



Lean In & Listen Up

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

THE EXECUTIVE SUMMARY

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.

This Executive Summary shares **themes from the report**, along with a few *illustrative quotes* from families.



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.

"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."

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.

"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."

"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." (Spanish-speaking parent)

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.

"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."

"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." (Spanish-speaking parent)

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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.

“I didn’t know [services] existed or that there were supports that we could use. The constant lack of information was a problem (...) 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.” (Spanish-speaking parent)

*“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.”*

“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.”



“It’s important that we are given choices and my child is seen as an individual.”

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.**

“It’s important that we are given choices and my child is seen as an individual.”

“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.”

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.

“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.”

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“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.” (Spanish-speaking parent)

“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.”

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.

“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.” (Black parent)

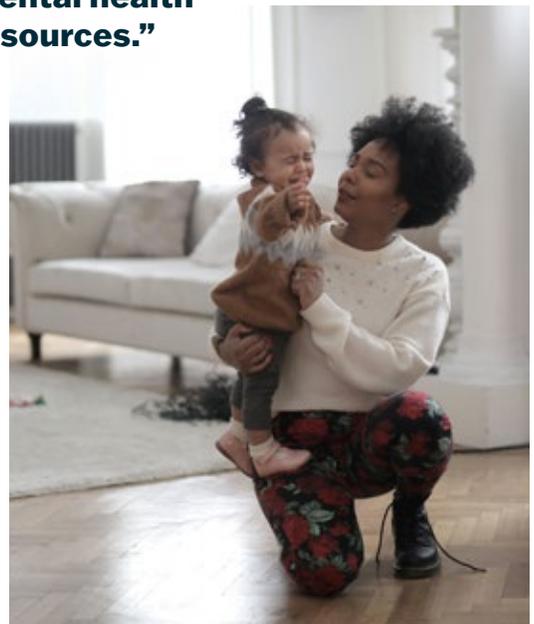
“Hispanic culture has different beliefs and how we raise our children. I wish the services would help instead of judging.” (Latinx parent)

“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.” (White parent)

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.



“We definitely need mental health resources.”



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.

ADDITIONAL DATA AVAILABLE

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

- A [30-page report](#) includes more quotes from families, disaggregated where possible by race, ethnicity, income, and gender. It also includes more about the methodology and who was interviewed and surveyed.
- 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 treatment programs
 - » Early education (child care, preschool and K-3rd grade)
 - » Foster care
 - » Ecosystem supports

CONCLUSION

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 work 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.



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.

