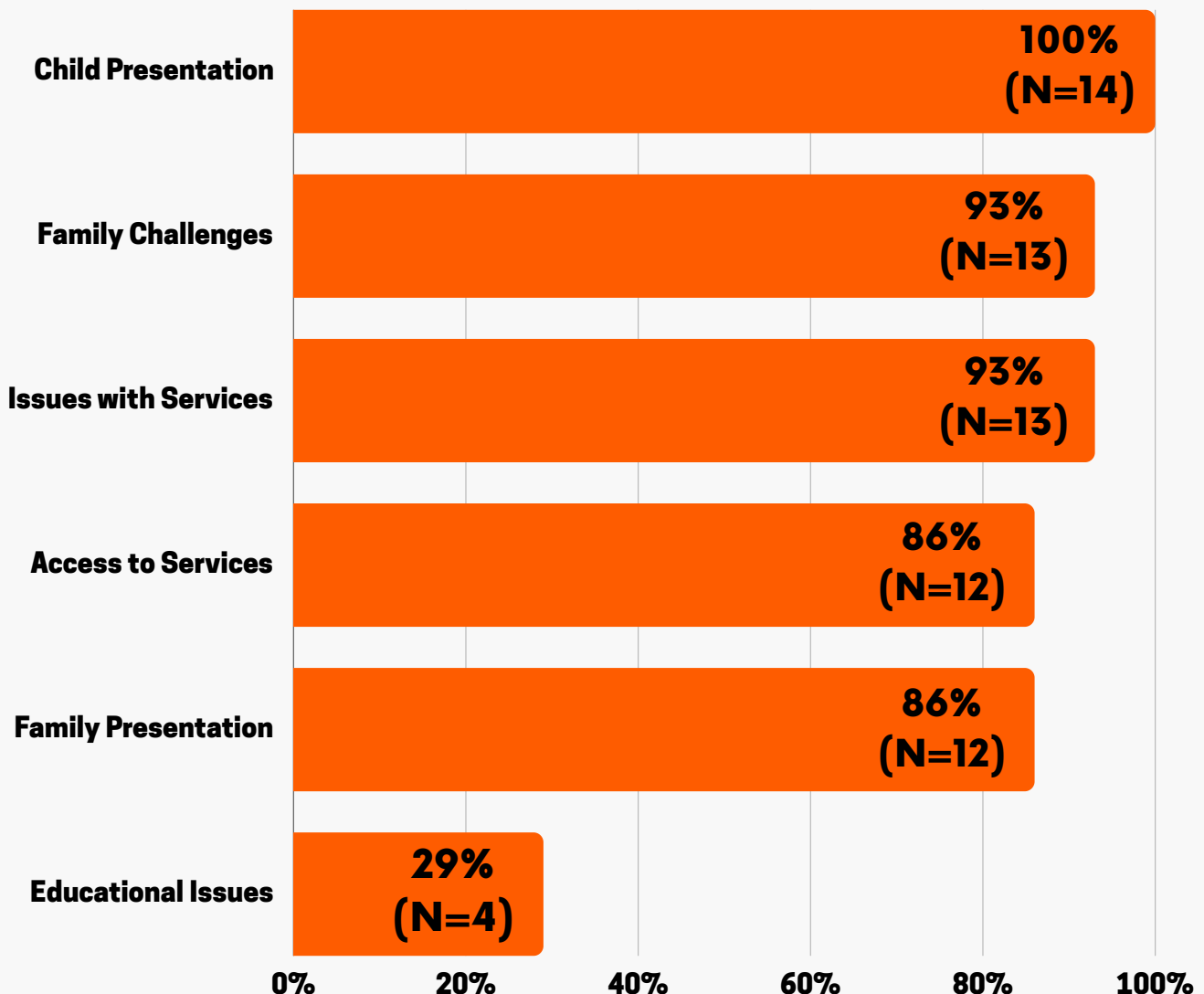
Notably, not all CCs asked the same questions in their inquiries. Therefore, the themes that arise in each narrative vary, making saturation difficult to detect. However, it is important to note that some themes and sub-themes were prevalent across many narratives despite the variance in inquiry tools which highlights the clear need for action around these themes.

Thematic analysis revealed 3 broad themes which included: **community challenges** (100% of narratives; N=14); **community needs** (86% of narratives; N=12); **community positive experiences** (79% of narratives; N=11).



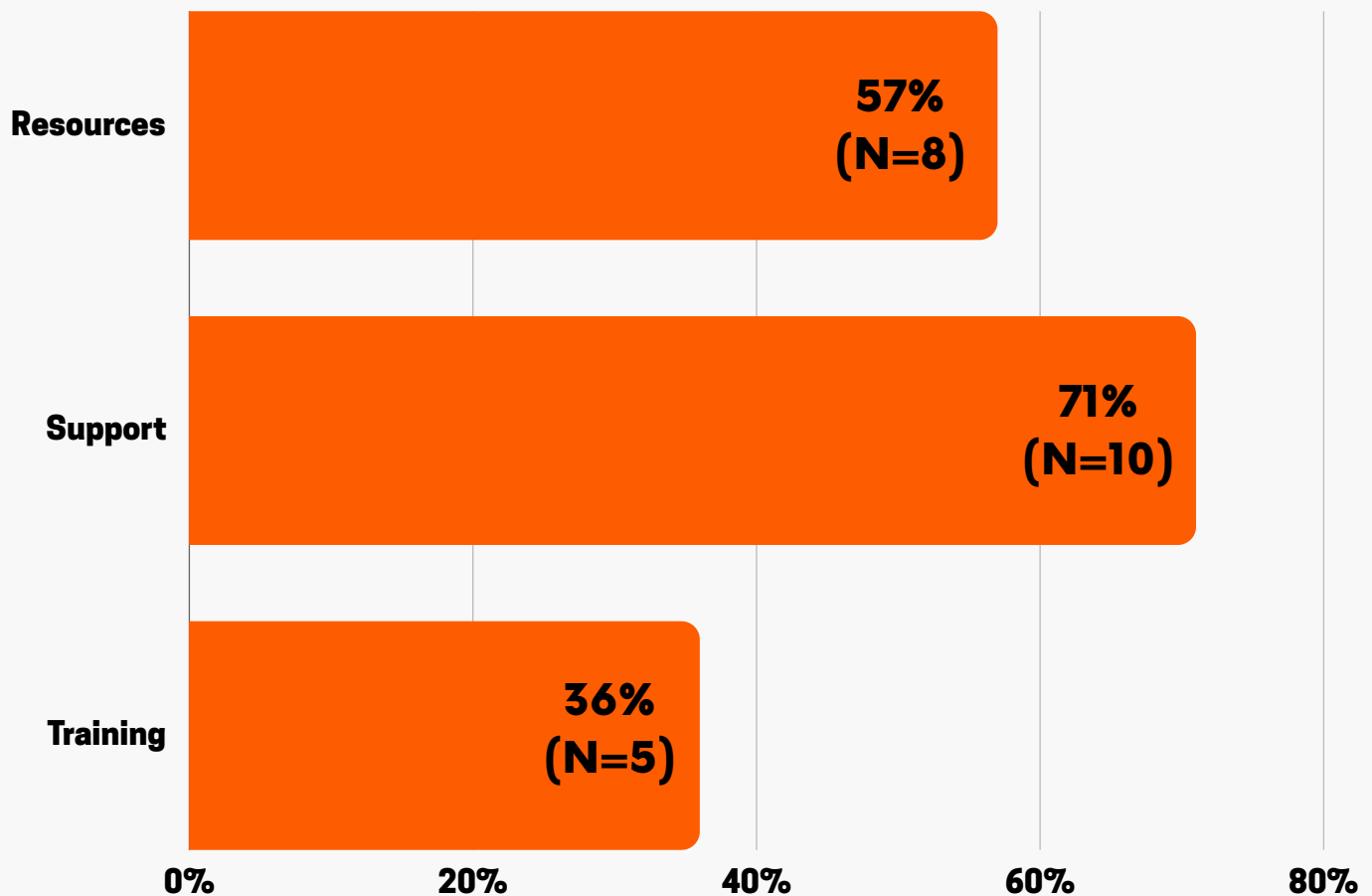
COMMUNITY CHALLENGES

Within the overarching themes, several subthemes were identified. Community challenges included six subthemes: **child presentation** (100% of narratives, N=14) such as delayed child development, delayed academic achievement, poor physical health, and poor mental health; **family challenges** (93% of narratives, N=13) such as lack of access to basic needs, financial issues, inconsistent routines, changes in parenting style, and difficulties with work-life balance; **issues with services** (93% of narratives, N=13) such as basic needs, childcare, social services, and healthcare; **access to services** (86% of narratives, N=12) such as financial barriers, social benefits cliff, lack of availability, delays, waitlists, and lack of awareness; **family presentation** (86% of narratives, N=12) such as poor mental health, unhealthy coping, physical health, and social isolation; and **educational issues** (29% of narratives, N=4) such as lack of support for children, lack of support for teachers, and teacher-student ratios.



COMMUNITY NEEDS

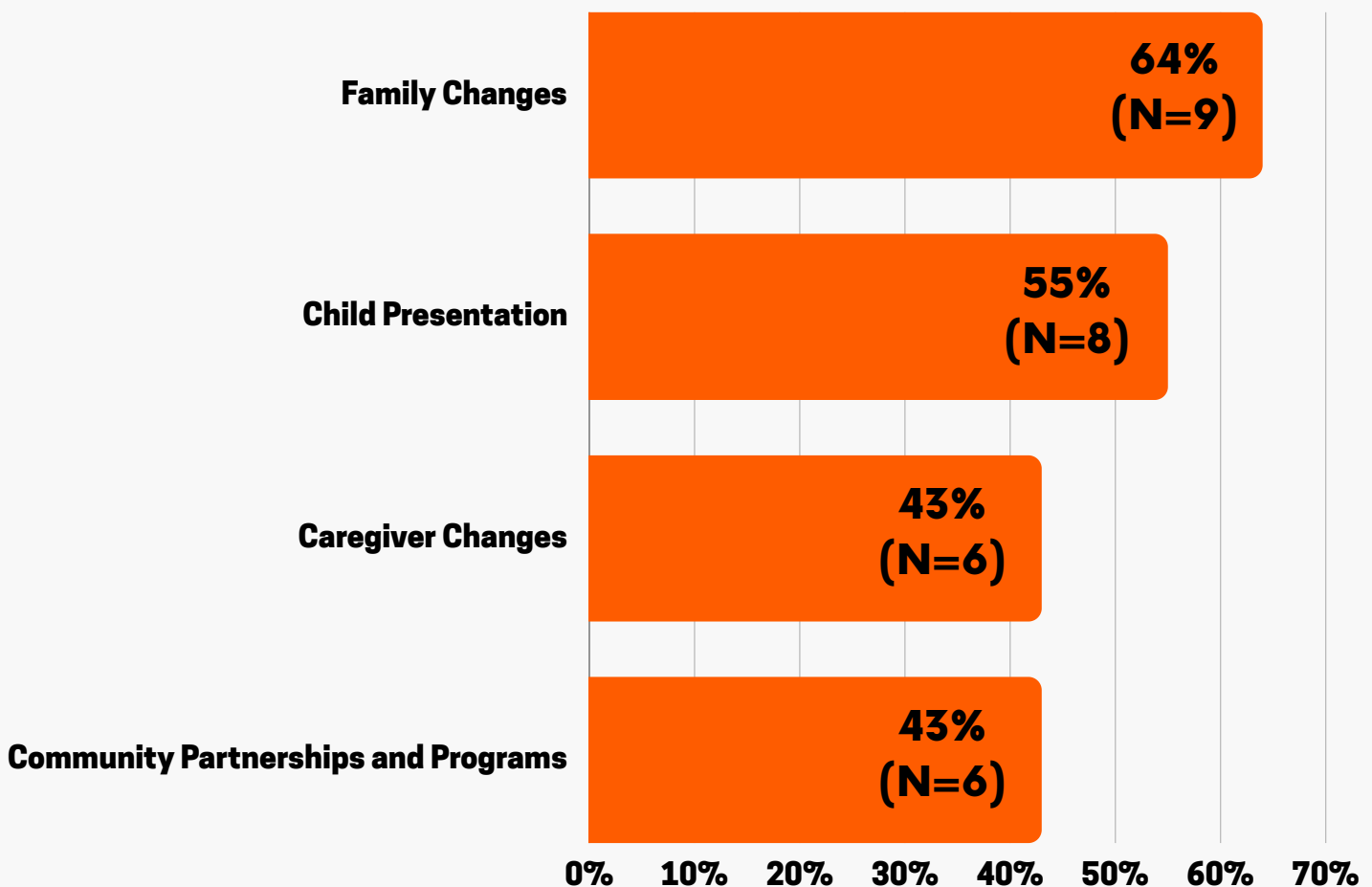
Subthemes of community needs included: **support** (71% of narratives, N=10) such as specialized care, basic needs, child behavior management, postpartum, and financial support; **resources** (57% of narratives, N=8) related to child development, mental health, and healthcare; and **training** (36% of narratives, N=5) for social emotional development, parenting, trauma, trauma-informed practices, and children with special needs.



“When we find out what our parents of young children need the most, we will be empowered to implement support strategies that are most needed and requested in the formats that people want and need.”

COMMUNITY POSITIVE EXPERIENCES

Community positive experiences included four subthemes: **family changes** (64% of narratives, N=9) such as financial benefits during COVID, social support, and family togetherness; **child experiences** (55% of narratives, N=8) such as good health and typical development; **caregiver changes** (43%, N=6) such as leaving unhealthy relationships, working from home, self-reliance, and reevaluating priorities; and **community partnerships and programs** (43% of narratives, N=6) such as community coalitions, new community programs, and community support.



“Despite hardships, [communities saw this] period as an opportunity for families to strengthen their bonds and reevaluate priorities.”

RESULTS BY INQUIRY BUCKET

To make meaning of the themes, subthemes, and supporting evidence identified in the analysis, the results are presented according to the bucket of inquiry to which the data corresponds. Inquiry guidance developed by the PFF TAT provided tools and associated questions to ask that were color coded and corresponded with the buckets of inquiry. This guide was used to align the themes, subthemes and supporting evidence with the buckets of inquiry.

Parent/caregiver responses informed the themes and subthemes in bucket 1 (How are children born since mid-2019 and their families doing?). Care provider responses informed themes and subthemes in bucket 2 (What are care providers learning about the lives of children born since mid-2019?). Buckets 3 and 4 (How is our communities helping families and children to grow up safe, healthy, and skilled?; and Is our community ready to learn and grow to meet future needs?) were informed by both parents/caregivers and care providers.

BUCKET	DISCOVERY QUESTION	RESPONDENT
1	How Are Children Born Since Mid-2019 and Their Families Doing?	Parents/Caregivers
2	What Are Care Providers Learning About Children Born Since Mid-2019?	Care Providers
3	How is Our Community Helping Children to Grow Up Safe, Healthy, and Skilled?	Parents/Caregivers and Care Providers
4	Is Our Community Ready to Learn and Grow to Meet Future Needs?	Parents/Caregivers and Care Providers

HOW ARE CHILDREN BORN SINCE MID-2019 DOING?

The first bucket of inquiry, **How are children born since mid-2019 and their families doing?**, was comprised of reports from parents/caregivers of babies born since mid-2019. **Child presentation** (100% of narratives; N=14), **family challenges** (93% of narratives; N=13), **family presentation** (86% of narratives; N=12), and **family positive experiences** (79% of narratives; N=11) are key subthemes in this bucket of inquiry.

Child presentation (100% of narratives; N=14) refers to challenges related to child development, physical health, and mental health. Child development presentation included challenges related to speech-language, social-emotional, physical (e.g., gross motor skills), special needs, and autism. Child development/milestone attainment reports were mixed - some parents/caregivers reported no concern for children's developmental attainment while others reported concern. Similarly, some parents/caregivers reported on-time development and milestone attainment for children while others reported delayed development and milestone attainment. Notably, of the 1,380 parents/caregivers that were asked, 56% (N=773) reported that their child had been referred to specialized services such as occupational therapy (OT), physical therapy (PT), speech therapy, mental health, and SoonerStart.

Related to physical health presentation, sleep problems were reported as concerning. Child mental health presentation included general anxiety, emotional and behavioral issues, and separation anxiety.

Positive child presentation (57% of narratives; N=8) included "good," "very good," or "excellent" child health and typical development. Some communities also shared children were adjusting well to COVID-related changes.

"The respondents were concerned about children meeting developmental milestones such as reading and interpreting social cues, regulating emotions, speech development, and autism. There were concerns about how this impacted their developmental milestones by reducing their social interactions. The children only learned behavioral patterns that were shown in their household during a stressful situation."

HOW ARE FAMILIES DOING?

“The need is great for services for families post-pandemic. A lack of affordable housing, the high cost of living, and increased mental health and substance abuse services have been associated with almost every family we serve.”

Family challenges (93% of narratives; N=13) were described as problems accessing basic needs (supply shortages – diapers, formula, unstable housing, food insecurity) and financial issues included increased living costs, employment issues, and cost of childcare. Notably, of the 1,046 parents/caregivers asked, only 44% reported having never struggled to meet basic needs.

Situational family challenges included inconsistent family routines due to COVID, negative changes in parenting style, difficulties with work-life balance, and too much time with family.

“A primary challenge identified in the inquiry process is meeting basic needs now, after pandemic-related subsidies have ended. Only 1 in 4 survey respondents said that they always were able to get their young child food or provide other basic needs during the pandemic. That ability has eroded further as the availability of family wage jobs has not kept pace with benefit losses post-pandemic. Those losses are active now – affecting parental stress, family wellbeing, and child development.”

Challenging experiences during COVID included being isolated, not feeling safe, having to be self-reliant, and increased use of technology. Notably, increased use of technology was attributed to parents using technology in place of hands-on parenting strategies. Other family challenges included communication issues (i.e., feeling defensive when discussing child issues) and family situations such as being a first-time parent, a single parent, and number of children living in the home.

Other challenges were related to **educational issues** (29% of narratives; N=4) and included children, caregivers, and teachers. Communities reported that schools had difficulties helping children during COVID and one parent participant reported they had to delay college.

HOW ARE FAMILIES DOING?

Family presentation (86% of narratives; N=12) included challenges related to mental health, physical health, and social isolation. In terms of mental health, parental emotions were described as a challenge. These emotions included family stress, anger-aggression, maternal depression, feeling overwhelmed, parental anxiety, parental frustration, postpartum depression, postpartum anxiety, family fatigue, and overall emotional decline and negative well-being. Notably, some family/parent stress was reportedly increased as a result of financial barriers and inability to provide basic needs for the family; access to and affordability of medical care; and concern over supply shortages, specifically for specialized formula.

Other family mental health presentation included unhealthy coping (i.e., substance abuse), trauma, suicidality, interpersonal violence and instances of parents feeling so overwhelmed that they yelled at, hit, or shook their child out of anger.

For physical health, family presentations included being diagnosed with COVID (self, children), COVID spreading through households, caring for sick children, and issues with sleep.

Social isolation was also present which led to a loss of connection for families and was cited as a cause of delayed social and speech development among children. Some child isolation occurred due to parental fears of COVID exposure.

“Our findings showed that struggle to get food and basics for their child, poor mental health, child not following simple directions significantly, and presence of people that can help significantly affected the perceived stress scores of parents. Similarly, inability of child play with other children, inability of child to calm/soothe themselves, perceived stress, adverse childhood experiences, presence of insurance, number of children, and employment affected the mental health of parents.”

HOW ARE FAMILIES DOING?

“Because of the strong faith community, extended family, and reciprocity in neighborhood helping, an initiative focused on building awareness, skills, and knowledge among residents who are positioned to directly assist families is promising. Also promising is assistance for parenting adults, especially fathers, that supports their leadership, advocacy skills, and knowledge of developmental milestones and methods for optimizing early relational and developmental wellbeing.”

Parents/caregivers also shared **positive experiences during COVID** (79% of narratives; N=11) which included family changes (64% of narratives; N=9) and caregiver changes (45% of narratives; N=6).

Family changes (64% of narratives; N=9) included financial benefits related to being able to catch up on finances due to child credits, increased TANF payments, rental assurance programs, unemployment wages, and waived co-pays. Unfortunately, these social benefits created stress and family challenges when they were stopped. Other family changes included increased social support and increased time with family that led to strengthened familial bonds and fathers having more time with their children.

Caregiver positive changes (45% of narratives; N=6) included new employment, new home, leaving unhealthy relationships, working from home, becoming more self-reliant, reevaluating priorities, balancing of parenting roles between mothers and fathers, being connected to resources as a foster parent, and becoming a foster parent.

“Opportunities families experienced since March 2019 were as follows: more time with immediate family, leaving unhealthy relationships, working from home, fostering, job opportunities, new home, accessing community resources such as Sooner Start and Sooner Care, and social support.”

WHAT ARE CARE PROVIDERS LEARNING ABOUT THE LIVES OF CHILDREN BORN SINCE MID-2019?

The second bucket of inquiry, **What are care providers learning about the lives of children born since mid-2019?**, was comprised of reports from care providers. Many of the themes and subthemes reported by providers overlap with reports from parents/caregivers. **Child presentation** (100% of narratives; N=14), **family presentation** (86% of narratives; N=12), and **family challenges** (93% of narratives; N=13) are key subthemes in this bucket of inquiry.

Similar to parent/caregiver reports, the most prominent area of challenges was related to **child presentations** (100% of narratives; N=14) and included child development, academic outcomes, physical health, and mental health challenges. Child development presentations included challenges related to speech-language, social-emotional, physical (i.e. gross motor), special needs, and autism. Child development/milestone attainment reports by care providers were also mixed; some providers reported no concern for developmental attainment while others reported concern. Similarly, some providers reported on-time development and milestone attainment while others reported delayed development and milestone attainment.

Challenges related to academic outcomes included reduced academic achievement, inability to follow simple directions, and difficulty with online learning when parental support was limited.

Related to physical health presentations were reports of sudden infant death syndrome. Child mental health challenges included emotional and behavioral issues, separation anxiety, and overall increased mental health symptoms in children.

“COVID kids are just different! I see it in my work in the medical field and with my friends and family. These kids just act different and interact differently than other kids that I’ve been around.”

WHAT ARE CARE PROVIDERS LEARNING ABOUT FAMILIES?

Family presentations (86% of narratives; N=12) that were challenging included mental health and social isolation. In terms of mental health symptoms, parental emotions were described as a challenge. These emotions included family stress, anger-aggression, maternal depression, feeling overwhelmed, parental anxiety, parental frustration, postpartum depression, postpartum anxiety, family fatigue, and overall emotional decline and negative well-being. Notably, care providers reported that family/parent stress resulted from financial barriers and inability to provide basic needs for the family; access to and affordability of medical care; and concern over supply shortages, specifically for specialized formula.

Other family presentations reported by care providers included unhealthy coping (i.e., substance abuse), and violence in the home. Social isolation and lack of social support was also a family symptom reported by care providers.

General **family challenges** (93% of narratives; N=13) were described as problems accessing basic needs (supply shortages – diapers, formula, unstable housing, food insecurity) and financial issues included increased living costs and cost of childcare. Situational family challenges included COVID creating inconsistent family routines, and negative changes in parenting style.

Challenging experiences during COVID included being isolated, not feeling safe, increased use of technology, and difficulty following through with services. Other family challenges included communication issues (i.e., feeling defensive when discussing child issues, struggling to talk to providers) and family situations such as being a first-time parent.

Care providers also reported increases in referrals made to occupational therapy (OT), physical therapy (PT), SoonerStart, mental health services, Department of Human Services (DHS), vision, hearing, and developmental screening.

Early childhood education and care providers reported feeling overwhelmed, and under-resourced, and taking on larger class sizes.

HOW IS OUR COMMUNITY HELPING CHILDREN TO GROW UP SAFE, HEALTHY & SKILLED?

The third bucket of inquiry, **How is our community helping children to grow up safe, healthy, and skilled?**, was comprised of reports from parents/caregivers and care providers. Key themes included **issues with services** (93% of narratives; N=13); **access to services** (86% of narratives; N=12); and **community partnerships and programs** (45% of narratives; N=6). There were notable positive community outcomes as well.

Communities shared **issues with services** (93% of narratives; N=13). These challenges were related to basic needs (i.e., food, housing, diapers, medicine), childcare, and social services. Childcare issues included lack of availability, financial problems with low teacher wages, loss of pandemic funding, tight budget, and increased cost. Childcare providers reported issues that included difficulties hiring and retaining staff, less support, longer hours, and lack of acknowledgment regarding their hard work. Parents/caregivers reported increased anger, safety concerns, lack of trust towards providers, and the perception of lower quality services since the pandemic.

Social service challenges involved increased child welfare cases during COVID, issues with foster care (e.g., difficulty with navigation, compensation not commensurate with care needs, lack of access to medical records), and problems with SNAP (e.g., restrictions did not cover specialized formula or cover costs associated with dietary-specific needs).

Other service challenges were related to healthcare and child services. Healthcare challenges included caregivers having increased anger and lack of trust towards providers. Provider healthcare difficulties were related to complex medical needs of patients, COVID related healthcare, higher caseloads, less support, limited knowledge of resources to connect families to, and problems with medical records. Child service challenges included lack of supports for developmental delays, social emotional education, and the need to support children with special needs.

HOW IS OUR COMMUNITY HELPING CHILDREN TO GROW UP SAFE, HEALTHY & SKILLED?

Communities also shared challenges related to **access to services** (86% of narratives; N=12). Specifically, communities discussed barriers including financial difficulties related to insurance coverage and restrictions, services (e.g., mental health, speech therapy, vision services, occupational therapy) and the social benefits cliff (i.e., the discontinuation of social benefits that were provided to families during the pandemic such as childcare subsidies, relaxed requirements for SNAP/WIC, and other financial resources). Other barriers included lack of availability of services, lack of transportation, language barriers, referral delays, long waitlists, provider shortages, lack of health insurance, and costs of copays/financial burdens for care.

Communities also shared that there was a lack of awareness of services and lack of time to engage in services due to work conflicts. Services and care for children with disabilities and complex medical needs were also presented as a challenge related to access of services.

“I didn’t know what I needed to do to interact with my child. I didn’t know anything about infant and child development or how to build an attachment. I was offered some parenting services but it was too hard to do over a screen when I was also trying to manage my other children at home who needed the computer for school stuff plus just trying to do my job. I was tired all the time. I’m still tired.”

Positive community outcomes included **community partnerships-programs** (45% of narratives; N=6) that led to increased attendance in coalition meetings, support from community members, and new community programs being formed. Some communities shared that individuals were able to access resources for basic needs (i.e., food, healthcare, mental health, academic, and support programs). Other community strengths included sense of pride in community, church and faith-based resources and supports, and strong sense of community support.

IS OUR COMMUNITY READY TO LEARN AND GROW TO MEET FUTURE NEEDS?

The fourth bucket of inquiry, **Is our community ready to learn and grow to meet future needs?**, was comprised of reports from parents/caregivers and care providers. **Community strengths** (79% of narratives; N=11); **support** (71% of narratives; N=10); **resources** (57% of narratives; N=8); **training needs** (36% of narratives; N=5); and **awareness campaigns** (21% of narratives; N=3) were the primary themes within this bucket.

Community Strengths (79% of narratives; N=11) included sense of pride in community, church and faith-based resources and supports, and strong sense of community support. Other community strengths included an eagerness and willingness among parents/caregivers, providers, and communities to learn and grow to meet the needs of children born since mid-2019. Furthermore, there is synergy among communities as they are already collaborating and strategizing to meet the needs as demonstrated through the discovery process.

Communities also discussed the **need for support** (71% of narratives; N=10), which included general support focused on family, community, social services, and healthcare. Other supports were focused on caregivers and included childcare. It was shared that childcare needs to be accessible, dependable, high quality, strengthened within rural areas, and include specialized care for children born during the pandemic. This specialized care included supporting children that have developmental delays, healthcare needs, social delays due to pandemic isolation, and speech delays.

Other caregiver support included access to basic needs (e.g., food, groceries, diapers, formula), respite care, child behavior management, public transportation, and maternal/postpartum support. It was also shared that caregivers need financial support including wage recovery, financial budgeting, and price control for basic needs.

Other support needs shared were related to teacher/childcare provider support and included child behavior management (parent/caregiver, teacher), self-management (child, parent/caregiver, teacher), and self-regulation (child, parent/caregiver , teacher).

IS OUR COMMUNITY READY TO LEARN AND GROW?

In terms of specific **resources** (57% of narratives; N=8), a variety of services were shared which focused on child development, mental health, and care providers. In terms of child development, there was a reported need for resources related to developmental milestones; speech and language issues; social emotional development; child development and health screenings (vision, hearing, autism); occupational therapy; and testing for individualized education plans. For mental health services it was shared that resources should be affordable and include information on postpartum depression, parenting support, crisis services, one-on-one mentorship (online) and in-person groups. It was also reported that adaptability of currently available resources is important as well as expanding bilingual services, cultural competency of resources, and free services for children. There was also an expressed need for more care providers.

Communities also shared **training needs** (36% of narratives; N=5), which included training for parents/caregivers and care providers. Parent/caregiver training needs were focused on educational learning, social emotional development, and parenting information. Care provider training needs were centered on adverse childhood experiences, trauma-informed practices, hope, resiliency, social emotional learning, working with children with special needs (e.g., disabilities, delays, trauma-related symptoms), self-management, self-regulation, compassion fatigue, dealing with trauma response behaviors, impact of trauma, and secondary trauma responses.

Communities reported a need for **awareness campaigns** (21% of narratives; N=3) that are focused on child development, training and education, mental health, and supporting the community in understanding available family resources. Communities also reported needing to tailor/adjust expectations to meet the needs of children born since mid-2019 and their families.

“We welcome opportunities to collaborate for more focused resources that address early relational health and strengthening families through an open dialogue of learning from each other and developing solutions that will evolve for future generations.”

WHAT ARE THE NEXT STEPS THAT SHOULD BE TAKEN?

In addition to the four buckets of inquiry guiding the discovery process within communities, CCs were asked to reflect on the data collected and use such data to guide their understanding of the next steps to be taken by and within their Oklahoma communities. Specifically, CCs themselves were asked: **“What are the next steps that should be taken by and within your communities?”** Several themes were noted within the narratives: **needed resources and supports** (79% of narratives; N=11); **community initiatives** (79% of narratives; N=11); **increased access to resources** (43% of narratives; N=6); and **need for funding** (43% of narratives; N=6).

“Industry, including childcare, continues to struggle with hiring and retaining staff as wages are low and hours are long with little to no acknowledgement of the tremendous work early childcare providers give to our children day in and day out.”

Community next steps included needed **resources and supports** (79% of narratives; N=11) for children, providers, and families. Child focused resources included child development referrals, resources, and screening; and childcare (e.g., increasing access, affordability, training). Resources needed by providers included salary compensation. Needed family focused resources included centralized resources and employment.

Other needed resources were related to healthcare and support. For healthcare, it was reported that next steps are related to mental healthcare accessibility and affordability as well as resources focused on emotional and mental well-being and healthy coping skills. It was also shared that there is a need for increased healthcare in communities with limited access to medical services including rural areas and Spanish speaking communities. Supports included education, parenting, and healthy approaches for adjusting to post-pandemic related stressors.

“Parents who are taken care of emotionally and mentally are parents who are able to foster appropriate emotional relationships with their children. There has never been a more prudent time to focus on the community’s mental health needs.”

WHAT ARE THE NEXT STEPS THAT SHOULD BE TAKEN?

“Targeting projects that provide affordable access to mental healthcare and developmental resources for children would be an impactful way to alleviate some of the key difficulty themes that emerged from this research.

Yet, the true barrier is the creation of more programs and providers without the funding available to sustain them. The cost of running free and/or low-cost specialized and social programs is substantial, and many agencies are struggling to fund their existing programs.”

Another area for next steps was **community initiatives** (79% of narratives; N=11) which included the need for awareness campaigns focused on children and families, training, messaging, and awareness of lived experiences of families. Child focused campaigns were described as including information on child development, childhood protective factors, and childhood trauma. Suggested family initiatives included programs focused on support, mental health, resource promotion, early relational health, and general education. Training initiatives focused on developmental milestones, social-emotional development, early adversity and protective factors were named by communities as key next steps along with the need to build training infrastructure.

Another community initiative included **increased access to resources** (43% of narratives; N=6). This included access through affordable services that fill service gaps.

Another community next step included the need for **funding for services** (43% of narratives; N=6; i.e., trauma support groups, bilingual peer support). Ideas for funding included seeking private donations, grant funding, and forming community partnerships. One report mentioned three barriers to community next steps which included lack of awareness of community needs, lack of funding, and funding restrictions.

DISCUSSION

Prior to the KNG initiative in Oklahoma, little was known about the lives of children born since mid-2019. Across the state of Oklahoma, 15 CCs and their community partners engaged Oklahoma parents/caregivers and care providers in an inquiry process to understand the experiences of children born since mid-2019, their families, and the communities in which they live, work, and play. CCs developed their own inquiry tools with the guidance of PFF and the TAT, each tool designed to meet the communities where they are to collect the data necessary to inform the four buckets of inquiry. CCs collected data within these communities, analyzed the data, and turned the data into narratives that described the landscape of each of their communities. Those narratives have painted a picture of the experiences of children born since mid-2019, their families, and their communities. This picture demonstrates the strengths, challenges, and needs for Oklahoma communities to foster resilience among the families they serve and support.

Through analysis of 14 narratives constructed by numerous community-serving organizations, coalitions, and initiatives in Oklahoma, we learned about several experiences – positive and negative – that families with babies born between mid-2019 and May 2023 and their communities across the state have experienced. Narratives of the CCs' community findings demonstrated common themes, despite their varying and flexible methods of inquiry, which highlights the common experiences of families with babies born since mid-2019 and their communities.

While many subthemes arose, a few are highly notable due to prevalence and triangulation between the parents/caregivers and care provider reports. Notable subthemes include **child development**; **mental health and stress**; **inability to meet basic needs**; and **increased referrals and waitlists**.

“What we have learned through this process and meeting with people ‘where they are’ has shed light on the needs of our children and those responsible for caring for them. The common message was that many of these young children are behind, some have little to no social skills (shyness/withdrawn), and many exhibit less-than-desirable behaviors (yelling/lack of ability to focus).”

CHILD DEVELOPMENT

Across the state families and early childhood providers were noting differential child development than observed prior to 2019. While some parents/caregivers reported mixed observations or concerns of child developmental delay, it is important to consider that many parents/caregivers reported needing and wanting more information and resources for child development, so it is possible those reporting no concern or observations for delayed child development among those born since mid-2019 may not be aware of age-appropriate developmental milestones.

Similar to parent/caregivers reports, many providers in the sample reported mixed observations of child developmental delay. Providers also reported increased caseloads and decreased resources which may have hindered their ability to spend the quality time needed or conduct relevant child development screeners to identify developmental delay. Notably, increased access to, and delivery of, child development screenings was widely reported as a community need.

This matters because: If children born since mid-2019 are presenting differences in development when compared to current expectations for milestone attainment, care providers have noted that considerations should be made for tailoring our expectations for these children and their families. Furthermore, communities should consider expanding supports for early childhood development and education to promote child developmental attainment, specifically among young children exhibiting developmental delays by investing in quality early childhood care and education centers. In addition to the benefits of early childhood education (e.g., developmental milestone and educational attainment, positive outcomes in adulthood; Campbell et al., 2012; Cannon et al., 2018), returns on investment for early childhood education have been found to be as high as \$12 per \$1 invested (Heckman et al., 2010).

“I didn’t have any of the toys that the learning center had to help with building development and other school type skills. I was worried about what this was doing to my baby. I’m still very worried and don’t know what to do to help my child catch up to where he should be now.”

MENTAL HEALTH AND STRESS

Across the state, parents/caregivers and providers reported increases in mental health challenges such as postpartum anxiety, postpartum depression, depression, anxiety, and substance use. Parents/caregivers and providers also noted an increase in parental stress. Some respondents reported increased child mental health symptoms.

This matters because: There is a bidirectional relationship between parent and child health, development and behavior (Kvalevaag et al., 2015). As one party's health or behavior changes, often the other party's health or behavior changes also. This means as a parent experiences mental health challenges, their child may also experience challenges. Parents/caregivers commonly reported a lack of access to mental health services and supports, further complicating the mental health challenges in the home.

Maladaptive coping, such as substance use and abuse, reportedly contributed to a greater level of family stress. Several parents/caregivers also reported financial stress as a cause of poor mental health. This is important due to the relationship between financial stress and family stress. Economic hardship places stress on families (Masarik and Conger, 2017) and increases vulnerability for intimate partner violence (Lucero et al., 2016; Showalter, 2016). Notably, several respondents reported increases in family violence – some in the form of intimate partner violence, and some reportedly in the form of yelling at, hitting, or shaking their child.

Communities should take a family-centered approach to fostering positive mental health and child development due to the bidirectional relationship between parent and child experiences and presentations. It is important to note that people experiencing abuse are not likely to seek help or support (Cho et al., 2020); therefore, preventative measures and interventions should be mindful of alternative methods, such as training care providers to recognize and screen for signs and symptoms of abuse, to reach those at risk for or experiencing abuse in the home.

“The parents group [reported] having ‘felt so angry or frustrated that [they] acted in a way that is not how [they] typically parent [their] child (such as yelling, hitting, pushing, etc.)’ more often since the beginning of the pandemic.”

INABILITY TO MEET BASIC NEEDS

“Families seem to be struggling with food insecurity and housing more now than ever. I have seen more families admit they are running out of food before the end of the month. Families are also struggling with finding jobs due to lack of childcare spots or money to pay for childcare.”

Parents/caregivers and providers indicated the vast majority of families are unable to meet basic needs all of the time. This is especially true for families who benefited from additional family supports (e.g., rent assistance, unemployment support, etc.) that were offered during COVID. Discontinuation of these supports and the “social benefits gap” leave some families under resourced and unable to meet basic needs.

This matters because: Financial stress and economic hardship increase parental stress. Parental stress in the home increases the likelihood of abuse within the home (Lucero et al. 2016; Masarik and Conger 2017; Showalter 2016). Both parental stress and abuse in the home were reported by respondents. Furthermore, families reported being unable to provide meals for their family or formula for their infants due to cost of food, supply shortages of formula, and SNAP/WIC restrictions on dietary-specific foods and formulas. Notably, some providers in the shelter sector reported drastically significant increases in shelter requests, many of which were reportedly unmet.

Of importance, many respondents reported being unaware of existing community resources and expressed wanting to learn more about offerings in their community. While all communities do not have the same resources, there is a possibility that some communities have resources needed to foster provision of basic needs and the families in need are unaware or do not know how to access or navigate such resources.

It is important to widely promote existing resources and implement strategies to support families in overcoming barriers to accessing and navigating these resources. Resources that are needed and not yet in existence should be centered in communities of greatest need and should develop a plan for supporting families in resource navigation. Some communities reported that family resource centers or hubs could alleviate some family stress by providing needed education and resources.

INCREASED REFERRALS + WAITLISTS

Care providers and parents/caregivers reported increased referrals for specialists such as trained professionals in early childhood education and childcare centers; specialists in behavior management; trained professionals to care for children with complex medical needs and developmental disabilities; and development specialists (e.g., PT, OT, speech therapy). In addition to increases in referral rates, waitlists have reportedly increased and have created greater delays in service delivery – specifically for child welfare, healthcare, mental healthcare, and child development services and supports.

This matters because: Parents/caregivers report inability to access quality childcare and educational centers, which translates into young children not having opportunities for social and other skills necessary.

Care providers reported an increase in caseload compared to pre-2019. Additionally, care providers reported higher rates of referrals, resulting in long waitlists and inefficient and time-intensive processes of service delivery. Providers also reported increases in challenging child behavior with lack of support in managing child behavior. This lack of specialized support may foster ongoing developmental delay and poor child health outcomes.

It is important to consider the helpers – those providing services to children born since mid-2019 and their families. As these providers experience increased caseloads and referrals, they may be experiencing greater stress, which can impact service delivery and the providers' health (Sinclair et al., 2017). The lack of providers and training for providers exacerbates the lack of services and issues families face in accessing services. Additionally, both parents/caregivers and care providers reported that families lack trust in the providers, further complicating the issues of referrals and increased caseloads.

Communities are encouraged to be mindful of caring for the providers – helping the helpers. While the focus of the narratives was to understand how young children and families are doing, it is worth noting that provider caseload burdens, lack of adequate resources and training, stress and burnout highlight the “cost of caring” that may be felt by social service, health care, and early childcare providers.

DATA-DRIVEN RECOMMENDATIONS

Findings from this evaluation underscore the importance for collaborative efforts among stakeholders—nonprofits, policy makers, government agencies, educators, healthcare providers, community leaders, and families—to address the complex needs of families with young children. As demonstrated by this work, collaborative efforts are already underway and should be leveraged in strategy development and execution. While future research should take a systematic approach to inquiry, by leveraging these insights and taking decisive action on the identified next steps, communities can foster resilient, supportive environments that promote the healthy growth and development of our youngest Oklahomans in the post-pandemic era. Based on the common themes found among community narratives, the following recommendations are being made:



QUALITY EARLY CHILDHOOD CARE + EDUCATION

Quality early childhood experiences have strong potential to mitigate developmental delay exhibited by young children. In addition to high ROIs, quality childhood education that includes low teacher-student ratios, trained care providers, and low caregiver turnover, provides opportunities for socialization, identification of and referral for developmental delays, expansion of knowledge on child development, and trust building between families and care providers.



FAMILY-FOCUSED INITIATIVES

The bidirectional effects of parent/caregiver and child health, behavior, and experiences should be considered in future initiatives to support children and families. Engaging families in the development and execution of future initiatives can further ensure family-centered approaches.



COMMUNITY-ENGAGED INITIATIVES

Building a collaborative network within communities, involving both families and providers, through awareness initiatives, education, and outreach for parents, as well as efforts to support and train providers, is crucial for sharing knowledge, providing support, and expanding social and professional networks.

REFERENCES

- Cho, H., Shamrova, D., Han, J. B., & Levchenko, P. (2020). Patterns of intimate partner violence victimization and survivors' help-seeking. *Journal of Interpersonal Violence*, 35(21-22), 4
- Campbell, F. A., Pungello, E. P., Burchinal, M., Kainz, K., Pan, Y., Wasik, B. H., Barbarin, O. A., Sparling, J. J., & Ramey, C. T. (2012). Adult outcomes as a function of an early childhood educational program: an Abecedarian Project follow-up. *Developmental psychology*, 48(4), 1033-1043. <https://doi.org/10.1037/a0026644>
- Cannon, J. S., Kilburn, M. R., Karoly, L. A., Mattox, T., Muchow, A. N., & Buenaventura, M. (2018). Investing early: Taking stock of outcomes and economic returns from early childhood programs. *Rand health quarterly*, 7(4).
- Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The Rate of Return to the High/Scope Perry Preschool Program. *Journal of Public Economics*, 94(1-2), 114-128.
- Kvalevaag, A.L., Ramchandani, P.G., Hove, O. et al. Parents' Prenatal Mental Health and Emotional, Behavioral and Social Development in Their Children. *Child Psychiatry Hum Dev* 46, 874-883 (2015). <https://doi.org/10.1007/s10578-014-0527-6>
- Lucero, J., Lim, S., & Santiago, A. M. (2016). Changes in economic hardship and intimate partner violence: A family stress framework. *Journal of Family and Economic Issues*, 37, 395-406. <https://doi.org/10.1007/s10834-016-9488-1>.
- Masarik, A. S., & Conger, R. D. (2017). Stress and child development: A review of the family stress model. *Current Opinion in Psychology*, 13, 85-90. <https://doi.org/10.1016/j.copsyc.2016.05.008>.
- Showalter, K. (2016). Women's employment and domestic violence: A review of the literature. *Aggression and Violent Behavior*, 31, 37-47. <https://doi.org/10.1016/j.avb.2016.06.017>.
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International journal of nursing studies*, 69, 9-24.

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**Connecting research and
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