



# Lean In & Listen Up

How can we strengthen North Carolina's early intervention, early childhood, and mental health services? **By listening to families.**

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*Lean In & Listen Up* provides a window into what families need and want from North Carolina's social-emotional health ecosystem, comprised of early intervention, home visiting, early care and education, medical providers, and other services for babies and young children.

The report themes ideas, recommendations, and personal stories from more than 200 interviews and surveys with NC parents of young children. It is intended to be a guide for advocates, policymakers, clinicians, funders, and others interested in improving the systems of care that address social-emotional well-being for babies and young children, from birth to age eight.

### **THEMES FROM THE REPORT INCLUDE:**

**Healthy, well-adjusted parents are the most important resource for young children's social-emotional health and development.** Nearly every respondent said that they themselves were their children's primary support in social-emotional health and development.

**The people surrounding families with young children are also important resources.** A wide variety of family, friends, social groups, and professional providers of services were noted as helping to support young children's social-emotional health and development.

**There is a wide variety of services and programs that respondents either do not currently have access to, or that they feel there should be more of.** These included services like community-based play-and-learn programs for young children, resources for families who do not speak English, and mental health therapy for parents and caregivers.

**What families value most in providers are good people skills and compassion.** Families need providers to communicate well, be understanding and supportive without judgment, be caring, engage with them in a sustained and genuine way, be trustful and trustworthy, be respectful, work well as a team, personalize services, speak their languages, and respect their cultures.

**Families are very concerned—at times panicked and even despairing—about being able to access the services their children need.**

This includes knowing that specific services exist, having them available nearby at workable times, having transportation, affording them, being eligible for them, and having them be flexible.

**Families had much less to say about the quality and reliability of services,** though those themes did come up, as did **family choice of services.**

**Other barriers that prevent families from accessing services** include frustration with their children being labeled, not feeling comfortable seeking help, being stretched too thinly to take advantage of services, and struggles with mental health, addiction, domestic violence, COVID-19, and family economic security.

**Respondents of all races reported incidents where they felt they had been treated differently because of their race.** In addition, many experiences of racism were likely under-reported because of cultural taboos, as well as the unavoidable power dynamics that were at play during the interviews and surveys.

**There were variations by race/ethnicity, income, and gender in families' experiences** with the programs and services, what families most value, and the biggest concerns and barriers reported.

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### METHODOLOGY

A team of community-based organizations interviewed and/or surveyed more than 200 North Carolina families from 28 NC counties for this project. Each of the families has or has recently had young children (birth through age eight) involved in the social-emotional health ecosystem. The project over-sampled Latinx, Spanish-speaking, and low-income families, as well as women.

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### ADDITIONAL DATA AVAILABLE

Readers interested in more or less detail can explore two other versions of the report:

- A [6-page Executive Summary](#) includes the themes and a few illustrative quotes from families.
- A [120-page Family Voice report](#) also includes charts showing the quantitative analysis of the disaggregated family survey data, the survey and interview protocols, and quotes from families on various themes in each of twelve specific sectors of the social-emotional health ecosystem. This section of the full-length report may be especially interesting to providers, advocates, and policymakers who are working to improve policy and practice in those specific sectors. They include:
  - » Perinatal supports
  - » Home visiting and other in-home supports
  - » Parenting education and community-based supports
  - » IDEA Part C/Early Intervention
  - » IDEA Part B/Exceptional Children
  - » Care management
  - » Medical home
  - » Health insurers
  - » Evidence-based programs
  - » Early education (child care, preschool and K-3rd grade)
  - » Foster care
  - » Ecosystem supports

**In 2020, as part of the EarlyWell Initiative, the NC Early Childhood Foundation (NCECF) and NC Child worked with four family provider organizations to survey and interview North Carolina (NC) parents and caregivers whose young children have received services related to social-emotional health and development, including:**

- Perinatal supports
- Home visiting and other in-home supports
- Parenting education and community-based supports
- IDEA Part C/Early Intervention
- IDEA Part B/Exceptional Children
- Care management
- Medical home
- Health insurers
- Evidence-based programs
- Early education (child care, preschool and K-3rd grade elementary school)
- Foster care
- Ecosystem supports

The survey and interview protocols are available in the full-length Family Voice report.

*“A good partnership should look like: we want this child to heal and live. Like, go live your life. Not the people who see him as a number or a bed.”*

*“In general, social-emotional support is necessary for everybody, and it can be hard to convince someone that they need it because it is not really there for the broad scope of folks.”*

*“I would like more information on trauma and helping him deal with relationships with peers. Need to get to the root of the problem much earlier to help the child. [It should] be easier to get help without waiting so long.”*

**Two hundred thirty-four (234) parents and caregivers participated.** Ninety-six were interviewed and 138 surveyed by our contracted partners, which included the following community-based organizations:

- Charlotte Bilingual Preschool (CBP) is a Spanish bilingual preschool in Charlotte (Mecklenburg County)
- Families Moving Forward (FMF) supports families experiencing homelessness in Durham (Durham County)
- Family Support Network (FSN) supports families with children who have special needs across NC. For the project, NCECF and NC Child worked with four regional FSN programs:
  - » FSN/HOPE (serving Alexander, Burke, Caldwell, Catawba, Lincoln, and McDowell counties)
  - » FSN of Eastern NC (serving Pitt, Beaufort, Martin, Greene, Lenoir, Hyde, Edgecombe, Wilson, Nash, Johnston, Craven, Carteret, Pamlico, Jones, Bertie, Halifax, Northampton and Wayne counties)
  - » FSN of South Eastern NC (serving New Hanover, Brunswick, Pender, Columbus, Duplin and Bladen counties)
  - » FSN of Southern Piedmont (serving Cabarrus, Iredell, Rowan, Stanly, Union, and Gaston counties)
- Passage Home (PH) works with families in Raleigh (Wake County) to reduce poverty and promote economic self-sufficiency. Passage Home also partnered for this project with Family Promise affiliates in Davie County, Gaston County, Moore County, and Wake County, who provide services for families experiencing homelessness.

## Geography

Respondent families represented at least 28 different counties in NC (16 respondents chose not to identify their counties).

- The sample was less rural than NC as a whole: 72% of the sample was in a non-rural county, as defined by the NC Rural Center, compared to 60% of North Carolinians overall.
- Counties represented included: Alexander, Beaufort, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Cherokee, Clay, Cleveland, Durham, Edgecombe, Gaston, Haywood, Jackson, Johnston, Macon, McDowell, Mecklenburg, New Hanover, Pitt, Rowan, Sampson, Stanly, Swain, Union, Wake, and Wilson.

## Race/Ethnicity

Compared with NC racial/ethnic demographics:

- Latinx families were over-sampled.
- White families were under-sampled.
- The samples for African American/Black, Native American, Asian, and two or more races closely matched NC’s demographics

	SAMPLE	NC 2019 ESTIMATES
African-American/Black	20%	22%
Asian (Hmong)	<1%	3%
Latinx	29%	10%
Native American	3%	2%
Two or more races/Other	3%	2%
White	36%	61%

## Language

The surveys were taken in English (65%) and Spanish (35%), and interviews were conducted in English (84%), Spanish (15%) and Hmong (one interview). Spanish speakers were slightly over-sampled, and English speakers were slightly under-sampled. As of 2019, an estimated 12% of North Carolinians over age five spoke a language other than English at home.

## Income

The sample had lower income than the average NC household:

- Sixty-three percent of the sample had income below twice the Federal Poverty Level (FPL), with 40% of those living below the FPL. Statewide, 44% of children live in families whose income is below twice the FPL, and 14% of North Carolinians live below the FPL.
- About a quarter of the sample (24%) were being served by Passage Home, Family Promise, and Families Moving Forward, which primarily serve families experiencing homelessness.
- The median income in NC is \$54,602, which is higher than at least 67% of the sample. *Note: 25% of the sample chose not to share their income, or shared something that could not be translated into dollars, like “Just SSI” or “minimum wage.” Those who did not report their income therefore skewed towards the lower end of the income spectrum.*

	SAMPLE	NC 2019 ESTIMATES	
Below 50% FPL*: below \$10,860	19%	14%	44%
50-100% FPL: \$10,860-\$21,720	19%		
100-200% FPL: \$21,720-\$43,440	25%		
200-300% FPL: \$43,440-\$65,160	7%	Median income = \$55k	
Above 300% FPL: above \$65,160	5%		

\*FPL = Federal Poverty Level for a family of three

Note: 25% of respondents chose not to share their income.

## Gender

The sample was 86% female, 8% male, and 6% chose not to identify their gender.

## Who and what supports children's social-emotional health and development?

Parents and caregivers were asked to share who or what has helped their children learn how to make themselves feel better when they are upset, scared, or sad, how to talk about their feelings, and how to form strong friendships.

*"Dad and I. Most of the time they come to us when they are feeling a certain way. We listen and try to explain to them that it's ok to feel that way." (FSN\_1)*

*"People that they can trust, like grandmothers." (FMF\_12)*

*"I am doing everything I can for him to teach him the feelings, but I need professional help." (FSN\_41\_Spanish)*

Nearly every respondent said that they (the parent or caregiver) and often the child's other parent were the primary people to help their children learn these skills. Respondents were nearly all more likely to mention Mom as a support than Dad, but it should be noted that 95% of the interview respondents were female. They also highlighted the roles of grandparents, other extended family members, other children, the parents' friends, and professionals—specifically therapists and child care or school teachers.

*"Daycare helps kids a lot. My son, before he started going, he was so attached to me, and I couldn't leave the room. Now that he is at daycare, he plays with other kids and isn't shy." (PH\_14)*

*"My son had a psychologist that came to my house. She taught me methods to calm him down when he was upset and to learn how to understand his feelings." (FSN\_40\_Spanish)*

*"Our church family and his older buddies at church, and his Sunday School teacher and friends from church." (FSN\_34)*

*"My husband's best friend has kids around the same age. We've always just been around them as their best friends, and the men show the kids how to be best friends. They're best friends but treat each other like family." (FMF\_6)*

### BY INCOME

Those living with deep poverty, followed by those with incomes above twice the poverty level, were more likely to mention professionals. This suggests they are more likely to have access to or rely on professionals than those living just under and just above the poverty level.

### BY RACE

- White and Black respondents were more likely to mention grandparents or relatives other than Dad, while Latinx respondents were more likely to mention Dad than extended family. Many Spanish-speaking Latinx respondents noted that they did not have extended family nearby.
- Most respondents were less likely to mention professionals than family members, with the exception of white respondents, who were nearly as likely to mention professionals as Mom. This suggests that white respondents have access to or rely on professionals more than respondents of other races.
- Most respondents mentioned their own friends and other kids much less often than family members, with the exception of white respondents, who mentioned other kids frequently.

### BY HOMELESSNESS STATUS

- Respondents who were not being served by a homeless shelter were three times more likely to mention a professional than were respondents being served by a homeless shelter. This suggests that respondents experiencing homelessness are much less likely to receive consistent support from professionals like therapists and teachers.

Beyond the people who have helped their children's social-emotional development, respondents also mentioned things like pets, faith, books, play, food, exercise, medications, TV, and coping strategies.

*"Food makes them happy. Their dog makes them happy. Getting out and walking makes them happy." (PH\_8)*

*"He watches a lot of PBS kids. They help with conflict resolution. He quoted a TV show talking about how he couldn't hit because he was angry." (FMF\_23)*

## Who and what helps parents and caregivers as they support their children?

**Parents and caregivers were asked to share who or what has helped them as a parent or family member to learn how to support their children’s social-emotional health.**

Respondents most often mentioned specific programs, their families, other parents (including moms’ groups), therapy, child care/school, the internet, their faith, doctors, and parenting classes. A small handful of respondents mentioned caseworkers, advocacy, medication, library/books, mentors, and other kids.

*“When we moved here, she did NC Pre-K. They helped me a lot and supported me a lot. When I was in the home visitation program, being able to speak Spanish to other parents was really helpful.” (PH\_7)*

*“The information I received from a friend, she told me that this benefit was available and that I didn’t have to wait until my child was three years old, even though that is what my pediatrician said when my son was 18 months old. My friend said that no one knows your child better than you. Tell your pediatrician that you need a specialist.” (CBP\_7\_Spanish)*

*“Some places are just like, ‘You need to be strong for your kids.’ It would be helpful if more people reached out and just asked, ‘Are YOU okay?’ My counselor I can reach out to anytime, and she will listen and help me with things like that. I think it is important to have a therapist or counselor to talk [with] about your feelings separate from your child. I feel most comfortable in an individual setting rather than in a group setting.” (PH\_13)*

*“One-on-one time with a counselor would be great, because sometimes the parenting classes don’t help.” (PH\_17)*

*“Social media is the best way for me to learn things about social-emotional health. I follow therapists and psychologists.” (PH\_7)*

*“His nutritionist has helped me a lot. She has always showed that she truly cares about me and my family. She helps get information about resources.” (FSN\_6)*

*“I take medication for emotional and mental health. If I didn’t have that, it would be kind of scary.” (PH\_12)*



## What is missing in the social-emotional health ecosystem?

**Respondents were asked to share what types of programs, services, or supports they wished were available and easy to get to help them support their children’s social-emotional development.**

Respondents shared a wide variety of services, supports, and programs that they either do not currently have access to or that they feel there should be more of. These included (from most-often to least-often mentioned): community-based programs and other programs just for kids, therapy, child care, programs to develop children’s social skills, support groups, resources for families whose first language is not English, system navigators, services for children with disabilities, services for foster families, respite services, information on child development for families as well as general information/awareness of available services, family income supports, remote learning, home visiting services, birth supports, and supports for grandparents.



## What do families value in social-emotional health services and providers?

In order to understand what families value in a relationship with a provider, respondents were asked: **What would a good partnership between you and your child’s doctor, teacher, or support person look like and feel like?**

Families value:

- **Communication** between families and providers
- **Understanding** of their situations and support **without judgment**
- **Caring** providers
- Providers’ sustained and genuine **engagement** with them and their children
- **Trust** among parents and caregivers, children, and providers
- **Respect** for their important role as parents and caregivers
- **Teamwork** among the providers serving their children/family
- **Personalization** of services; no “one size fits all”
- Their children’s **growth** as they use the services
- **Linguistic and cultural competence** of service providers

All subgroups of respondents were highly likely to note **communication** as an important aspect of a good partnership with a provider.

*“Communication is the key—without communication you have nothing.” (PH\_9)*

*“A relationship where it’s safe to raise questions and where there’s open communication where progress is shared.” (FSN\_13\_Foster)*

*“People who have good, honest conversations to tell me about his behavior so that we can address any issues rather than just saying he was fine. Being able to talk freely without being judged and feeling supported.” (FSN\_31)*

*“Communication needs to be very clear. There needs to be more explanation of the programs when they put you in it. You need to know what you are going to get out of it and how to make progress.” (PH\_8)*

*“Being able to communicate and trying to work together. Communication and the vibes would be different. The attitude, body language, etc.” (FMF\_13)*

*“Communication – making sure that we understand. Nodding your head doesn’t mean understanding – it is just about respect.” (FMF\_5)*

Nearly all respondents answered yes to whether **“feeling understood** by the people helping you and your child was important for you to receive the feedback offered.”

*“It is 100% important. They need to know where I have been, where I am coming from, and where I would like to be.” (PH\_3)*

*“It is very important to us to have people who are understanding who help us. We need to know whether they are here to help us or get us out of the way. It is very important because we want to know how to better our lives.” (PH\_8)*

*“That matters a lot, because it is a thin line where the person receiving the help could feel like they are being judged and less-than.” (FMF\_28)*

*“It matters. If I don’t feel comfortable in a place, most likely I won’t like to come back.” (PH\_6)*

*“I want them to know what kinds of help I’m looking for so we can work together to make my son’s experience better in school and in the community. I am the biggest advocate for my son.” (FMF\_30)*

*“How you treat my child is important, very important. That will stop you from doing a lot of stuff. That will stop you from wanting to talk to anybody.” (FMF\_4)*

*“It is very important, because being Hispanic sometimes I feel left out, and for them to make me feel that we all are the same made me feel very good about myself.” (FSN\_3)*

After **communication** and **feeling understood**, other values were highlighted by respondents.

### BY RACE/ETHNICITY

Care, trust and engagement were popular among respondents of all races.

Black respondents were more likely than those of other races to mention wanting providers to genuinely engage with them and their children, and for providers to show that they care, followed by trust.

*“I feel like she really understood where I was coming from and she handled it, rather than telling me I had to call this person and that person.” (FMF\_12)*

*“They need to be more concerned and not just doing a job. If the person cares, she can make a difference in our life. Just be a little more caring, concerned, and going the extra mile for a family who is facing a tough situation. Even if you’re not going to help me, if you seem concerned and seem like you have done everything you can, I’m cool with that.” (PH\_8)*

Latinx respondents were highly likely to mention that they wanted to feel that providers cared about them and their children, followed by engagement, trust, and linguistic and cultural competence.

*“The teacher was very understanding. That is the support and the relationship I need.” (PH\_7)*

*“Who helped me most was the pediatrician and later the lady from the service provider who speaks Spanish. She is always available and helpful, and every month she is observing to see how therapy is going.” (CBP\_1\_Spanish)*

*“It is important that when you look for help, people are compassionate, because sometimes they don’t know all of the problems and they become part of it. When there is trust it is much easier.” (CBP\_3\_Spanish)*

*“We have felt welcome at school. It takes one person to make a difference and be interested in your culture.” (PH\_7)*

Native American, Asian and respondents of more than one race were most likely to mention engagement as really important, followed by care and teamwork.

*“Finding a doctor, teacher or someone who is honest and can explain things carefully so you don’t have to try to figure things out on your own. Finding someone who really listens and seems to care about your child and is not too busy to spend time with you. Helping parents not feel like they are alone if they don’t know how to deal with their child’s behavior the right way.” (FSN\_36)*

*“Partnership for my child is helpful.” (FSN\_42\_Hmong)*

White respondents were much more likely than those of other races to mention wanting to feel respected by their providers and wanting to feel like there was teamwork. They also wanted to experience care, trust and engagement.

*“A big thing is that they respect you. Especially when dealing with addiction and motherhood, it really helps when they treat you just like anyone else. Not undermining, belittling or minimizing (...) And not that they are just doing their job and checking the clock.” (PH\_13)*

*“Open communication both ways and receiving prompt responses and being open to find ways to help the girls. We now have a good team working with us who understand our situation.” (FSN\_37)*

*“A great relationship is important because he notices who likes him and who doesn’t. He can tell who listens to him and who wants to talk to him. He is very social, and people are important to him.” (FSN\_34)*

*“Trust needs to be there — two-way trusting relationship.” (PH\_15)*

*“Having a listening ear and be encouraging, not judgmental.” (FSN\_39)*

**BY LANGUAGE**

Respondents who spoke a language other than English were much more likely than English-speaking respondents to note communication and linguistic and cultural competence as of primary importance.

*“Lack of communication with the pediatrician is also an issue. The appointment is very short. Sometimes I didn’t have time to ask the questions that I had. Giving more time to the patient, and listening to me, not just me listening to him.” (CBP\_7\_Spanish)*

*“Trust and communication. The way they talk to me is very important. I don’t really understand English, and sometimes it’s hard for me to understand and process what I’m being told. I feel sometimes they (school staff) get frustrated with me because of the language barrier. They have made me feel uncomfortable. I just wish they would be more patient and understanding.” (FSN\_1)*

*“A guide or tutor that can help you find the services you need in various areas and help you make sure you receive them, rather than having to work through everything alone. It would help if the guide spoke Spanish and understood your culture and background.” (CBP\_6\_Spanish)*

**BY INCOME**

Those living with deep poverty were most likely to mention the importance of providers being caring.

*“Everyone being on the same page. That’s really big. Having the right people around. People that genuinely have our best interests at heart. People that are understanding and patient, because we are a lot of work and we require patience.” (FMF\_23)*

Those living just below poverty were most interested in teamwork and caring providers.

*“Partnership. Collaboration—a team approach. Treat it like a business. Creator: Mom. Marketing Firm: providers. Business of the day: goal. More commonality with people when things happen. More understanding, more bonding.” (FSN\_28)*

*“When you have a child with special needs, all you can think of is your child. You don’t have time to think about yourself. So I would have to say it was a nice gesture when his nutritionist asked how I was doing, how was I feeling? She made me feel good. She always cheers for me. She tells me I’m doing a good job, that I’m a good mom. No one ever asks me, not even my family.” (FSN\_6)*

Those living just above the poverty level were focused on trust, engagement, and respect, followed closely by care and cultural competency.

*“Feel comfortable reaching out to them if you have any issues. If you don’t feel comfortable, you just don’t want to talk to them at all.” (PH\_11)*

*“The therapist has been available and helpful in several ways, even for small things.” (CBP\_1\_Spanish)*

*“That they treat my daughter with respect.” (CBP\_6\_Spanish)*

*“The person who carried out the process was very attentive to me and my child and I felt good.” (CBP\_2\_Spanish)*

Those with incomes above twice the poverty level mentioned care most often, followed by respect, engagement, and teamwork.

*“They need to have empathy. They felt they were listening to me but I felt they weren’t actually taking what I say into consideration.” (PH\_6)*

*“For them to listen to you, to understand you, for them to help you find someone who does it.” (CBP\_5\_Spanish)*

*“Just being able to reach out and connect in those difficult situations and just being accessible.” (PH\_10)*

*“Collaborative care. You have to repeat yourself everywhere you go—school needs, doctor’s needs, etc. One care team approach. Everyone knows what part they play in the care process, explain what each provider covers, to achieve positive results for the child.” (FSN\_22)*

## VALUES

Those in the highest income bracket (more than three times the poverty level) highlighted **engagement, trust, and personalization**, followed by **care and respect**.

*Current primary care doctors roll out the red carpet for [her son]. They worked with her fears. Gave her reassurance. (...) They spent time with her and were always current with the information about her son. If she called the office with a question the doctor always returned the call. Being accessible, listening, optimistic/positive attitude, feeling valued. Able to make own decisions and not feel judged. Respecting each other's boundaries. (FSN\_21)*

*"Ninety percent of the time I felt the pediatrician understood my struggles. It was mother to mother. She understood my problem adjusting from one child to two. She knew what I needed to hear, had good insight. She really cares. It shows in her eye contact, tone, and gestures. She shared her personal story about her adjustment to a new child. She empathized with me. Listen, care about what I am saying, and understanding me. If they do not care, they are not worth my time." (FSN\_24)*



**"Trust and communication. The way they talk to me is very important."**

In addition to the interviews, the family survey also included questions about feeling welcomed, valued and understood. We analyzed respondents' ratings on the questions by race/ethnicity (including Latinx-English speaking and Latinx-Spanish speaking respondents), income, and gender. (Note: There were only five Native American respondents.) Charts showing the response percentages by subgroup for each survey question are available in the full Family Voice report.

***It is important to me that I receive services for my child from someone or an agency that makes us feel welcomed.***

This item received the highest ratings of any question on the survey, with more than 90% agreeing across race and gender (and 82% of those strongly agreeing).

***It is important to me that I receive services for my child from someone who values my experiences and opinions.***

This item was ranked very highly overall, with 92% agreeing (60% strongly). Black respondents (at 84%) and male respondents (at 78%) were slightly less likely to agree than were other groups of respondents. By income, those in the highest income bracket were most likely to agree with this item (100%).

## What are the barriers to accessing social-emotional health services?

When asked about what things have made it difficult for them to access programs, services or supports for their children’s social-emotional development in the past or right now, families talked about:

- **Accessibility** of services near home and/or in convenient locations
- Families’ **awareness** of what services are available and how to access them
- **Availability** of services, without wait lists
- **Flexibility** of providers/organizations, especially in terms of scheduling
- Families’ need for **transportation** to access the services
- **Eligibility** for services
- **Affordability** of services
- **Choice** of services
- **Reliability** and **quality** of services
- Their frustration with their children being **labeled**
- Needing **respite services** or a break
- Not feeling **comfortable seeking help**
- Their struggles with **additional pressures**, such as with mental health, addiction, domestic violence, COVID-19, family economic security, and the justice system

Families’ reports about the importance of **accessibility** of services near their homes, **awareness of services**, **availability**, **flexibility**, need for **transportation**, **eligibility** and **affordability** of services differ some by income level and by race.

- **Availability** of services was one of the top issues reported by all respondents, across income brackets and race.
- Those living with poverty also reported **awareness** of services and **transportation** as top barriers to access.
- Those living just above the poverty level reported **awareness** of services and **flexibility** of services as top barriers.
- Those in the top two income brackets (more than twice the poverty level) reported **affordability** and **eligibility** as top barriers.



## How would you like to access services?

The family survey asked how respondents would like to access services—through a home visit, a parenting class, information online, or through an app.

- More than half of respondents overall would use a home visit (58%). White respondents were more interested in a home visit (71%) than respondents of other races/ethnicities. Half of male respondents were interested.
- About half of respondents overall said they would use a parenting class. At least half of Latinx-Spanish speaking (64%), white (57%), and Latinx-English speaking (50%) respondents were interested in a parenting class, while Black respondents were less interested (38%). In general, the higher the income, the more interested respondents were in a parenting class. Only about a third of male respondents would use a parenting class.
- About 60% of respondents overall would use information online, and fewer than half (44%) would use a pamphlet or app. Latinx respondents in both Spanish (44%) and English (57%) were less likely to want to access information online than were Black and white respondents (about 70% of each). Latinx respondents were also less likely to want to use a pamphlet or an app (about 28% of Latinx respondents in both English and Spanish).

The survey also asked about families' preferred location of services:

***It is important to me that services I access for my child are close to my home.***

More than 90% of respondents overall agreed or strongly agreed. Latinx respondents, both those responding in English and Spanish, felt most strongly about accessing services close to home.

***It is important to me that services for my child are provided in my home or where I live.***

Overall, 73% of respondents agreed (53%) or strongly agreed (20%). Approximately equal percentages of respondents by race agreed, though larger percentages of Latinx respondents agreed strongly than respondents of other races/ethnicities. Respondents living just above the poverty level (in the middle of the survey's income spectrum) were the most likely income group to say that having services at home is important.

The survey also asked respondents to share where they would use services:

- Would you use services at your child's school or child care?
- Would you use services through your child's doctor?
- Would you use services at your home or where you live?

Overall, respondents are most interested in receiving services at home (78%), more than half (61%) would use services at child care/school, and about a third would use services at a doctor's office. There are some variations in preferences by race/ethnicity and by income.

### BY RACE/ETHNICITY

- Black respondents were most interested in receiving services at child care or school (62%), then home (54%), then doctor (31%).
- Latinx respondents in English were very interested in services at home (86%) and at child care or school (79%), and were slightly less interested in receiving services at a doctor's office (50%).
- Latinx respondents in Spanish followed a similar pattern, but with less interest overall: services at home (80%), services at child care or school (64%), then services at the doctor's office (21%).
- White respondents followed a similar pattern: services at home (80%), then child care or school (53%), then services at the doctor's office (37%).
- Four out of the five Native American respondents were interested in services at child care or school or at the doctor's office; three out of the five were interested in services at home.

### BY INCOME

- Fewer respondents living with deep poverty were interested in receiving services at home (64%), compared to respondents in the higher income brackets (80% or more).
- More than half of every income bracket was interested in services at child care or school (52%-67%), and the highest income bracket (more than twice the poverty level) particularly liked that option (80%).
- A majority (60%) of those living with deep poverty were interested in services at the doctor's office. This was very different from rest of the income brackets, where fewer than a third were interested in services at the doctor's office.

## Awareness

The family survey presented respondents with a list of possible barriers to accessing services and invited them to mark any that applied to them. For **awareness**, the relevant options offered in the survey included:

***I haven't heard about these services.***

***I don't understand the rules about how to get services.***

Overall, not hearing about services was marked the most often of any of the 29 potential barriers to services that families were asked about on the survey. More than a third of respondents (36%) noted that this was a problem for them. Latinx respondents in Spanish (at 49%) were more likely to report that they hadn't heard of services than were other groups of respondents. This large response by Spanish speakers is supported by what we learned in the interviews as well. Male respondents (at 43%) were also more likely than other groups to report that they hadn't heard about services. Respondents living below the poverty level were more likely to report not having heard of services than were those with higher incomes.

Not understanding the rules was not a barrier that resonated with many respondents (8%).

Families also shared their concerns with **awareness** during the interviews.

*"I wish there was a simple system to disseminate information, such as identifying what resources are out there for what needs/services. All these think tanks are great, but they are not accessible for me to get through this sea of unknowns." (FSN\_12\_Foster)*

*"It is hard to find resources for behavior problems (...) It is easy to get a phone number for a resource but that doesn't mean you will talk to the right person. Since being at \*\*\*, they do provide you with a lot of resources if you have certain concerns. Before, when it was just me, it was a lot harder to find the resources. It was mostly just Google, and sometimes it took calling a lot or pressing a lot of buttons before you can even talk to a person. Here at \*\*\* they will just hand you a list of resources. Why can't it be that helpful at Social Services? They should have lists of things that were available to people locally." (PH\_3)*

*"More education to families about how to find resources as soon as possible after their child is born if they have concerns and to get them evaluated early to put the resources in place so that their child can be more successful and have less social-emotional issues before they reach kindergarten." (FSN\_31)*

*"Sometimes, as grandparents it is harder to get services for him (...) Things are just so different than when we raised our children and we don't know what services are available to him." (FSN\_34)*

*"I like the psychologist we found, and the therapist was helpful, but I had to do the research to find them." (FSN\_26)*



## ACCESSIBILITY

**Awareness** was particularly brought up by Spanish-speaking respondents.

*“Education for families from other countries to know that services are available and how to access them. Having a place that you can go to get information about where the services and resources are, what they do. A guide or tutor that can help you find the services you need in various areas and help you make sure you receive them, rather than having to work through everything alone. It would help if the guide spoke Spanish and understood your culture and background. The services and programs had not been extended to everyone, just a few people who knew about them and used them. It needs to change so that information can get to everyone, so that everyone could participate.” (CBP\_6\_Spanish)*

*“I wish that they were more publicized and more talked about. I don't know if it is different between brown and white people (...) I ask myself why there weren't advertisements for these things outside of the clinic. In the past, I didn't know they existed or that there were supports that we could use. The constant lack of information was a problem. Now I am making use of the benefits. If it had been easier to find benefits, I would have found them before. It is important that there is more information, that families know and pediatricians can facilitate this more. I filled out many forms. It was overwhelming, and, honestly, I didn't understand.” (CBP\_7\_Spanish)*

*“The way the information is given out. There are a lot of services and programs that I'm not aware of. I know there are a lot of brochures out there but I feel us (Hispanics) are more unlikely to pick one up. Most doctors' offices have a TV, maybe it would be a good idea if they would post programs and services on there so we can automatically see it. Or maybe the doctor could mention a couple at the time of visit.” (FSN\_1)*

*“It's hard to access programs. You have to look for services because nobody is going to do it for you (...) First that parents receive orientation of existing services, accessibility and uniformity including the integration of the services that the child receives. Understand how services work, how to use them. And within the socio-emotional services they will provide orientations to people who provide public services to the community such as firefighters, police, etc.” (FSN\_40\_Spanish)*



**“I wish that they were more publicized and more talked about.”**



## Availability

Families shared their concerns about the lack of availability of services during the interviews.

*“There are no resources for kids his age. He is two. I just wish I could have gotten him into a place and he would get help while he was younger. I just wish there were more resources for younger kids. [There are] wait lists to get into resources... Everything is a waiting period. There is a wait list for everything. I had to wait in order to get on list.” (PH\_15)*

*“Most services are for people with substance abuse difficulties or [who have] experienced domestic violence. There aren’t services for single mothers just trying to get help and trying to get by. More programs for single parents – more shelters, help with child support, food resources, clothing resources.” (PH\_11)*

*“Wish they had access to a developmental classroom before age three. Living in a rural community not in the proximity of services [has been a barrier].” (FSN\_23)*

*“It was difficult waiting to begin the process because it took a long time. Not enough doctors, then they were not taking new patients (...) There needs to be a way of getting a child seen sooner.” (FSN\_25)*

*“We waited six months for the first meeting then another month in between the first and second session. The wait time for the good providers is so long (...) and there is a lack of options for specialty care.” (FSN\_26)*

*“First they call you, then they schedule the appointment, and you just lose interest after such long time.” (CBP\_5\_Spanish)*

The family survey’s list of possible barriers to accessing services included an option about **flexibility**:

**The service was not provided at a time of day my child and I could go.**

Thirteen percent of survey respondents had issues with the timing of services. Respondents at the upper end of the income spectrum were more likely than other respondents to mark that timing of services was a barrier for them.

## Flexibility

In interviews, families shared about their need for **flexibility**, mostly in location of services.

*“Location—there isn’t flexibility in where to meet.” (PH\_4)*

*“Once when living in low-income housing, people were concerned about coming to work with him or even deliver supplies.” (FSN\_38)*

*“People would call, but it would be a bad time.” (FMF\_10)*

*“Everything is far away. Work schedule makes it difficult to have the time to travel to them.” (FSN\_20)*

## Transportation

The family survey asked about the need for transportation:

***It is important to me that transportation is available for me to access services for my child***

About 70% of respondents overall agreed or strongly agreed that access to transportation was important to them. Spanish-speaking Latinx respondents felt most strongly about this, with nearly 90% agreeing or strongly agreeing. Respondents at the lower end of the income spectrum were more likely to agree than those at the higher end of the spectrum. Men ranked this as very important to them (nearly 80% agreed/strongly agreed).



**Transportation** is a theme that came out often in the interviews as well.

*“Also, finding reliable transportation can be hard. Here they do have some bus routes, but where I am from in \*\*\* County I had to pay and call an Uber just to get him to Medicaid. If you live in the middle of nowhere, even then you have to wait forever to get picked up.” (PH\_13)*

*“I would say transportation back and forth to doctor’s office. You have to call so many days in advance. Having transportation if kids miss bus. Having better ways to get kids back and forth to school.” (FMF\_18)*

*“Transportation to high quality daycare centers. I would like for him to be at a daycare that did a better job supporting his social-emotional development, but I had to go with one that offered transportation.” (FMF\_3)*

*“Among the many situations, one of them is that I have to travel an hour to receive services because the services are not provided in my area, because of the language barrier. I do not have my own transportation, and I have had to deal with Medicaid to provide transportation.” (FSN\_41 Spanish)*

## Eligibility

The family survey’s list of possible barriers to accessing services included options around eligibility, referrals, and wait lists:

***I was told I or my child didn’t qualify for some services, and I didn’t know what I could do to get them.***

***I was overwhelmed by the amount of information I received when I shared my concerns with the doctor, teacher or other service provider.***

***My child received a service, but then I did not receive a follow up appointment or a referral for additional services.***

***I received a referral for a follow up or an additional service, but I was not able to or decided not to access it.***

***I received a referral for a follow up or an additional service, but the other program did not follow up with me.***

***I received a referral for a follow up but the times of day for that follow up did not work for me.***

The items noted by the most respondents include feeling overwhelmed by the amount of information provided (13%) and being told a child does not qualify for services (10%). Only between two and seven percent of respondents noted referral issues.

Families also shared their concerns during the interviews about their children’s eligibility for services.

*“Services were hard to get. [It] felt defeating after repeatedly applying and being denied over and over. Having to start over due to changes in criteria was frustrating (...) The inconsistencies of what was needed to be done to get necessary services was difficult.”*  
(FSN\_17)

*“You have to prove that the child has issues, and you want to scream that they can’t do it without help. It seems you have to fail to get any support. I just had to speak out more, advocate more – say just because I’m staying in a nice home doesn’t mean I don’t need help.”* (FSN\_22)

*“Better vetting system for who gets services. I am working and raising children on my own, and I can’t get services, but people who don’t work do.”* (PH\_11)

*“Threshold for issues impacting your needs make it so it’s hard to get support if you don’t have a ‘severe’ issue.”* (FSN\_24)

*“If [we] had not imploded, [we] would not have received help and services. You must be either loaded or (...) broke to get help.”*  
(FSN\_28)



## Affordability

The family survey's list of possible barriers to accessing services included options around affordability and insurance not paying for services:

**I don't have the money to get these services.**

**My insurance won't pay for these services.**

Overall, 14% of respondents noted that affordability was a barrier for them, and 12% said that insurance was an issue. White respondents and respondents living above the poverty level were more focused on affordability and insurance issues than other respondents.

*"We were getting ST [speech therapy] and OT [occupational therapy] until we moved to NC and my husband's insurance changed, and [now] we can't afford therapy (...) We don't qualify for Medicaid, and the therapies are more than we can afford privately. I wish the cost of services didn't keep us from getting him the help he needs." (FSN\_35)*

*"I feel like me having a job has been a barrier. Everything is income-based. He was never eligible for SSI or Medicaid, making services too expensive. My child still deserves services but can't get all services needed." (FSN\_18)*

*"They are missing the boat with middle income families (...) In order to get all necessary services, I would have to reduce my income to the point we couldn't live in our home, because of income being too high to get services through a publicly paid program like Medicaid (...) But I also don't make enough to pay for all of the services he needs and have a roof over our heads and shoes on our feet. I am away from him 60 hours a week at work and get up extremely early to be able to spend time in the evenings with him. I feel like I am always juggling everything." (FSN\_17)*

*"Sometimes they don't tell you the real cost of services. Believing they are free, and they are not. As a baby, he had a real good doctor, but there was an error with the insurance, and they were charging us a lot of money for the services for a whole year. Because of that, we decided to leave, and I had to switch him." (CBP\_5\_Spanish)*

*"Also going up in income was so hard because you lose so many supports and benefits, even if your child has special needs. I feel like it's good because I'm moving up but... Maybe there could have been a better transition or supports instead of just taking it all away when you make just a little too much and up getting nothing for the child's special needs." (FSN\_7)*

In discussing their difficulties in accessing services, respondents also talked about the importance of family choice of services and of services being **reliable** and **high-quality**, their frustration with their children being **labeled** (as opposed to accurately diagnosed), their need for **respite**, not feeling comfortable **seeking help**, and their struggles with **additional pressures**, such as with **mental health, addiction, domestic violence, COVID-19, family economic security, and the criminal justice system**.

It was interesting to note that many more families talked about **accessibility** of services being an issue than talked about **reliability** or **quality** being an issue. Accessibility, including awareness, availability, flexibility, eligibility and affordability of services, was a more pressing issue than quality and reliability of existing services.

## Choice

The family survey asked a question about choice:

***It is important for our family to be given choices about my child's services.***

Choice is very important for families. This item received the second highest rating of any question on the survey, with more than 90% of respondents across all races and ethnicities agreeing (and 68% of those “strongly agreeing”).

*“It’s important that we are given choices and my child is seen as an individual.” (FSN\_Surv2)*

*“Multiple providers to choose from.” (FSN\_Surv65)*

*“You cannot seek occupational therapies or speech therapies from anywhere else if your child is already receiving them through their school system. It limits their therapy.” (FSN\_Surv58)*

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## Reliability and Quality

A few respondents discussed the importance of services being **reliable** and **high quality** during the interviews.

*“Consistency is very important.” (FMF\_1)*

*“Out of the resources I’ve had in the past, I’m not going to say it hasn’t worked, but there’s just a lot of inconsistency. We have a lot of transition, so we will get started then have to stop once it starts helping (...) So that was really hard, because now she would rather [not] even deal with anybody or open up again. I just hate the turnover. We have seen so many caseworkers. Or things they do, they start then they don’t finish. We have to start things over again. It’s nothing against the workers... I have to retell my story over and over to three different people. I haven’t seen good outcomes yet, because I go from social worker to different programs and it gets kind of agitating that we can’t get things accomplished.” (PH\_10)*

*“She was going to refer us to Community Care of North Carolina. I talked to the nurse but she didn’t do it. They never came to do the evaluation, and when we talked to them the nurse said that everything was fine. Later they sent a letter saying that we were no longer going to receive the services, even though we had never received anything to begin with. I had to keep calling and searching [for] services for over a year. They didn’t refer us.” (CBP\_6\_Spanish)*

*“I feel like you should have some type of evaluation on the people that you are getting services from so the person who is helping with these things is being rated. Feedback is definitely needed.” (FMF\_13)*

*“I sought a referral for treatment but was not comfortable with the providers. Did not choose to participate. I took it on myself.” (FSN\_24)*

*“As far as emotional support programs, some offer more support than others. Some are just there to receive the insurance money. Some really just want to help you.” (FMF\_29)*

*“Also, the quality of care of the resources I was given. Since I work in the field, I was not comfortable going to some of the referrals I got.” (FSN\_26)*



## Labeling

The family survey's list of possible barriers to accessing services included options around feeling embarrassed or fear of possible repercussions, including **labeling**:

***I felt embarrassed about using services that could support my child's social-emotional health and development.***

***I was afraid that if I shared my real concerns about my child's social-emotional needs that my child would be labeled.***

***I was afraid if I shared concerns about my child the provider would think my child's problems were my fault.***

***I was worried if I didn't agree with and do what the doctor or person providing my child's services told me to do, I would get in trouble.***

***I was afraid to access the service because I was worried about legal consequences.***

***I was worried about rules or obligations that they would want me to follow if I participated in the program.***

Overall, 12% of respondents feared it would be considered their fault, and 12% feared their children would be labeled. The other items were issues for just a handful of respondents out of the 138. Among Black respondents, 31% reported they were afraid the provider would think their child's problem is their fault. This is more than double the rate for the next highest racial group, white respondents (12%). Respondents living with deep poverty (24%) were also worried that providers would think their children's problems are their fault. Fear of labeling roughly rises with income, with those in the bottom bracket the least concerned about it (4%), and those the top bracket the most concerned about it (40%). Male respondents by and large did not note that any of these items were barriers for them.

Some respondents mentioned their frustrations about their **children being labeled** during the interviews.

*"There are too many kids being labeled as troubled, and that isn't the answer. They need to provide more services for parents to help get their kids back on track." (PH\_3)*

*"Just with him being an African-American male, with the way he was acting, I felt like he was automatically labeled and them wanting to put him in slow classes. Even I did that. I started second-guessing myself and things I was doing." (PH\_2)*

*"We never wanted him to be rejected. For us he is a normal child who has a different way of learning. We have kept his diagnosis a secret, and only my mother knows, but she treats him normally as well. We also didn't want to talk to teachers about it at first." (CBP\_2\_Spanish)*

*"Don't try to tell me he has some type of behavioral issue when that is not even the case. A lot of time they misdiagnose Black and brown children. There are discrepancies as far as that goes. Don't judge them as being bad kids. See what the issues are that kids could have. It could be a learning disorder, ADHD – try to figure out what is going on with them, their family life." (FMF\_30)*

## Respite Services

Some respondents mentioned during the interviews that their own exhaustion was a barrier and indicated a need for **respite services**.

*"Respite care so I can have a break. Services in the home that come in and give non-judgmental help." (FSN\_28)*

*"I need more respite to help him socialize more." (FSN\_31)*

*"It would be good to have respite to do something for myself and not have mom guilt." (FSN\_17)*

## Comfort Seeking Help

Some respondents reported during the interviews that their own **discomfort in seeking help** was a barrier to accessing services.

*“I never asked for help, because if they get my son doing what he needs to do, I find that more gratifying than them taking their attention off of him to help me.” (FSN\_10)*

*“I am very reserved/shy, and I almost never look for help. I try to solve things for myself before asking for help.” (CBP\_3\_Spanish)*

*“Just that it’s okay to listen and to get help. This society, with my race, people think it is a problem if you need to get help. It’s nothing wrong with you if you have a therapist.” (FMF\_7)*

*“Being in a program made me more open to receiving help. It made me be more open to life and just knowing that I’m not the only one who is alone in it. Just talking to them and being that I relate with people a lot more than I thought I did.” (FMF\_23)*

## Additional Pressures

Many family members shared during the interviews that their struggles with additional pressures, like their own mental health, addiction, domestic violence, family economic security, and COVID-19, were barriers to accessing services.

*“They helped me identify that I had post-partum depression and explained that it would be okay if I showed symptoms. I was afraid that they would take the child. Since my husband traveled, I thought that they could take the child, and when they asked me how I was, I would say I was good even though I wasn’t. It was ignorance, because I didn’t know how things worked, but we have false beliefs about how things work here.” (CBP\_2\_Spanish)*

*“A lot of the girls here, we all struggle with addiction. We are all different, some of us have lost our kids in foster care, some kids were born addicted. My son has always been with me, even when I was using. Some people don’t understand that or are really harsh. A lot of people don’t understand drug addiction. I love my child more than anything in this world, but this doesn’t mean that I didn’t still have struggles with addiction. There is a lot of taboo about motherhood and addiction.” (PH\_13)*

*“Not having a stable place to stay has been a challenge for him.” (FMF\_24)*

*“More shelters, help with child support, food resources, clothing resources.” (PH\_11)*

*“If you are out of work, it should be easier to get Work First. Make it easier to access unemployment resources.” (PH\_14)*

*“It is just difficult now with COVID-19. It really, really, really messed up a lot. It is hard to do anything because people are losing their jobs and trying to support their kids (...) This is new on all of us. We definitely need mental health resources.” (FMF\_30)*

*“I don’t feel like I can take my child out there because no one else is wearing masks. I can’t afford to miss work and get sick, so I don’t let her go out there and play with other kids.” (FMF\_12)*

The family survey asked a question about adults’ use of mental health services:

### **Would you use services for you if you need help with anxiety or depression?**

Fewer than half of respondents said that they would use services to help with anxiety or depression. However, the need for therapy for parents/caregivers and parent support groups were among the most common open-ended comments in the survey. Latinx respondents in English (64%) and Native American respondents (4 out of the 5 respondents) are the most interested in these services, while Latinx respondents in Spanish are the least likely to report that they would use these services (23%). Close to half of Black and white respondents report that they would use these services. Fewer than a third of male respondents said that they would.



## Are parents and caregivers experiencing racism in the social-emotional health system, and how do those experiences impact their engagement in services?

Respondents were asked about race and cultural competence of providers:

***Have you ever felt like the way someone thought about your child was affected because they didn't understand your culture or background?***

***Has race or the way people feel about race affected you and/or your child's experience in being identified as having trouble managing their feelings or getting along with others or in getting services to address a social-emotional challenge?***

***How did that experience affect your engagement with those services? Did you continue using those services or participating in those programs?***

Respondents of all races reported incidents where they felt they had been treated differently because of their race. Many of the white respondents' comments were about incidents that happened with their biracial (usually Black and white) children. Hispanic respondents reported incidents of linguistic insensitivity. Some respondents interpreted the word "culture" more broadly and shared examples of being alienated because their children have a disability, because of their socio-economic class, for experiencing homelessness, or for being a foster family.



It is important to note that there were many factors at play during these interviews that may have prevented respondents from relating their experiences of racial bias in social-emotional health services, including:

- The social taboo in the United States in talking about race or “playing the race card” may have prevented respondents of color from being comfortable relating their experiences.
- People sometimes need a moment to think about whether they have experienced racial bias, given that they continuously hear the message that US society is “post-racial.” This internal tension/cognitive dissonance comes through in many of the respondents’ comments. Many respondents who initially replied “No” to the question then went on to relate an experience of racial bias.
- Respondents were being interviewed by staff members of the organizations that were providing them services (homeless shelter, preschool, etc.). It is clear from the interviews that some of the respondents thought the interviews were to evaluate the quality of the services they were receiving from the organization that was interviewing them, rather than their experiences of receiving social-emotional health services in general. Therefore, respondents of color may have hesitated to share experiences of bias, not wanting to reflect badly on the organization that was providing them services. They may also have interpreted the question to be asking whether they had experienced bias in the services they were currently receiving from the organization interviewing them, rather than in the ecosystem as a whole.
- Internalized racism may have prevented some respondents of color from classifying negative experiences they have had as being racially motivated. This becomes especially salient when layered onto the unavoidable power dynamics present in an interview situation.

## Quotes from Black Families

*“I feel like they judge my child before they get to know him. Immediately assume he’s a problem because of his race and where he is from. (I) have to do a lot of advocacy work to make sure he’s not judged.” (PH\_9)*

*“I am an African American woman and there are a lot of things that are misunderstood about us and the way we raise our kids (...) Race is a big problem (...) There are different resources for different clubs depending on neighborhoods. Kids notice that (...) I want my child to participate in clubs with diversity. I try to keep my kids in things until the end, but if it looks like they are at a disadvantage, we stop.” (PH\_3)*

*“I feel like for us, we don’t have that many options or choice about getting help (...) By being different color skins, we do get treated differently for getting help. Better programs get offered to non-Black kids. We have to ask and [white] people already know.” (FMF\_18)*

*“Yes. I have actually had to step back from some people who said that my babies are bad. I know that they ask questions, but I’m not just raising a child. I’m raising a young man who will need to be able to speak up for himself someday.” (FMF\_28)*

*“Yes, but not for the reason that you think. We are Black, but we are educated proper. Sometimes I’ve felt a heightened level of being treated differently when trying to mix with the majority of my race. I know that [child’s name] has experienced that. There were years when she would dumb herself down and downplay how smart she was because she knew she would be treated differently for being smart by her own race.” (FMF\_6)*

*“Not towards me (Jamaican American), but sometimes I’ve noticed that a particular daycare may not work with a child in my care, so is known to be in foster care, and the daycare is less tolerant of their behaviors. I have expressed my concerns to the child’s DSS social worker and we moved the child to a different daycare.” (FSN\_11\_Foster)*

## Quotes from Latinx Families

*"I know there are support groups for families. I just wish there were more groups that fit my family. For example, that have the same beliefs, same culture. It's harder to understand a person when you don't understand their struggles and culture." (FSN\_1)*

*"In New York, the daycares are in homes and where we lived (...) there were Hispanic communities. Here, it is different. There are a lot of children for only two care providers, and it feels robotic. The person who cares for them doesn't have a connection and isn't very caring. They feel cold, and I didn't want to leave my daughter in a place where the treatment was cold. When one feels they are being treated well, with respect, you feel more comfortable and happier. I know that many people choose to leave programs that don't treat them well." (CBP\_3\_Spanish)*

*"Hispanic culture has different beliefs and how we raise our children. I wish the services would help instead of judging." (FSN\_3)*

*"The pediatrician referred us to this clinic. There was someone who spoke Spanish at the front desk, but not anymore. The fact of having to find someone to translate for you, sometimes clinics don't have it." (CBP\_4\_Spanish)*

*"The speech therapist gave me some brochures, but they were only in English." (FSN\_40\_Spanish)*

*"At school, they delay everything, because they assume he does not speak the language. They performed a second test to confirm he did speak the language. After all that, I left [the public school system]." (CBP\_5\_Spanish)*

*"In places where you request services, they discriminate against you for the fact that you are Hispanic. Being able to speak English would have helped a lot (...) We knew that services existed, but they didn't want to give them to us. We had to keep trying and trying and pushing and pushing to even be able to access the services." (CBP\_6\_Spanish)*

*"I don't know if it is just how I feel or if other people see me like this, but I feel that I can't request anything in this country. I feel like an intruder, and I can't ask for anything, and I think that limits me from receiving more benefits. However, my child was born here and is a citizen, so he has rights, and I can ask for benefits for him. They have made us feel like health is a luxury that all of us can't acquire." (CBP\_7\_Spanish)*

*"I already had three experiences where Medicaid providers and other providers that are supposed to take care of this kind of case have always denied the services, due to the language barrier and race. (...) My child was not treated by a pediatrician. Instead, he was assigned to a family doctor. Later, I learned that the pediatrician in my area does not care for a certain group of people of specific races, such as Hispanic, and the Medicaid provider assigned the Hispanic families to family doctors. (...) I have to travel an hour to receive services, because the services are not provided in my area, because of the language barrier." (FSN\_41\_Spanish)*

## Quotes from Asian, Native and Respondents of More Than One Race

*“People do look at us differently because we are a mixed couple and we have mixed kids. People do have a different outlook on that. (...) I feel like his daycare treats him different because he is mixed. For example, his daycare would only talk to me, who is Black and Indigenous, but not his dad, who is Puerto Rican. If I was in a better situation, he would be at a better daycare. I wish he were at a daycare that had a mix of different races. (...) I only chose that one because they offered transportation, and this was the only option.” (FMF\_3)*

*“I believe we were taken more seriously because we were highly educated and financially able. Everything moved smoothly and was easily accessible.” (FSN\_23)*

*“Black women’s pain is overlooked because people think that they cannot feel pain.” (FMF\_17)*

## Quotes from White Families

*“I am white, but I have mixed children, and one of my case workers treated me differently once she found out I had Black children. At first, she was willing to help me find a house, but when she found out my kids were mixed, she wouldn’t help me. She wouldn’t help with paying the deposit for electricity. She stopped providing all the services that were available, and I felt like I wasn’t getting what I needed. I ended up having to figure everything out on my own.” (PH\_11)*

*“As a single mom of a biracial child, sometimes people didn’t think I knew what I was talking about and that I really knew my child. (...) We have declined preschool services since they don’t want to challenge him and expect him to succeed and learn.” (FSN\_38)*

*“My son being Black is a concern for me in the future, because he is going to go from a cute Black kid to, like, he is Black and trouble. But it’s his Autism. I’m preparing to be a strong advocate for my child, and I’m a very strong presence now at his school, because I don’t want him to get pushed around at his school. I don’t want race to be a problem, but it frightens me that he has autism and is Black, for the future. Especially with what is happening in the world with police. I train him to respect authority. We still go to school, but I advocate and teach him and make sure he isn’t treated unfairly.” (FSN\_7)*

*“I believe race has a lot to do with everything. Everywhere you go it’s all about color. [In] the women and children’s program that I am in, people get treated differently based on race. I am continuing to participate but it is really hard because I don’t get treated fair or equal. The head director of the program, she is a different color than me, and when people of the same race do something, it was a mistake,’ but when people who aren’t the same color do it, they get in trouble.” (PH\_14)*

*“I get upset when people say I have ‘white privilege,’ and I tell them that services are available for all children of all colors. My being white does not change that. I continue to use the services that we have because no one from those services has made that comment.” (FSN\_33)*

## Linguistic Competency

The family survey asked about the importance of race and linguistic competency of providers:

***It is important to me that I receive services for my child from someone who speaks my first language.***

Ninety percent of respondents overall said that they agreed/strongly agreed, including all five Native American respondents, 95% of white respondents, and about 85% of Black respondents, Latinx respondents in Spanish, and Latinx respondents in English.

***It is important to me that I receive services for my child from someone who is of the same race as my child and/or me.***

This item received the lowest support of any item in the survey. Only 15% overall agreed/strongly agreed. The race of the provider was most important for Latinx respondents, both those replying in English (28%) and those replying in Spanish (25%). Black (0%) and white (2%) respondents reported that they did not find the race of the provider important.

The family survey's list of possible barriers to accessing services included options around language, culture and racism:

***The services my child needs are not available in my first language.***

***I was not offered services that fit our family's culture or lifestyle.***

***Racism and/or racial discrimination have prevented me from accessing the services my child needs.***

***Getting these services for my child is against my cultural or religious beliefs or values.***

There were differences among racial/ethnic groups in response to these options.

- Latinx respondents in both English (21%) and Spanish (15%) reported that not having services in their first language was a barrier.
- Latinx respondents in both English (21%) and Spanish (10%) reported that services did not fit their family's culture or lifestyle. Eight percent of Black and seven percent of white respondents agreed.
- Two respondents (both Latinx responding in English) reported that racism or racial discrimination was a barrier.
- One respondent (also Latinx responding in English) reported that services were against their religious or cultural values.



## Family voice matters.

These surveys and interviews conducted with parents and caregivers of young children who have interacted with North Carolina's social-emotional health system highlight what families need and expect from the systems and providers that they and their children interact with.

Immersing ourselves in the voices of parents and caregivers helps us better understand families' experiences *and* illuminates our own blind spots. We hope advocates, policymakers, clinicians, funders and others will be guided by these data as we all work together to strengthen the early childhood social-emotional health ecosystem in North Carolina.



## ACKNOWLEDGMENTS

This report and the EarlyWell Initiative are a partnership between NC Child and the North Carolina Early Childhood Foundation.



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We are grateful to our community partners who collected survey and interview data from parents and caregivers and helped us center racial equity during this project.

