

Helping Santa Clara County Children to Thrive by Supporting Early Childhood Social-Emotional Development

Overview: *This issue brief looks at early childhood social-emotional development and its importance for children's later success in school and adult life. The issue brief defines early social-emotional development, examines the challenges that may hamper healthy social-emotional development including maternal depression, and reports local data on early childhood social-emotional development. The brief concludes with recommendations to establish systems to identify children and parents struggling with issues that may affect children's early social-emotional development.*

Kids in Common and the Santa Clara County Children's Agenda:

The goal of the Santa Clara County Children's Agenda is to improve the lives of children by focusing on improving ten indicators of child well-being. The Children's Agenda is a focused, integrated initiative that engages all segments of our community and provides a common vision for our community's children. It forces us, as a community, to move from data to action and to be accountable for how our children are faring. By working together with common goals, we are acting intentionally rather than reactively to current demands and problems. These outcomes guide our work.

The three goals of the Children's Agenda are:

- *Children are physically, socially and emotionally healthy.*
- *Children are prepared for and successful in school.*
- *Children live in safe and stable families and communities.*

Our Vision: *All our children thrive.*

For more information on the Children's Agenda and to read previous Issue Briefs go to:
www.kidsincommon.org

Early Childhood Social-Emotional Development & Why It Matters

Social-emotional development involves the acquisition of a set of skills that enable children to learn from teachers, make friends, cope with frustration, and express thoughts and feelings.[1] Important among these skills is being able to:

- Identify and understand one's own feelings;
- Accurately read and understand others' emotional states;
- Manage strong emotions and their expression in a constructive manner;
- Have empathy for others;
- Establish and sustain relationships.

Self-regulation is one of the most important social-emotional skills for children to develop. Self-regulation is the ability to manage one's behavior and to maintain focus, withstand impulses and take on tasks even when there are other more enticing alternatives available. Self-regulation not only affects how children get along with each other, but also has implications for how children focus and learn in the classroom.[2]

Self-regulation and the other social-emotional skills develop on their own timetable. Early skills provide a foundation for later, more complex skills. For example, young children first learn to understand and recognize their own feelings, then begin to label those feelings, and eventually learn others have feelings, too. Once they understand the relationship between their own feelings and those of others, they do a better job of regulating their behavior in socially acceptable ways. Mastery of these and other related skills help children succeed in school and adult life.

In contrast, when social-emotional development goes off-track, serious problems can result. For example, children with poor social-emotional skills often display difficult or disruptive behavior in child care, preschool, and school. Teachers may find it harder to teach these children and see them as less socially and academically competent. Consequently, teachers may provide these children with less positive feedback. Peers may reject them, resulting in the children receiving even less emotional support and fewer opportunities for learning from their classmates. Faced with rejection by both teachers and peers, children may grow to dislike school and learning, disengage from school and have poorer school outcomes. Persistent physical aggression, high-school drop-out rates, juvenile delinquency and other antisocial behaviors all are associated with early childhood conduct problems.[3]

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What Influences Early Social Emotional Development?

The relationship between parent or other primary caregiver and child is one of the most significant influences on healthy social-emotional development. Establishing this relationship is one of the basic tasks of the early months of life. Young children thrive in close and dependable relationships that include:

- Reliable support that establishes confidence that adults will be there to love and care for them;
- Responsive interaction that strengthens a child's sense of efficacy and ability to influence his or her surroundings;
- Protection from the things that the child fears and other threats of which he or she is unaware;
- Affection which helps the young child develop self-esteem;
- Opportunities to experience and resolve conflict cooperatively;
- Support for exploration and the development of new skills that are within the child's capability;
- Interactions that allow children to learn to give and take and how to share; and
- Being respected and opportunities to learn to respect others.

Relationships with parents and other caregivers help to shape the child's development of self-awareness, social competence, conscience, self-regulation, learning and cognitive growth. The stability and consistency of these relationships, the sensitivity of the adults, their love, their availability and their unflagging commitment to the child's well-being are important to healthy social-emotional development.[4]

Many factors can hamper the development of the relationship between parent and child. Some infants, have temperaments that make it challenging for parents to read the child's cues and respond effectively to their needs. Parents may also find it challenging to read the cues of infants with special needs. Parents' responses to their children may also be influenced by their own personal histories and driven by their own emotional needs. A parent whose early life included abuse and neglect may bring that perspective to the relationship and interpret a child who does not want to be held or nursed as rejecting the parent's love.[5] A recent University of Rochester study shows that almost one-third of U.S. parents do not have a good working knowledge of infant development, but instead have unrealistic expectations – both high and low – for their children. If parents expect too much from their infants, they may get frustrated and respond punitively; if parents underestimate their babies' abilities, they may prevent their children from learning.[6] These misaligned expectations can influence how parents and their children bond, and how resulting patterns of self-regulation develop.

Environmental and other stressors can also affect the social-emotional development of infants and young children. These stressors can lead to difficulties in impulse control, attention, concentration, and ability to stick with a challenging task. Some of these stressors include:

- Low birth weight;
- Physical and developmental disabilities;
- Poor nutrition;
- Parental depression, substance abuse, or other mental health issues that interfere with the development of positive relationships with their child;
- Poverty;
- Domestic discord and violence; and
- Childhood trauma, abuse, and/or neglect.[7]

Many parents of very young children struggle to be nurturing caregivers, especially when they juggle work and family responsibilities, negotiate child care arrangements, and seek to maintain the supportive friendships with other adults that can help them weather hard times. Nurturing a child can be made more difficult when families also face problems associated with insufficient income, domestic violence, substance abuse, or mental illness. "When resources are scarce, trying to access multiple services to ensure the child's basic needs are met while also working can put an inordinate amount of strain on a family. The situation is further exacerbated if the child has a disability and services are required to address the child's particular developmental needs." [8]

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Special Focus: Maternal Depression and Social Emotional Development

Maternal depression can affect a mother's ability to provide a safe, nurturing, responsive environment that supports an infant and child's social-emotional development.[9] Maternal depression affects two central parenting functions: the management functions of parenting and the fostering of healthy relationships. Child development research has found strong correlations between maternal depression and the cognitive, social-emotional and behavioral development of young children.[10]

Mothers who are depressed may be less able to bond with, form strong attachments to, respond consistently to, or nurture their young children. Depressed mothers may lack the energy to carry out consistent routines, read to their children, or simply have fun with their children by singing, playing and cuddling with them.[11] Depressed moms often have very limited verbal interaction with their children. The quantity and richness of language exposure in the young child is intertwined with social-emotional development. If mothers are not talking, children are likely to suffer delays in the development of skills like being able to understand and express emotions. Children become slow to learn and practice empathy – being able to understand that other people have emotions and feelings that are different from one's own. These are all important pre-requisites for being able to self-regulate.[12]

Nationally, approximately 12% of all women experience depression in a given year. Many factors increase a mother's risk for maternal depression: a prior history of depression, a family history of depression, hormonal changes that occur during and after pregnancy, genetics, an environment stressed by food insecurity, poor housing conditions, lack of financial support, an uninvolved husband or partner, and/or the absence of a community network.[13]

Low-income women are disproportionately affected by depression. Estimates of prevalence of depression in low income women doubles to *at least* 25 percent per year and this percentage varies in different studies of programs that serve low-income mothers. In one study of 17 Early Head Start programs, 52 percent of the mothers reported depressive symptoms upon entry into the program. Depression in low-income women often co-exists with other stressors such as substance abuse, domestic violence and prior trauma and the cumulative impact of these stressors places the child's social-emotional development at even greater risk.[14]

Depression is highly treatable and is responsive to a combination of cognitive and interpersonal treatment strategies, peer-to-peer support groups and medication. Early detection leading to treatment can reduce the effect of depression on women and young children.[15] However, low-income women and women of color are less likely to seek and have less access to treatment. Focus groups conducted with low-income women from multiple ethnic groups indicate that these women may be reluctant to seek treatment for many reasons. Some women think how they feel is "just the way it is" and that their depression is a reflection of their life circumstances. Others may be concerned with the stigma associated with admitting they have a problem. Others worry that the depression may put them at risk for having their children taken away and placed in foster care. Lack of access to health insurance creates additional hurdles for low income women seeking help and treatment.[16]

To improve outcomes for mothers and children it is important to identify maternal depression early and have interventions that focus on improved parent-child relationships and parenting practices. Efforts across the country designed to address maternal depression generally include:

- Screening for women, often in the pediatrician's or obstetrician/ gynecologist's office;
- Interventions to reduce maternal depression and improve early parenting in early childhood programs such as Early Head Start and home-visiting programs;
- Promoting awareness about maternal depression, its effects, and what to do about it. These awareness campaigns target the general public, low-income communities and early childhood and health practitioners.

Maternal depression can pose a serious risk to young children, but promoting early identification and family-focused treatment can improve outcomes for both mother and child.[17]

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How We Measure Social-Emotional Development

This report utilizes results from the School Readiness Assessment conducted in 2006 by the Partnership for School Readiness and Applied Survey Research to measure the social-emotional development of young children in Santa Clara County. In the readiness assessment, trained kindergarten teachers in randomly selected classrooms across the county serve as expert observers, rating the proficiency of each child in their class in 23 readiness skills.

Analyses of the data suggest that school readiness can be grouped into four clusters of skills: (1) Self-Care and Motor Skills, (2) Self-Regulation, (3) Social Expression, and (4) Kindergarten Academics. We measure early social-emotional development by looking at the data for children's proficiency in the **Self-Regulation** and **Social Expression** skill areas. These skills include the following:

Self-Regulation Skills Observed:

- Pays attention
- Controls Impulses
- Participates in circle time
- Plays cooperatively
- Follows directions
- Comforts self
- Negotiates with peers

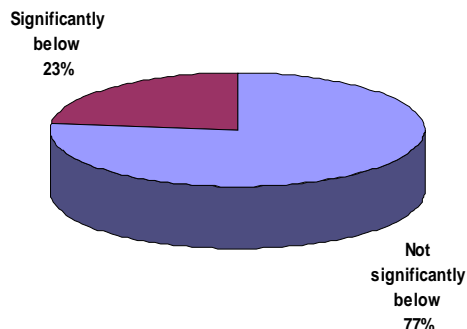
Social Expression Skills Observed:

- Appropriately expresses needs
- Relates appropriately to adults
- Expresses curiosity for learning
- Has expressive abilities
- Engages in symbolic play
- Expresses empathy[18]

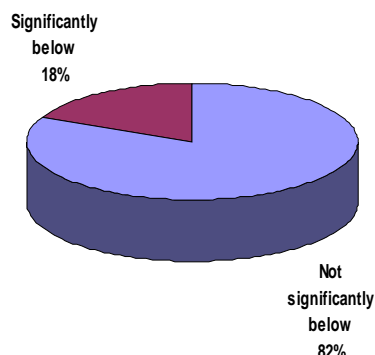
What the Data Tell Us

Analysis of data provided by teachers revealed that along with proficiency in Self-Care and Motor Skills, teachers consistently point to Self-Regulation skills as most critical to a smooth transition to kindergarten. The data also show that children with social expression skills experience a smoother transition to school, express more enjoyment for school, and are less anxious in the classroom. About two-thirds of Santa Clara County children meet or exceed their teachers' expectations for overall kindergarten readiness. However, almost one in five children falls significantly below teachers' expectations in social expression, and almost one in four children falls significantly below teachers' expectations in self-regulation (there is overlap in these two groups). Children with self-regulation needs have parents with much lower income and education levels. Three times as many of the parents of children with self-regulation issues report having frequent problems at home, and that their children have lower levels of reading and watch more than 2 hours of TV a day.[19]

Percentage of Children who Fall Significantly Below Teachers' Desired Self Regulation Proficiency Levels.



Percentage of Children who Fall Significantly Below Teachers' Desired Social Expression Proficiency Levels.



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Improving Early Childhood Social Emotional Development

If we want to help young children succeed in school, it is important that we address the significant number of children who are at risk for school difficulties because their social-emotional development is off-track. To do this, we must identify children with social-emotional development challenges and their families as early as possible and provide effective interventions.[20] Early detection leading to treatment reduces the effect of depression on women and helps young children with behavioral issues.[21] Screenings and early identification should take place in a variety of settings that touch the lives of parents and their children.

Nationally, screenings have been conducted successfully in medical settings such as pediatricians' offices, women's health clinics, family practice clinics, and obstetrics/gynecological practices. When completed in these settings, the screenings may seek to identify parents who suffer from depression and/or children who show developmental lags. In all settings, screenings should be easy to use for both the provider and the client, and should be conducted in a manner in which the parent feels comfortable discussing concerns. In some offices, pediatricians ask mothers to complete a developmental questionnaire prior to a well-baby visit and then use the questionnaire to discuss the baby's development and how the mother is doing. Whatever the delivery mechanism or screening instrument used, it is of critical importance that health care personnel have the training and resources needed to provide adequate referrals or follow-up to children or parents identified through the screening as needing additional care.[22]

Screening programs are most effective when they are relationship-based, flexible, culturally competent, engaging for families and providers, accessible and coordinated for the earliest (and on-going) screening, and linked to a network of resources and supports. In Santa Clara County, screening does take place in some child care programs and in the Early Start program at the San Andreas Regional Center.[23] Additionally, screening should be available in a broad range of programs that touch children and families such as CalWorks, WIC offices and home visiting programs.[24]

In Santa Clara County, the *Mental Health Services Act Prevention and Early Intervention* funding can provide the impetus and the resources to implement a system of care for children at highest risk for social-emotional developmental challenges. **The Santa Clara County Infant/Family Mental Health Collaborative** recommends:

- Utilizing the Infant Mental Health philosophy in all services in the county that serve children from birth to age five. This includes fundamental elements such as dyadic treatment (treatment that includes parent and child), strength-based practice, reflective supervision, cultural competence and developmentally appropriate care.
- Attention to and screening of early social-emotional health for young children and their families in programs and services that engage the family including medical settings, Early Start, child care, WIC and CalWorks programs.
- Providing young children at highest risk with mental health services that are high quality, evidence-based, and modeled on best practices.
- Creating a network of services that maximizes cross-system collaboration with mental health, child welfare, substance abuse services, education, public health, the Regional Center and other community partners.
- Workforce development and professional development standards that foster a strong understanding of early childhood social-emotional development in all professionals who work with young children. Workforce development includes establishing a training system with follow-up support to professionals in the form of reflective supervision.
- Utilizing county-wide outcomes to ensure that programs are meeting best practice guidelines.
- Forming outreach efforts to reach unserved and underserved children and families.[25]

The **FIRST 5 Association of California** is an association of County Children and Families Commissions (FIRST 5 Commissions). The association has recognized the importance of early childhood social-emotional development and has launched the *FIRST 5 Social - Emotional Health System Development Project* to create a statewide, coordinated approach to assessment, referral and treatment of children and parents with social-emotional issues. This project seeks to achieve the following results:

- Universal mental health screenings at appropriate intervals during well-child and prenatal visits;
- Reimbursement for early childhood mental health screening, assessment and treatment;
- Statewide social marketing campaign to promote the importance of early childhood social-emotional well-being
- Statewide system for training, recruiting and retaining multi-disciplinary early childhood mental health professionals with uniform competencies.[26]

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Endnotes:

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The Children's Agenda is being led by Kids in Common, a 501(c)(3) non-profit organization.

Kids in Common advocates for policies, partnerships and investments that improve children's lives in Santa Clara County. Children need a strong public voice – a voice that promotes and protects their best interests. Kids in Common is that voice and challenges leaders and decision-makers in our community to act on behalf of children.

As the only organization that focuses on systemic change to improve children's lives in Santa Clara County, we convene agencies that care about children's well-being. We advocate for effective investment and policies for children and support the mobilization of public and private resources to meet those needs. We inform decision makers on best practices and champion local implementation. Kids in Common is steadfast in speaking and acting on behalf of children and brings a uniquely qualified perspective that is grounded in research and data. Our work is driven by the question, "Is it good for our children?"



For the most current data on how Santa Clara County children are faring, go to:

www.kidsdata.org